

MODEL OF CARE FOR ABORIGINAL PRISONER HEALTH AND WELLBEING FOR SOUTH AUSTRALIA

November 2017

Executive Summary

Prepared by Wardliparingga Aboriginal Health Research Unit¹ for

- The South Australian Prison Health Service
- Central Adelaide Local Health Network
- SA Health

¹ Wardliparingga is a Unit within the South Australian Health and Medical Research Institute (SAHMRI)

This Executive Summary has been developed as an accessible overview of the major report prepared for the SA Prison Health Services during 2017 by Wardliparingga Aboriginal Research Unit, SAHMRI.

It is highly recommended that those wishing to implement the Model of Care or who wish to better understand how the Model of Care was developed should read the full report. It is available at <https://www.sahmriresearch.org/Aboriginal-Prisoner-Health-Report>

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ACKNOWLEDGEMENT OF COUNTRY

The key stakeholders of this project would like to preface this report with an acknowledgement of Country.

The key stakeholders of this project acknowledge the Kaurna people as the custodians of the Adelaide region and that their culture and heritage beliefs are still as important to the living Karna people today.

The key stakeholders of this project would also like to pay respects to the cultural authority of Aboriginal People from other areas of south Australia and Australia who have contributed to the development of this report and who will be involved in, or impacted by, the delivery of its recommendations.

Minister's Foreword



I previously had the privilege of holding the portfolio responsibility for Correctional Services, in which we set an ambitious target to reduce re offending by 10 percent by 2020. As we strive to reach that target it is critical that wherever possible we break the cycle of imprisonment and tackle causes that result in reoffending, such as health and societal factors.

That is why this model of care is such an important piece of work specific to the health needs of the Aboriginal adult population in South Australian prisons.

With Aboriginal prisoners making up 22 percent of adult prisoners in South Australia, despite being only 2.3 percent of the total population, improving health outcomes in the prison environment can play a vital role in addressing offending behaviours.

With untreated chronic conditions, compounded by isolation from family and community and a fracturing in cultural identity and spiritual wellbeing, it is critical that access to good health care be a priority.

This can only be achieved in partnership with the Aboriginal community and Aboriginal specific health services.

Co-led by Aboriginal people for Aboriginal people, this evidence-based model of health care is a valuable collaboration between SA Health and SAHMRI. It aims to enhance clinical practice, inform and educate our workforce on cultural knowledge, and achieve life changing outcomes for Aboriginal prisoners which can be sustained long after they re-enter the community.

Cultural competence will become part of the health experience for Aboriginal prisoners, building on existing programs within the correctional system. This will see strengthened governance to ensure continuity of care with partnerships across SA Health, with the Department of Corrections and Aboriginal specific community based services.

This Model of Care provides a unique opportunity to make a significant contribution to the health and wellbeing of our Aboriginal Community and result in changing lives.

Successful change will only be made possible by maintaining strong partnerships and I acknowledge the significant contribution of the Aboriginal community to the development of this important Model of Care.

A handwritten signature in black ink, appearing to read 'Peter Malinauskas'. The signature is fluid and cursive, with a long horizontal stroke at the end.

The Hon Peter Malinauskas MLC

Minister for Health

Minister for Mental Health and Substance Abuse

Messages from Stakeholders

Adelaide Grannies Group and Aboriginal Elder's Visitors program

Many of our Aboriginal Elders have spent decades participating in forums and workshops regarding the incarceration of our young people and the issues of over-representation and underutilisation of resources in addressing our Aboriginal youth, men and women who are in prison. For many years Governments have explored key issues, and directives have been developed to investigate the causes of why Aboriginal people end up in the justice system, but to date, the Elders feel that they have not really found an answer or solutions to decrease our people being incarcerated.

The pain and anguish many of our Elders have suffered because of our sons, daughters, and our youth being put into prison, leaving them isolated and without any connection to their families and communities, is profound. Each family is affected by their people being incarcerated, and not being able to see or speak to them adds to the aching of our heart. We have felt that the justice systems have failed to address the broad social context and have not provided the supports for our people while in prison nor when released.

However, the Elders believe that no matter how long it takes we must continue to search for solutions and to make changes for our people who are incarcerated. Working alongside Wardliparingga at the South Australian Health and Medical Research Institute will ensure our 'voices' are heard.

The objective of this research was challenging for us and we had to discuss many of the complex health needs of our community. By exploring different stakeholders' points of view and sharing what kind of 'model of care' we could design to address the broad needs of Aboriginal adult prisoners, highlighted the need for qualitative research that would give us the opportunity to inform policy and practice.

We have concluded the research and it has produced the South Australian Model of Care for Aboriginal Prisoner Health and Wellbeing. Our Elders hope that this model of care will be taken seriously by Governments, and that Stakeholders will make it their business to

participate and implement changes, for the betterment of our Aboriginal adult and youth prisoners in South Australia.

Pat Waria-Read, *Representative Elder Visitors Program*

Heather Agius and Evelyn Varcoe, *Representatives, Adelaide Grannies Group*

SA Department for Correctional Services

The Department for Correctional Services strongly supports the development of a model of care for Aboriginal prisoners in South Australia and was pleased to be engaged in the consultation process. The overrepresentation of Aboriginal people in custody is of deep concern to anyone involved in the criminal justice sector. Coordinated, collaborative responses are essential to address the complexities that Aboriginal people in our custody present with. We are committed to working in strong partnership with the Department of Health - predominantly the South Australian Prison Health Service and the Forensic Mental Health Service to better target and coordinate the health responses for Aboriginal people. Health and wellbeing are critical components of any framework to reduce reoffending and incarceration rates.

Mr David Brown *Chief Executive, Department for Correctional Services*

SA Health

This collaboration and the resulting valuable piece of work has come about as a consequence of SA Health, in particular SA Prison Health and Watto Purrinna (the Aboriginal Primary Care Services for Northern Adelaide LHN), seeking an evidence-based model of care specific to the health needs of the Aboriginal adult population in SA Prisons. It was quickly established that not much existed so Wardliparingga, the Aboriginal Health Research Unit at the South Australian Health and Medical Research Institute (SAHMRI), was approached to assist in designing an evidence-based model of care.

The engagement of Wardliparingga was a decisive move to acknowledge that Aboriginal research is done best when in

the hands of Aboriginal people. This work is so important to saving lives. Every opportunity should be embraced to make a difference and although many great thinkers have gone before us, this we believe is different. Critical partners have joined hands and worked to the guiding principles of the South Australian Aboriginal Health Research Accord; these are: to be led by Aboriginal priorities, Aboriginal involvement, Aboriginal partnership, respect for culture, communication, reciprocity, Aboriginal ownership, Aboriginal control and Aboriginal knowledge translation. To make this happen, a reference group was formed to govern the project with representatives from SA Prison Health, the Department of Correctional Services, Watto Purrinna, The Grannies Group and the DCS Elders visiting program.

SA Prison Health are one of the few services that have daily contact with most prisoners, along with correctional officers, and know first-hand the over-representation of Indigenous people in prisons. Although there are not many upsides to incarceration, staff have always recognised it as an important opportunity, in fact a vital one, to improve Aboriginal health and wellbeing with aspirations that they leave in better health than when they arrived. It is also a chance to address those issues that might well have led them to be there in the first place. Prison health and correctional staff witness first-hand the travesty of Aboriginal incarceration and devastation to individuals, families and whole communities that locking up Aboriginal people creates. The whole is greater than the sum of its parts, therefore together in partnership Health and Corrections can make a real difference.

Let this be the beginning of real change in honour and recognition of those lives that have already been lost or damaged. SA Health would like to acknowledge the strong leadership and passion from within the Aboriginal community, the Department for Correctional Services and Watto Purrinna and their ongoing commitment to take this and many more steps that are needed to make that difference. Whilst acknowledging the challenges to its implementation, it is with great expectancy that I endorse this Model of Care for Aboriginal Prisoner Health and Wellbeing for implementation.

Vickie Kaminski *Chief Executive, SA Health*

Introduction

Aboriginal people within prisons have complex health needs. The isolation from family and community, compounds the profound intergenerational trauma, associated unresolved grief and loss, and resulting mental illness and other chronic health conditions, such as diabetes, heart and respiratory diseases, cancer and substance misuse disorders. This makes the care of Aboriginal prisoners challenging, and therefore needing careful consideration and management in terms of risks to their health and wellbeing while in prison.

The objective of the SA Prison Health Service (SAPHS) was to design a model of care that attends to the broad needs of the Aboriginal adult prisoner population (male and female) within the nine adult prisons across South Australia.

The project used a qualitative mixed method approach. Methods included:

1. Rapid review of relevant literature
2. Stakeholder consultations
3. Stakeholder workshop

The definition of model of care used by the project team was:

“...an overarching design for the provision of a particular type of health care service that is shaped by a theoretical basis, evidence-based practice, and defined standards. It consists of defined core elements and principles and has a framework that provides the structure for the implementation and subsequent evaluation of care.” (Davidson et al 2006: 49)

Literature Review

Models of care for Indigenous prisoner health

There is little published literature regarding models of care for Indigenous prisoner health, within Australia or internationally. The only published Australian model of care for Aboriginal prisoner health that the team identified was the Winnunga Holistic Health Care Prison Model (Poroch 2007; Poroch 2011). This is an in-reach model designed to address the needs of prisoners and ex-prisoners and their families, and to manage the cycle of incarceration both within and outside of the prison setting. A key premise of the Winnunga Model is that post release needs should be addressed as a priority at reception into prison, and that the focus of imprisonment is preparing for release into the community.

While not a model of care per se, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) recently produced a report exploring prison health services in Victoria to improve quality, culturally appropriate, care for Aboriginal people inside, and after release from, Victorian prisons (Halacas and Adams 2015). Recommendations from the VACCHO report include: involving Aboriginal Health Workers during reception; including mandatory mental health and substance use-related prompts within chronic disease management; developing a pre-release checklist specifically for Aboriginal prisoners; and enhancing relationships between prisoner health services and the Aboriginal community controlled health sector.

Priority health conditions for Aboriginal prisoners in Australia

The health of Aboriginal people in South Australia is noticeably different from that of non-Indigenous South Australians, which is perhaps illustrated most clearly by causes and ages of mortality (see Figure 1).

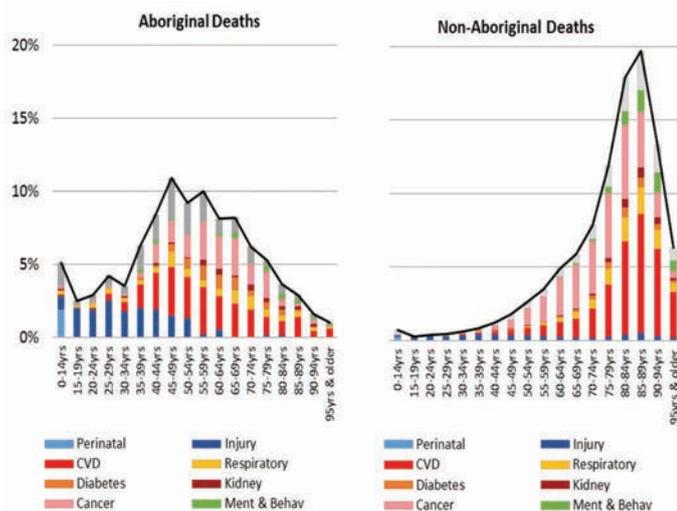


Figure 1 Proportion of deaths by cause of death, by Aboriginal status and age, South Australia, 2006-2012 (Source: Wardliparingga 2016).

Regarding the Aboriginal prisoner population more specifically, the evidence base for this model focuses on five priority health conditions for prisoners that were identified by the Australian Institute for Health and Welfare (AIHW 2015): *mental illness, chronic conditions, communicable diseases, substance use disorders and disability*. These priority health needs for Aboriginal prisoners in South Australia were supported by the findings of the consultations.

Mental health

The findings from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC 1991) identified support for mental health and treatments for mental illness as priorities for Aboriginal and Torres Strait Islander people in custody and in the broader community. However, there are very few studies that have investigated mental illness among Aboriginal and Torres Strait Islander people in prisons. One study that investigated prevalence of mental illness in Australian prisons found that 86% of female and 73% of male Aboriginal prisoners had experienced at least one mental disorder within the previous 12-months (Heffernan et al 2012; see also Ober et al 2013). The breakdown by gender and disorder is shown in Table 1 below.

Mental Illness	Female	Male
Anxiety disorders	51%	20%
Depressive disorders	29%	11%
Psychotic disorders	23%	8%
Substance misuse disorders	69%	63%

Table 1 Prevalence of mental illness for Aboriginal and Torres Strait Islander women and men in prison (Source: Heffernan et al 2012).

Chronic conditions

Chronic diseases including cardiovascular disease (heart and stroke), cancer, diabetes, respiratory diseases and liver diseases contribute significantly to the proportion of deaths within the Aboriginal community. These five diseases alone account for almost two thirds of all deaths for Aboriginal people in South Australia (see Figure 2).

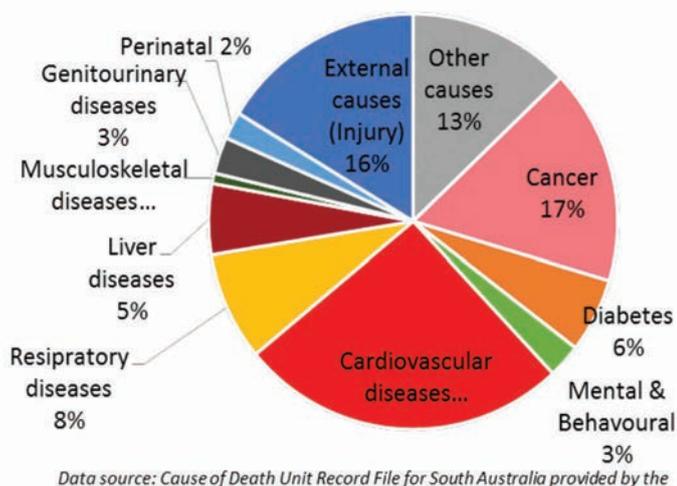


Figure 2 Aboriginal deaths by cause of death, South Australia, 2006-2012 (Source Wardliparingga 2016).

The national and international literature reinforces the high prevalence of chronic conditions within prison settings, as well as indicating innovative ways of managing chronic conditions within prison settings. These are elaborated within the full report.

Communicable diseases

Incarcerated populations are known to be at much higher risk of contracting sexually transmitted infections and blood borne viruses (BBVs), and there is a higher prevalence of STIs and BBVs, compared to the general population (AMA 2017; Butler et al 2015; Watkins et al 2009). The prevalence of Hepatitis C is similar for both Aboriginal and non-Aboriginal incarcerated populations (~30%), but Hepatitis B prevalence is much higher among Indigenous prisoners (25% vs 15%, 2013 data). The Australian Medical Association has called for an improvement in health services within custodial settings, including the implementation of needle and syringe programs, and treatment regimens for BBVs. This is based on solid evidence that harm minimisation strategies are effective in custodial settings, for both prisoners and prison staff. It also decreases the risk of community infection post-release, with a reduced likelihood that someone will be discharged with an untreated infection.

Substance misuse

Illicit drug offences make up 13% of all offences for the Australian prison population generally (Australian Bureau of Statistics, 2016). Such offences are more common amongst non-Indigenous prisoners compared to Indigenous (17% compared to 3%). However, more than half of all prison entrants (60% Indigenous, 69% non-Indigenous) report having used illicit drugs in the previous 12 months, with methamphetamine and cannabis the most commonly used substances. There are clear links between alcohol and other drug misuse and a range of violence and property offences leading to contact with the criminal justice system.

Entering prison can mean sudden withdrawal from drugs, and both detoxification (for withdrawal) and longer-term treatment may be required in prisons. Types of treatment for drug addiction provided in prisons and the corrections system vary from mandated residential drug treatment to counselling and pharmacotherapy. The manner of release of a prisoner back into the community can represent one of the most critical factors for re-offending and community corrections services have a key role to play in reducing re-offending. Indigenous prisoners are more likely than their non-Indigenous counterparts to be readmitted to prison within two years (Bartels 2010). In the case of those with a history of harmful substance use, it is a time of great risk for substance use and overdose. One of the problems that Aboriginal prisoners also face is the loss of cultural identity and disconnection from their families. Therefore, connecting prisoners with their families and communities after release may be greatly beneficial in reducing the likelihood of re-offending. Measures supporting employment and stable housing, such as through reducing the barriers to employment associated with possession of a police record, may therefore have a positive impact on re-offending rates. Several potential responses to illicit drug use by prisoners are described within the full report.

Disability and trauma

The full report explores four domains of disability: (1) hearing and ear health; (2) intellectual disability and foetal alcohol spectrum disorders; (3) traumatic brain injury; and (4) trauma and assault. The importance of hearing and ear health as a factor for Aboriginal offending, sentencing and incarceration cannot be underestimated. A study of 109 Indigenous people residing in five prisons in Victoria found that 12% had hearing loss in at least one ear (compared to 5% in age-matched Australian adults), more than a third (36%) had high-frequency sensorineural hearing impairment (symptoms of which include an inability to understand speech in noisy environments) in one or both ears, over half (58%) reported hearing problems sometimes, while 72% reported experiencing tinnitus (ringing in the ears) (Quinn and Rance 2009). As noted by Quinn and Rance (2009: 123): “For hearing impaired individuals within the correctional system, the reduced ability to communicate with ease may impact detrimentally on daily interactions, and may impede progress through rehabilitation programs.”

In terms of trauma, a South Australian population study found rates of traumatic brain injury at around 322 per 100,000 in the general population, with young males living in the country and working in manual trades showing the highest incidence (Hillier et al 1997), while a recent meta-analysis estimated the prevalence of traumatic brain injuries in incarcerated adults at 60.25% (Shiroma et al 2010). According to a longitudinal study of predictors of criminal arrest after traumatic brain injury, people who receive brain injuries with a loss of consciousness have been found to be at greater risk of future arrest (Elbogen et al 2015), suggesting a relationship between traumatic brain injuries and criminal behaviour (O’Rourke 2016). For a full discussion of the other two domains of disability - Intellectual disability/FASD and trauma/assault - see the main report.

Stakeholder Consultations & Stakeholder Workshop

Between March and May 2017, consultation was undertaken with 103 individuals, who broadly represented three perspectives: (1) *Aboriginal community Elders*; (2) *current Aboriginal prisoners as ‘consumers’ of SAPHS services*; and (3) *staff and management within SAPHS and DCS within the eight publicly managed prisons in South Australia*. While the focus of staff and managers was oriented primarily around health priorities, gender-specific needs and the challenges of providing adequate access to and continuity of care, Aboriginal Elders focused more broadly upon the transitions of community members into, between and out of the corrections system. Elders emphasised the importance of providing adequate psychological and emotional support for people transitioning into and between correctional services settings and the importance of preventing vulnerable youth from later becoming incarcerated within adult prisons. Current prisoners who were consulted raised concerns regarding institutional and interpersonal racism and expressed a desire for more explicit communication from prison health staff regarding their care, including opportunities for health promotion and education for health literacy. The stakeholder consultations identified key themes that informed many of the components of the draft model of care.

On 5 June 2017, a half-day workshop with more than fifty stakeholders was convened in order to: (1) validate the draft model and revise its overarching design; (2) explore the core elements in more detail; and (3) discuss potential facilitators of implementing the model of care. The findings of the stakeholder workshop directly informed the final overarching design and detailed framework for the model of care. *The workshop also provided a forum for Department for Correctional Services and SA Prison Health Services staff to meet and discuss shared concerns – perhaps for the first time – as well as engage with other stakeholders such as union representatives, researchers and the non-government sector in a setting that focused on finding solutions.*

The Model of Care for Aboriginal Prisoner Health and Wellbeing has the following components:

The SA Aboriginal Prisoner Health and Wellbeing Model of Care

The Model of Care for Aboriginal Prisoner Health and Wellbeing has the following components:

1. an overarching design
2. a theoretical basis with principles
3. an evidence base
4. standards
5. core elements
6. key recommendations

The Model of Care for Aboriginal Prisoner Health and Wellbeing is holistic, person-centred, and underpinned by the provision of culturally appropriate care. It recognises that Aboriginal prisoners are members of communities both inside and outside of prison, and that released into the community at the completion of their sentences needs consideration. It notes the unique needs of remanded and sentenced prisoners and differing needs by gender.

The South Australian Aboriginal Prisoner Health and Wellbeing Model of Care draws on the theoretical framework of the Winnunga Holistic Health Care Prison Model (Winnunga Model). It also draws on the key principles of the Northern-Midland Region Prison Model of Care.

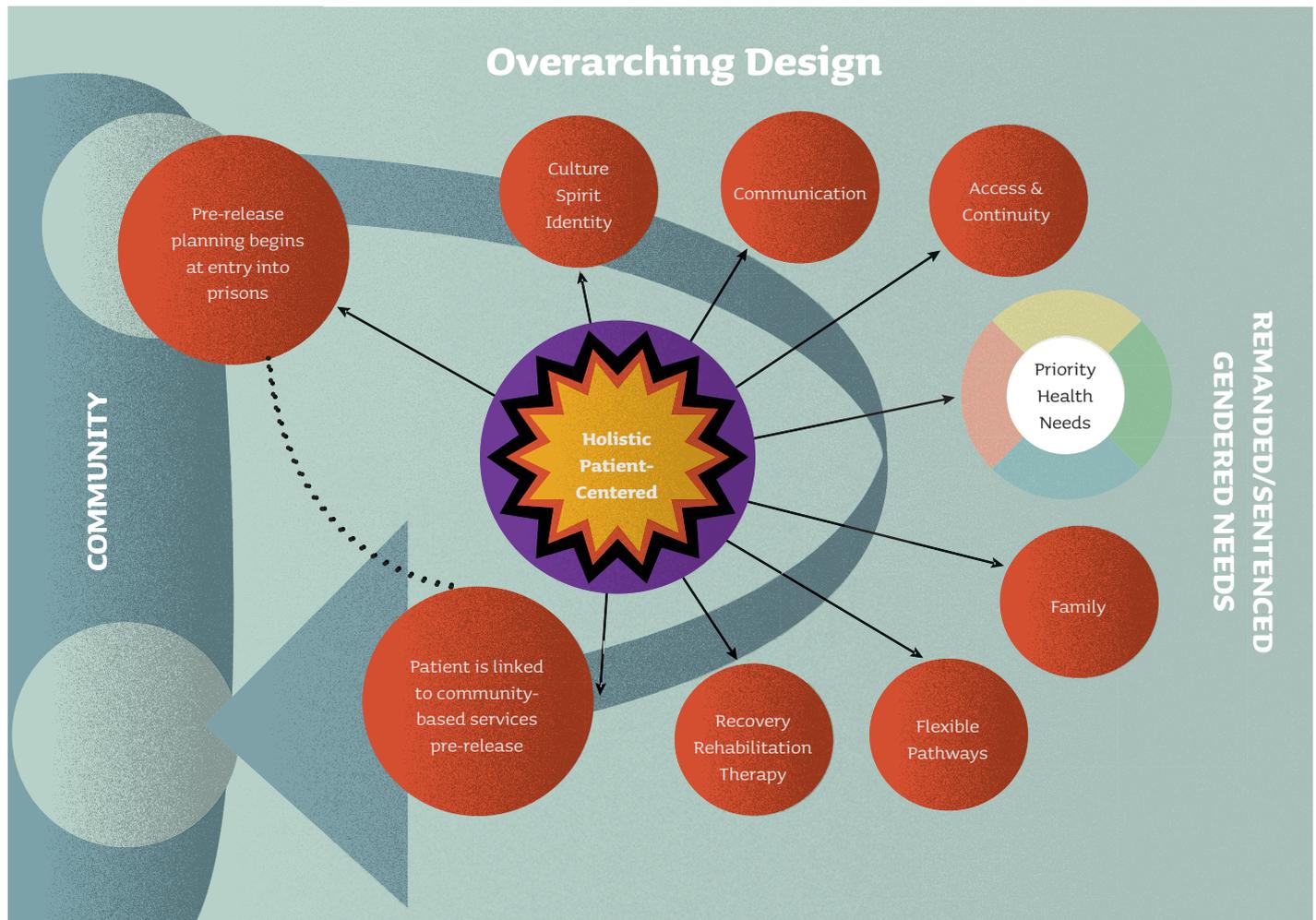


Figure 3 The SA Aboriginal Prisoner Health and Wellbeing Model of Care

Model of Care for Aboriginal Prisoner



Health and Wellbeing for South Australia

Treatment & Recovery Paradigm

Community Equivalence of Care

Social & Emotional Wellbeing in Prison

Reducing Recidivism (10% by 2020)

Family

Flexible Pathways

Recovery Rehabilitation Therapy

Patient linked to community services

Key Recommendations

Maintaining connection

- Manage bed flow to ensure that Aboriginal people are housed in prisons close to family members.
- Communicate vital health information to family members (e.g. hospital).

Grief, loss and trauma

- Provide time and space for healing circles inside prisons to support healthy grief, especially for people who cannot attend family events or funerals.

Parenting

- Develop appropriate facilities within prisons to support parenting, including parenting education and other practical programs that maintain parenting skills.
- Provide parenting programs for women and men, with particular focus on recovery and prevention of trauma.

Key Recommendations

Flexible pathways

- Establish a range of appropriate patient journey alternatives to better support Aboriginal patients to access care (e.g. providing services locally through Country Health instead of metropolitan hospitals).

Utilising existing services

- Transfer Aboriginal people to the prisons that can best attend to their health needs (e.g. High Dependency Unit, Aboriginal Accommodation Unit).

Telehealth

- Extend the use of telehealth and videoconferencing for Aboriginal patients.

In-reach services and programs

- Increase the number of in-reach programs, especially to form links with primary health and to provide therapeutic services for AOD, mental health, domestic and family violence and other trauma.

Key Recommendations

Investment

- Invest in therapeutic mental health care for prisoners.
- Develop a prison Model of Care for serious mental illness.

Aboriginal workforce

- Engage Aboriginal psychiatrists, psychologists and social workers to carry out assessments and deliver therapeutic programs and one-on-one counselling.

Interventions

- Develop and deliver mental health & wellbeing programs and interventions that are culturally appropriate.
- Provide brief interventions for people on short-term sentences and remand.

Wellbeing

- Increase opportunities for meaningful activities and vocations, rather than overly relying on medication.
- Provide structured physical activity and nutritional dietary options.

Key Recommendations

Release off-Court

- Provide relevant medical records, medications and links to community services before hearings so patients are prepared for release off-Court.

Checklists

- Develop and complete Aboriginal specific pre-release checklist (e.g. Medicare card, Centrelink payments, bank card, medications, contraception, family, housing availability).

Technology for support

- Provide training and support for patients to use existing technologies (e.g. MyGov) to track care and social services.

Reducing recidivism

- Involve family in health planning where appropriate.
- Ensure adequate, timely and appropriate transport options back to home.
- Strengthen links with community health services.

- Aboriginal Health Practitioners
- Cultural awareness & competence training
- Evidence-based care regarding Aboriginal health needs
- Gender appropriate healthcare staff

INTER-AGENCY LINKS

- Links with community health services
- Aboriginal Community Controlled Health Sector
- Housing, transport & social supports post-release

1. Prisoners prepared to return to community
2. Community prepared to adequately support ex-prisoners

Underpinnings of Culturally Appropriate Care

The Model of Care for Aboriginal Prisoner Health and Wellbeing for South Australia uses the same fundamental underpinnings as the “Wellbeing Framework for supporting primary healthcare services to provide appropriate care for Aboriginal people with chronic disease” (Davy et al. 2017). The framework was adapted for the South Australian Aboriginal Heart and Stroke Plan 2017-2021 (Wardliparingga 2016). The adapted Wellbeing Framework (below) illustrates the necessary components of culturally appropriate care. Culturally appropriate care can be achieved by delivering culturally safe services using best practice approaches (evidence-driven) through a culturally competent workforce who provide care in a holistic manner.

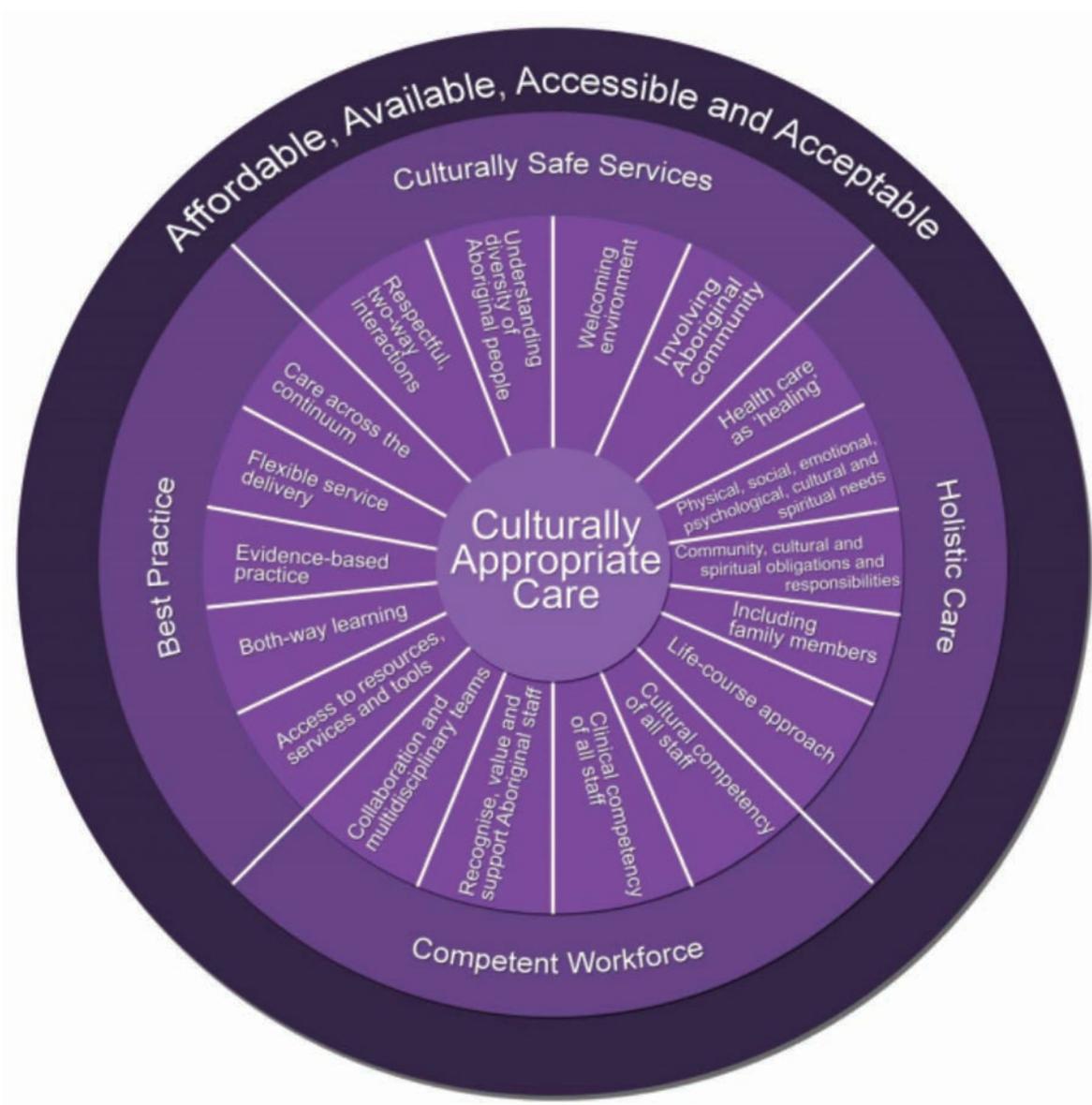


Figure 5 Culturally appropriate care (Source: Wardliparingga 2016).

Principles

The principles that guide the model are in the areas of: (1) human rights and treatment of prisoners; (2) anti-racist prison cultures; (3) people-centred and responsive to family; (4) compulsory mental health care; (5) treatment and recovery paradigm; (6) community equivalence of care; (7) social and emotional wellbeing in prisons; and (8) reducing recidivism.

Human rights and treatment of prisoners

Three key international documents are reference points:

1. The United Nations Standard Minimum Rules for the Treatment of Prisoners (UN 1955) require respect for “the religious beliefs and moral precepts of the group to which a prisoner belongs”.
2. The UN Committee on Economic Social and Cultural Rights provides for all people’s enjoyment of “the highest attainable standard of health conducive to living a life in dignity” (UN 2000, para 1).
3. The Declaration on the Rights of Indigenous Peoples in 2006 (UN 2006).

Anti-racist prison culture

This model of care advocates the thorough and multi-levelled approach and application of a principle of non-racist prison cultures, which should include the provision of culturally appropriate care within culturally safe healthcare settings that are completely free of racism.

People-centred and responsive to family

Services should be focused on the needs of individuals rather than systems’ requirements. Services also need to be responsive to the needs of prisoners’ family members.

Compulsory mental health care

Positioning mental health as an essential focus of any health care of prisoners is critical.

Treatment and recovery paradigm

Delivery of health and wellbeing services needs to be based on a recovery paradigm, focusing on each individual’s journey that encompasses personal strengths, hope, treatment, empowerment, support, education, knowledge, self-help, spirituality, meaningful activity and cultural identity.

Community equivalence of care

The quality and standard of mental and physical health care needs to be the same within prisons as it is in the broader community

Social and emotional wellbeing in prisons

Attending to the social and emotional wellbeing of Aboriginal prisoners takes account of their community and family connections.

Reducing recidivism

Aligning with the Department for Correctional Services Strategic Policy Panel Report, Reducing Reoffending – 10% by 2020.

Core Elements

The model has eight core elements: (1) pre-release planning begins at entry to prison; (2) culture, spirit and identity; (3) communication; (4) access and continuity; (5) family; (6) flexible pathways; (7) recovery, rehabilitation, therapy; and (8) prisoner is linked to community-based services pre-release.

Core Element – Pre-release planning from entry into prison

Ideal discharge planning includes - full medication for one week; repeat prescriptions (e.g. contraception); pre-booked GP appointment; valid/renewed Medicare card and Healthcare Card and knowledge of entitlements e.g. CtG scripts; referral to appropriate health, income and social services; in-hand summary of individual's medical records; valid credit/debit cards; valid drivers' licence..

People with complex health and social needs may require a multidisciplinary approach to pre-release planning, and planning should begin upon a person's arrival into the prison.

Core Element – Culture, spirit, identity

Attention to the cultural, language and spiritual needs of Aboriginal prisoners, in relation to both prisoners from “traditional” communities and also for urban Aboriginal peoples. Consideration of Ngangkari and other Traditional Healers, the importance of kinship care (e.g.co-locating family members for support), and peer support amongst Aboriginal prisoners. Awareness of the prevalence of grief and loss and the profound intergenerational trauma that characterises the Aboriginal prisoner population.

Core Element – Communication

The need to resourcing interpreter services and literacy-appropriate resources particularly those of traditional males where the health teams are predominantly or exclusively female. Strengthening communication processes between DCS and SAPHS to better support patients' health and wellbeing needs, and better communication between prison sites.

Core Element – Access and continuity

Access to healthcare services and continuity of care both within and between prisons, as well as between community and prison settings. Establishing protocols and systems for continuity of care and better managing comprehensive medical records.

Core Element – Family

Recognising the importance of ‘kinship care’, especially the co-locating of Aboriginal family members within a given prison, and being allocated to a prison that is located close for family members to visit.

Core Element – Flexible pathways

Building flexible pathways includes: telehealth and videoconferencing, specialist in-reach opportunities, in-reach by local health and social services, utilisation of existing specialist prison care (e.g. Aged and Infirm Unit at Port Augusta), and education and training opportunities to prevent re-incarceration.

Core Element – Recovery, rehabilitation, therapeutic services

Focusing on therapeutic mental health care and using brief evidence-based interventions, such as cognitive behavioural therapy-informed group and individual activities. Increasing Aboriginal health staff as well as Aboriginal psychologists and social workers to support assessment and provide better treatment for spiritual, emotional, psychological, cultural and social health.

Core Element – Patient linked to community services prior to release

Establishing key contacts within community health clinics (e.g. Watto Purrinna, Nunkuwarrin Yunti) to act as a liaison point for prison staff who wish to support Aboriginal patients' care back into the community, as well as to support the accessing of medical records upon a person's arrival at prison.

Recommendations

1. It is recommended that the SAPHS adopt the SA Aboriginal Prisoner Health and Wellbeing Model of Care and plan for its implementation during 2018.

Governance and accountability

2. Develop a joint SAPHS/DCS governance structure and implementation plan for the Model of Care, including appropriate input from LHNs, Aboriginal community representatives such as Elders, advocates and former prisoners.
3. Develop a detailed monitoring and evaluation approach for measuring the impact and outcomes of the Model of Care.
4. Develop appropriate cost sharing between Central Adelaide Local Health Network and Country Health SA Local Health Network to ensure access and continuity of care, flexible pathways, therapeutic mental health care and links to community services.

Workforce and training

5. Establish a strategy to ensure a gender-and culturally diverse Prison Health Service workforce to provide culturally appropriate care to all Aboriginal prisoners.
6. Work with relevant LHNs and appropriate ACCHOs to implement an Aboriginal Health Practitioners in-reach program in the short-term, with a goal to achieve a workforce that includes Aboriginal Health Practitioners (within the SAPHS and from external agencies) at all South Australian prisons within 5 years.
7. Deliver ongoing cultural awareness and cultural competency training for all SAPHS and DCS staff within South Australian prison facilities; such training needs to be both general in nature and specifically tailored to local community connections and culture. This would include a state-wide consistent approach that is designed by Aboriginal people skilled and experienced in the delivery of such training. Involvement of local community in ongoing cultural training would be encouraged.
8. Ensure SAPHS and DCS staff have training and awareness of racism as impacting on health and wellbeing.
9. Ensure all Prison Health Service and Correctional Services staff have access to regular briefings/updates on the specific health needs, emerging issues and evidence and associated care requirements of Aboriginal people in South Australia.
10. Provide training and support for SAPHS and prisoners to use existing technologies (e.g. MyGov) to track health care and other services and entitlements.

Interagency links

11. Strengthen formal and operational links between prisons and their local community healthcare services, including Aboriginal Community Controlled Health Services and ensure staff are aware of the local primary care and other specialist health services that prisoners may need for ongoing care after release into the community.

12. Ensure staff who facilitate release of prisoners are aware of the health needs of the prisoner upon release and are able to access information on agencies such as housing, transport and social services in the post-release setting to improve pre-release planning from entry and direct patients to community services.

Pre-release planning begins at entry into prison

13. Review the initial assessments of health needs conducted on entry of all Aboriginal people into prison/remand, to ensure a comprehensive medical and wellbeing assessment is able to be conducted. The review would assess current processes, capacity, systems, and workforce and map a planned approach to reaching a “best-practice” approach to assessment, care planning and health and wellbeing management and support.
14. Review current practices for release of Aboriginal prisoners as it relates to transition of their health care to a primary care service/practitioner. Effective transition will require coordination across SAPHS, DCS and relevant community based and in-reach social and health services from first entry to prepare for return to community.

Culture, spirit identity

15. Establish a Working Group to consider and make recommendations on the recognition, active support and strengthening of cultural identity and spiritual health of Aboriginal prisoners. This would involve consideration of: spiritual health cultural care, kinship care, Ngangkari and other Traditional Healer services, grief and loss support, healing circles and peer support between prisoners and by Aboriginal health and support staff.

Communication

16. Develop a program of health literacy improvement amongst Aboriginal prisoners to improve prisoners’ understandings of their diagnoses, decisions and processes of care and support self-management.
17. Ensure appropriate interpreter services are available in all prisons to assist SAPHS staff with promoting better understanding and compliance with treatments for Aboriginal prisoners for whom English is not spoken or is a second language.

Access and continuity

18. Extend eligibility criteria for all health services and programs to Aboriginal prisoners on remand or with short-term sentences.
19. Ensure information is sought from prisoners about their usual primary care service/practitioner to improve access to prisoner’s pre-prison health and mental health histories and for appropriate transition after release.
20. Support a DCS review the current system of prisoner movements and their impact on disruption to a person’s privileges (e.g. cellmate, job, security rating, etc.) while accessing health care externally.

Recommendations (cont.)

Family

21. Develop a procedure for improved communication of vital health information to family members as soon as is practicable (e.g. hospital visits), taking into account privacy issues and practicalities.
22. Consult with Aboriginal prisoners and community members regarding improved support for grieving, especially for prisoners who cannot attend family events or funerals.
23. Develop appropriate facilities within prisons to support parenting, including parenting education and other practical programs that maintain parenting skills
24. Consult with Aboriginal women in the community and prisoners regarding advocacy for prison alternatives for women who may have to give birth in prison

Flexible pathways

25. Establish facilities in all prisons to support the use of telehealth and videoconferencing for Aboriginal prisoners to access specialist assessments, treatments and care and avoid unnecessary, costly and disruptive transfers.
26. Increase the number of in-reach programs, especially to form links with primary health and to provide therapeutic services for alcohol and other drug misuse mental illness, domestic and family violence and other trauma.

Recovery, rehabilitation, therapy

27. Investigate, plan and implement a comprehensive therapeutic mental health care service within the SAPHS, using the New Zealand Model of Care as a reference point, ensuring cultural appropriateness for the Aboriginal prisoner population and including:
 - a. Brief mental health interventions for people on short-term sentences and remand.
 - b. Increased opportunities for mental health maintenance including meaningful activities and vocations.
28. Prepare and implement a chronic and communicable disease strategy for primary and secondary prevention, ongoing self-management, evidence-based health support (including structured physical activity and nutritional dietary options) and high quality medical and allied health services for prisoners with heart disease, diabetes, respiratory conditions, kidney disease, communicable diseases and common mental illnesses.
29. Prepare and implement disability support programs through the use of physiotherapists, occupational therapists and exercise physiologists and ensure daily care needs can be met for Aboriginal prisoners with day to day care needs.

Prisoners linked to community based services pre-release

30. Develop systems and procedures to ensure relevant medical records, medications and links to community services are prepared for all prisoners prior to court hearings to facilitate effective transition of health care and wellbeing if prisoners are released off-Court including development of a checklist to cover:
 - a. Entitlements - Medicare number and card, Centrelink status
 - b. Access to finances
 - c. Access to medications, including contraception
 - d. Contacts for primary health care and specialist support
 - e. Housing
 - f. Transport

Conclusions

The South Australian Model of Care for Aboriginal Prisoner Health and Wellbeing has been prepared with the participation of all stakeholders through a process of referencing international evidence, and grounding the model within both a theoretically sound and culturally sensitive framework. It has the flexibility to take account of local prison ways of working and prison populations.

The Model of Care provides the basis for enhancing the current Prison Health Service and prison systems to better support the health and wellbeing of Aboriginal prisoners. The Model is consistent with the Department for Correctional Services Strategic Policy Panel Report, Reducing Reoffending – 10% by 2020 (DCS 2016). Importantly, the Model of Care, if implemented would also contribute to addressing some of the recommendations of the Royal Commission into Aboriginal Deaths in Custody, still relevant 26 years after its completion

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