



IN ACTION CONFERENCE

IUIH Prison Transition Support

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Key Priority Areas

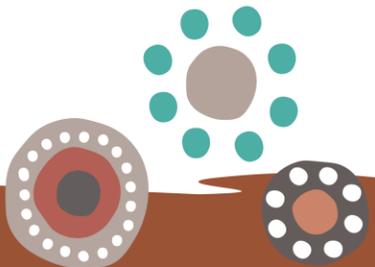
SEQ First Nations Health Equity Strategy Key Priority Areas

- **KPA1 Cultural Safety:** Actively eliminating racial discrimination and institutional racism within services.
- **KPA2 Access:** Increasing access to healthcare services.
- **KPA3 Determinants:** Influencing the social, cultural, and economic determinants of health.
- **KPA4 Delivering Quality Healthcare:** Delivering sustainable, culturally safe, and responsive healthcare services.
- **KPA5 Service Delivery Partnerships:** Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- **KPA6 A Strong and Capable Workforce:** Strengthening the First Nations health workforce.



Most Incarcerated People in the World - Aboriginal and Torres Strait Islander people locked up

- Aboriginal and Torres Strait Islander People 3.8% of Australian Population
- But average 33% of all people in Prison (rates in States can be much higher)
- In Queensland rates of Aboriginal and Torres Strait Islander people being locked up have increased 68% since 2013
- Imprisonment rate of Aboriginal and Torres Strait Islander people at 2,346 per 100,000 people v El Salvador (Highest Country) at 1086 per 100,000 people



SEWB and MH of Aboriginal and Torres Strait Islander people Locked Up

Mental Illness, Intellectual Impairment and Cognitive Impairment

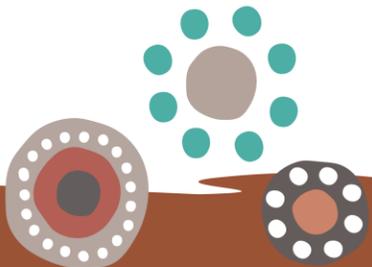
Australia

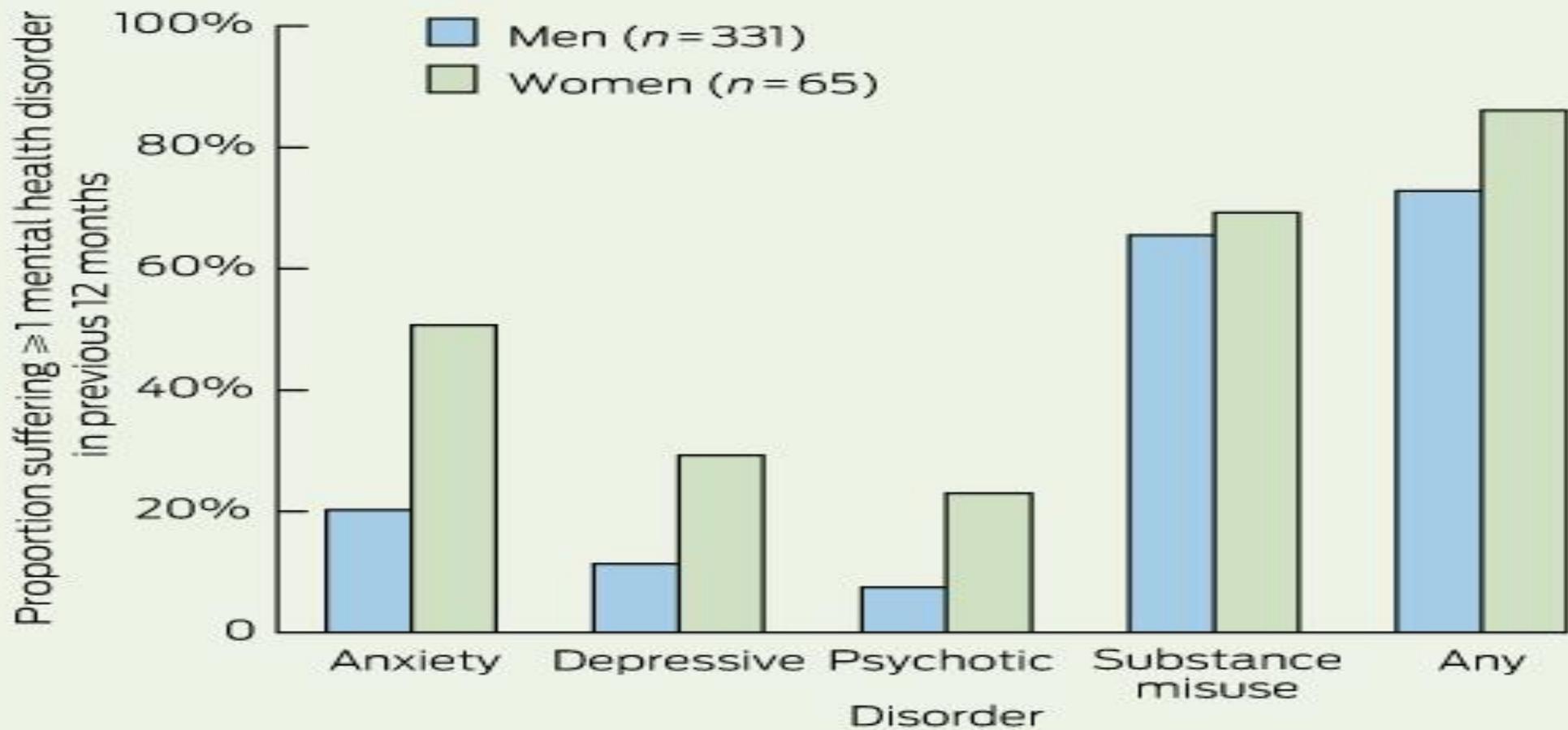
95% of Aboriginal and Torres Strait Islander people appearing in court charged with a criminal offence have an intellectual disability, cognitive impairment or mental illness.

60% of Aboriginal and Torres Strait Islander people in Prison have an Intellectual Impairment (73% of Children and Young Mob in Custody)

Queensland

In QLD Prisons over 75% of Aboriginal and Torres Strait Islander Men and 80% of Aboriginal and Torres Strait Islander Women had some mental health condition (Anxiety, Depression, Psychotic Disorders and Substance Use Disorders)

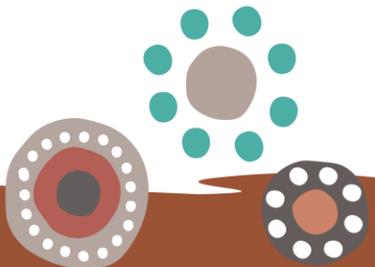




Financial Cost

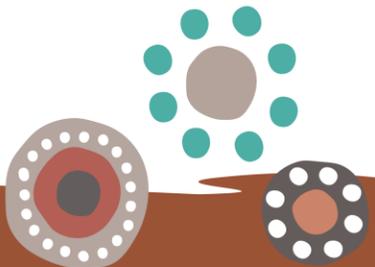
Australia spends:

- \$4.63 Billion on Prisons and \$820 million on Community Corrections per year
- \$422 per day on each adult in Prison or \$158,895 pa
- \$2068.32 per day on each child in Youth Detention or \$761,507 pa



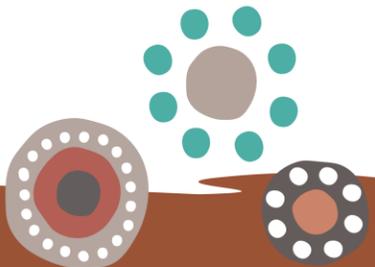
Why IUIH Prison Transition

- Cultural Safety: Actively eliminating racial discrimination and institutional racism within services.
- Access: Increasing access to healthcare services.
- Determinants: Influencing the social, cultural, and economic determinants of health.
- Delivering Quality Healthcare: Delivering sustainable, culturally safe, and responsive healthcare services.
- Service Delivery Partnerships: Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- A Strong and Capable Workforce: Strengthening the First Nations health workforce.



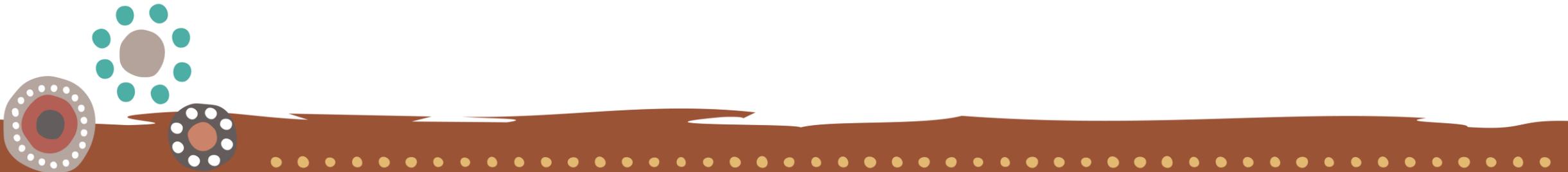
Cross Sector System Reorientation and Transforming System Gaps

- Aboriginal and Torres Strait Islander Leadership – Mob led, designed, delivered and evaluated
- Working in collaboration with State run and mainstream services
- Immediate access to culturally responsive community Primary Healthcare Services
- Programs that are holistic and address social and cultural determinants of health and recognise difference between Mob and Non-Mob involvement in the correctional justice system such as connection to land, culture, spirituality, ancestry, family, and community.
- Flexible, comprehensive and accessible including pre-release planning



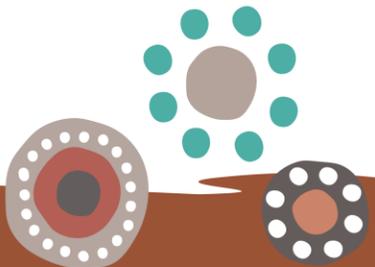
Improvements

- Access to Mob in Prison
- Reliable funding
- Need for team approach to reintegration
- Interagency collaboration
- Communication between health care providers in custody and community
- Communication between in-custody providers and community providers
- Self-determined justice reinvestment offers culturally responsive alternatives to incarceration.



Cycle of active intervention of the IUIH

Transition Support Service



Cycle of active intervention with meeting cultural needs

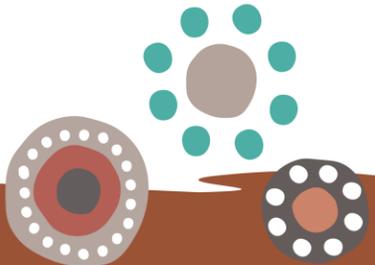
What makes the difference?

- Being IUIH
- Having MOB Staff
- Being able to relate in a context/acceptance.
- Having that connection. Personal open yarns.
- Able to talk (The Ways)
- Willing to make contact direct. Working with mob in their space.
- Externalising issues
- Walk beside.
- Acceptance to service



Target to KPA's

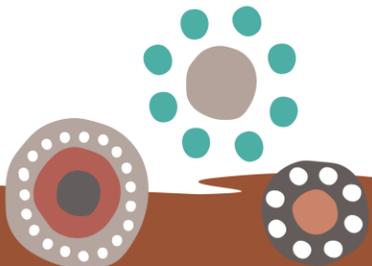
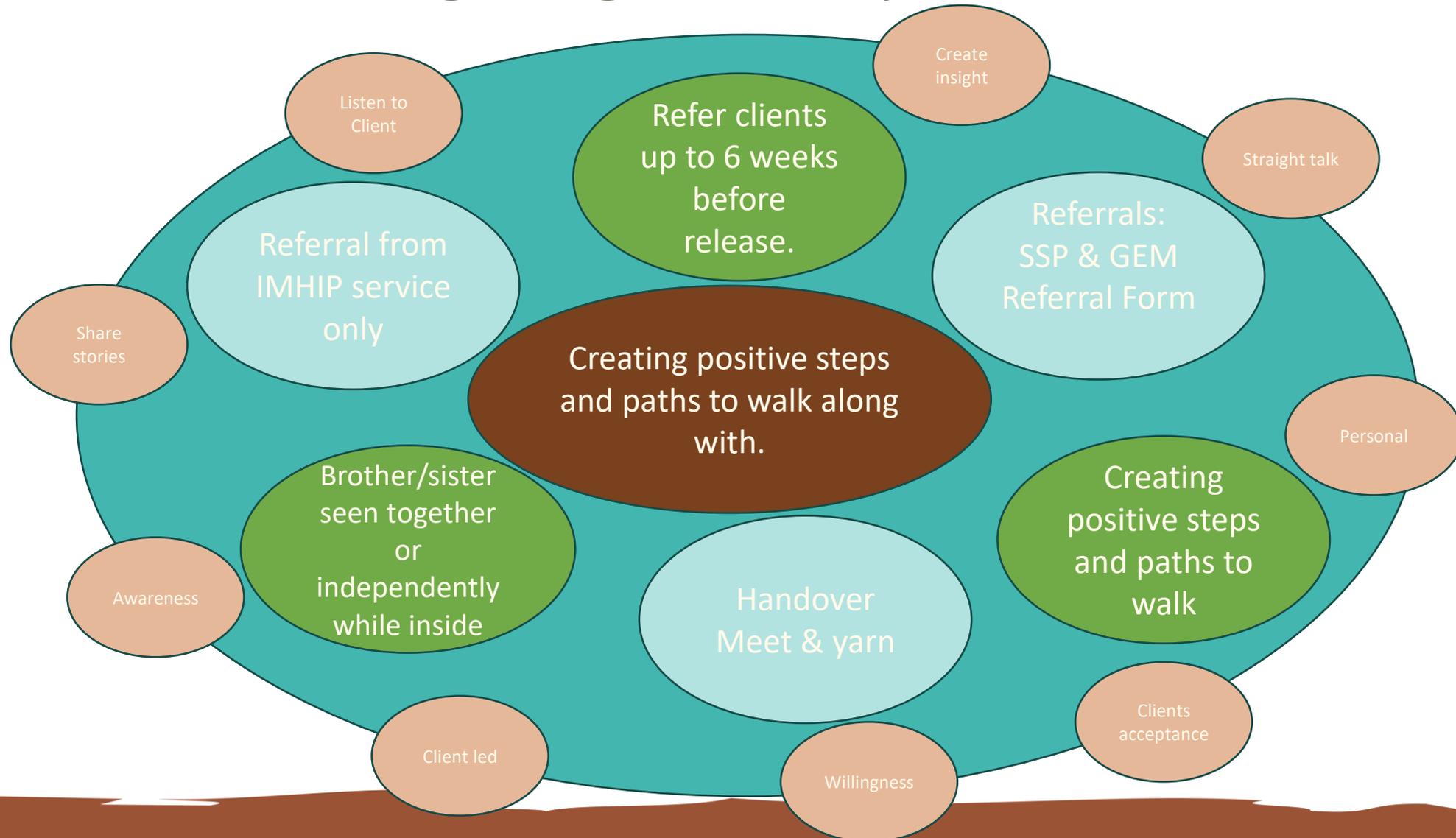
- Kpa1 Cultural Safety
- KPA2 Access
- KPA3 Focus on Determinants
- KPA4 Safe respect Health care (quality)
- KPA5 Partnerships and walking the journey.
- KPA6 Mob Workers for mob to create acceptance and change.



Referral and Intake / The Beginning of Journey

What makes the difference?

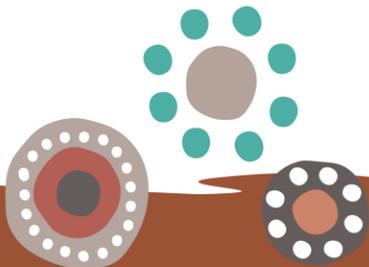
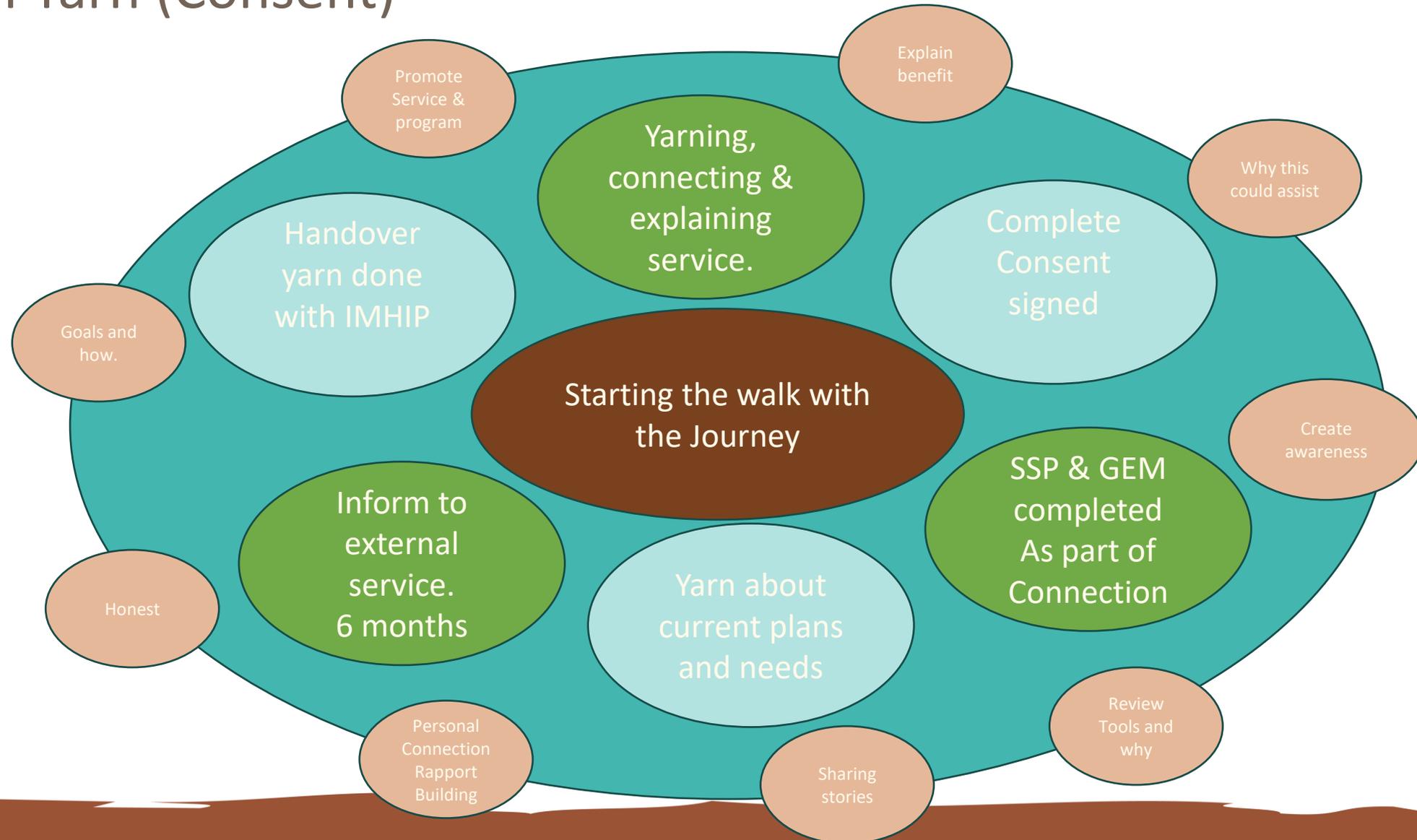
- (Trust) footprint IUIH has created.
- The connection
 - From one mob program to another.
 - Actual handover / not just referral
 - Having a handover to yarn up.
 - identity
 - We talk about family situation and social situations barriers.
 - The linkages we have.



Connection Yarn (Consent)

What makes the difference?

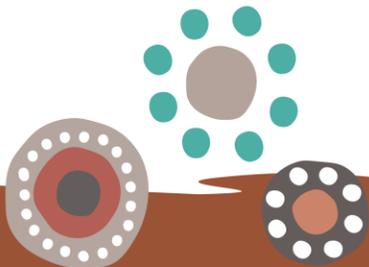
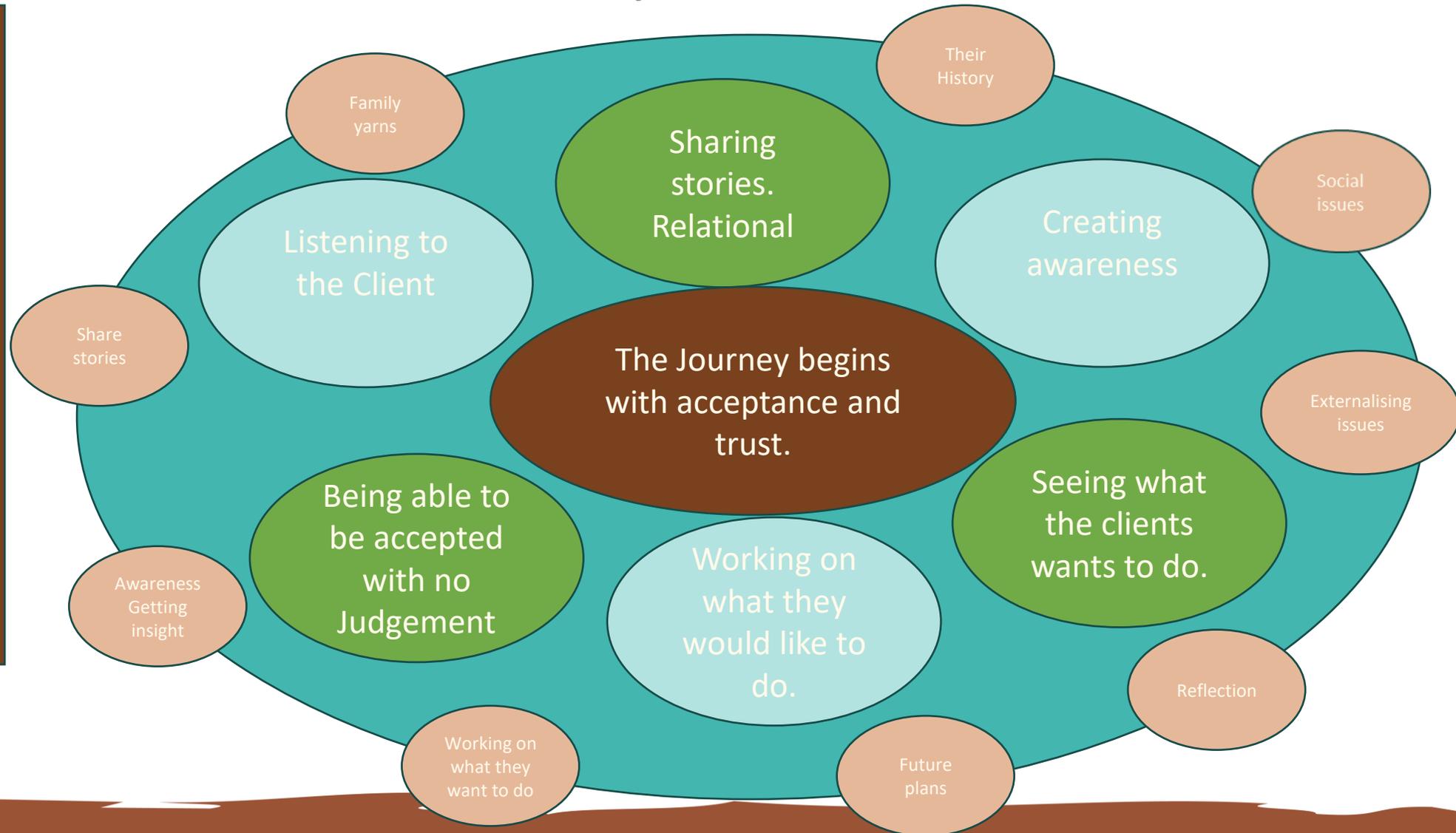
- Again, the UIH Identity.
- Explaining our service and the big pictures.
- The connection (service/myself)
- From one mob program to another.
- Actual handover / not just referral
- Proper yarns
- Externalising issues
- Walk beside.
- The linkages in Community



Building a Bond and current Journey Plans

What makes the difference?

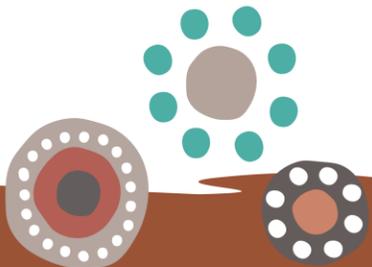
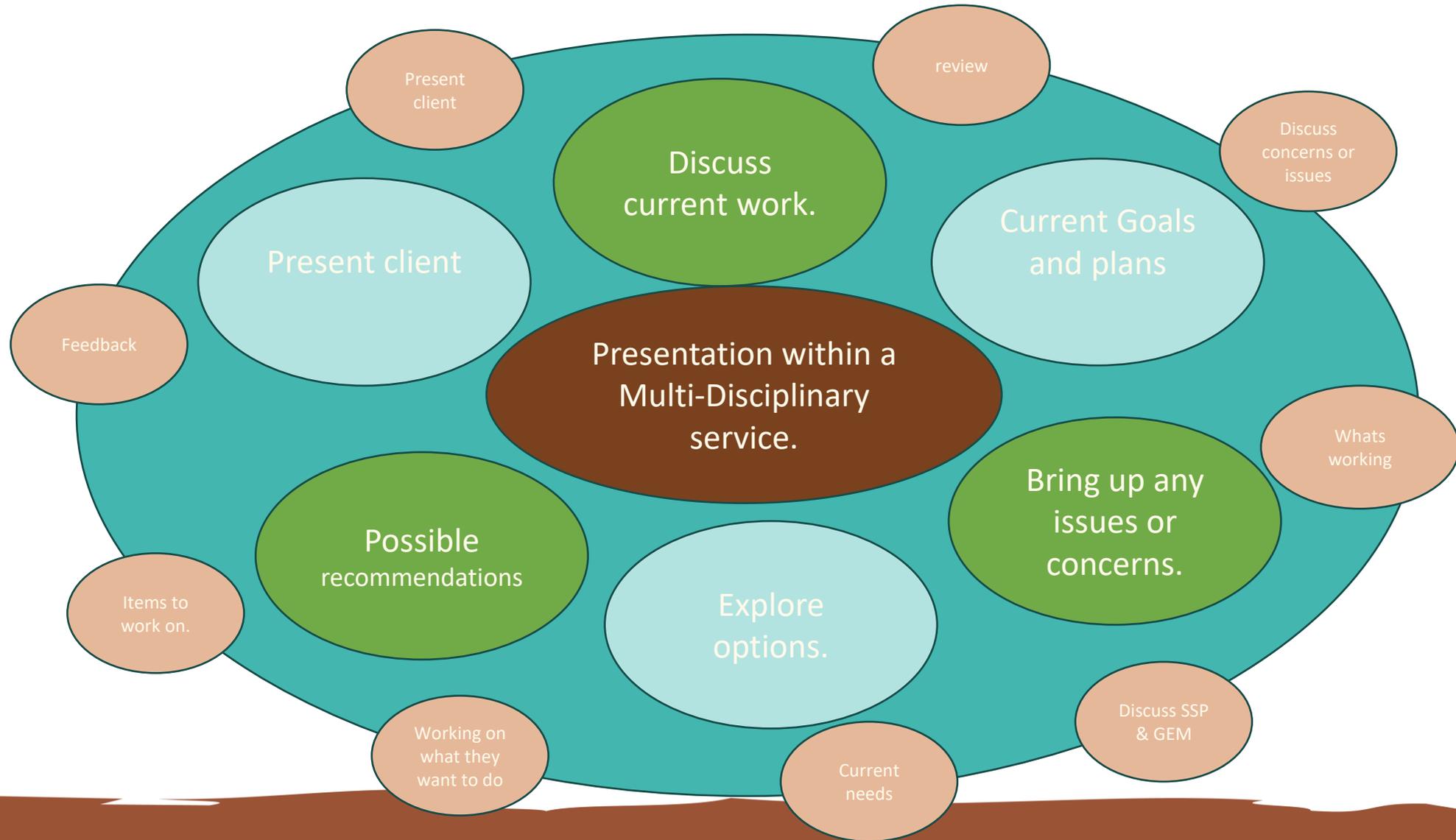
- (Trust) building that with footprint UIH creates.
- Proper yarns
- Acceptance due to position.
- Trust and not making promises.
- Keeping them informed.
- Family contact – Checked first. Accepted.
- Talk culture and loss.
- Communities.
- Deeps talks. (history of past)
- Promote change.
- Enable a choice for mob.



Client Journey Review & Care Coordination meetings

What makes the difference?

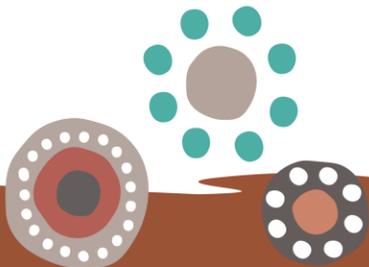
- Mob service.
- Open discussions
- We looking at supports within and referrals.
- Looking at how the person is going.
- Looking at what things they want.
- Follow current client goals
- Externalising issues
- Future plans steered by client.
- Care coordinator steers on client needs & goals.



Taking First Steps out of prison

What makes the difference?

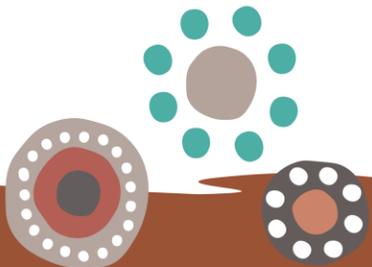
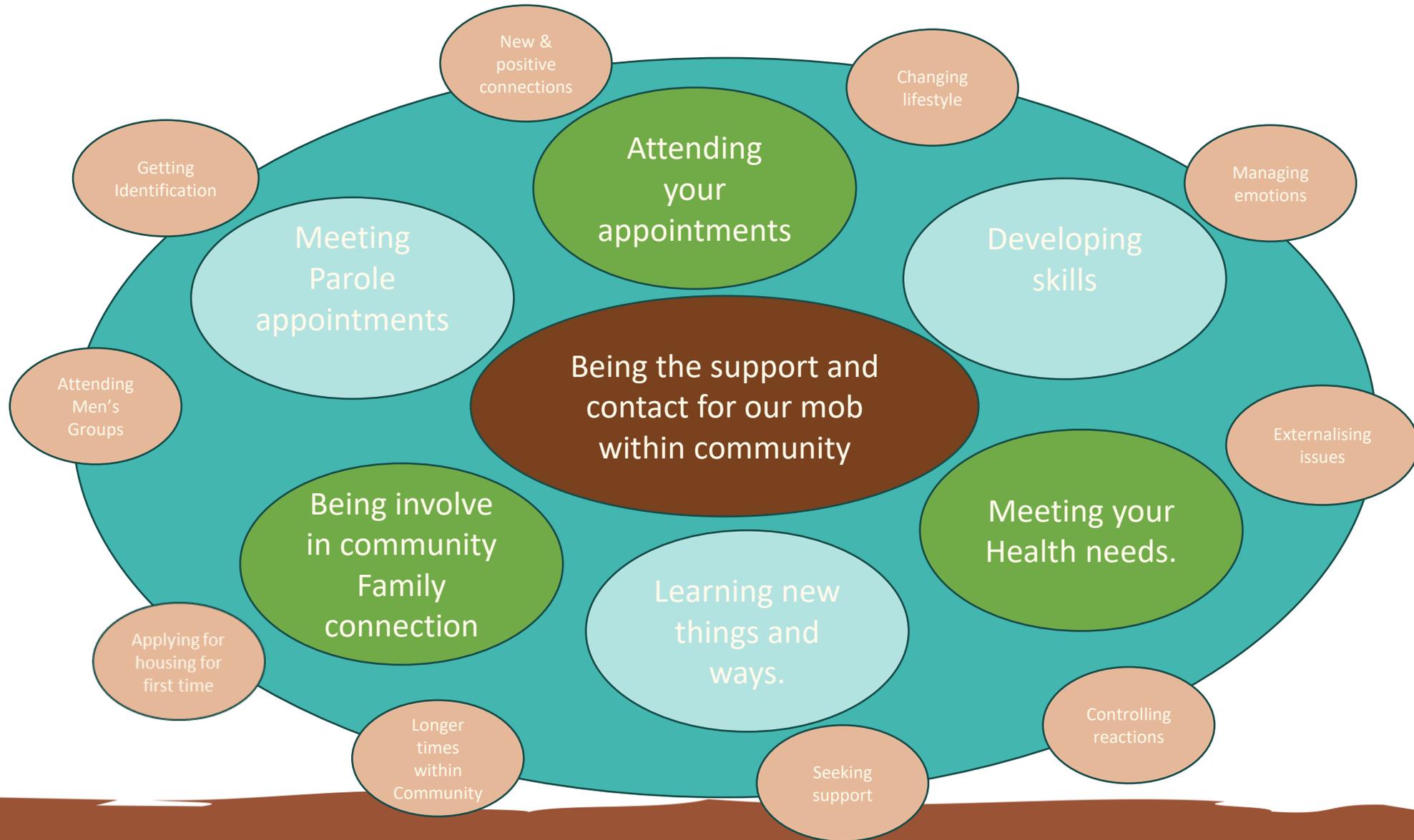
- Mob services.
- We walk with them.
- We check in and give contact number direct to case worker.
- Looking at what things they want.
- Rapport built before release and walk with them.
- We link into services with them.
- We can refer to services.
- The client bond creates change.



Walking together within the community towards your own steps.

What makes the difference?

- Linked into Mob service.
- Attending appointments.
- Learning independence.
- Linking into ATSICHS
- Linking into Men's Programs.
- Letting them lead the way.
- Making right choices for themselves.
- Changing the circle they have been in.
- Have a support they trust.
- Creating doors to open.
- Create a place to call home.



End Of Journey

Outcomes

Clients staying out longer
Linking into services
Attending to Health appointments
Gathering identifications
Attending Men's Group's
Applying and securing accommodation
Personal development
Changing life styles
Cultural linkages.
Community acceptance
Attending various appointments
We still have a connection after service.
Health Check, Housing applications and linked in to services
RESPECT

Improvement

Access to mob in Prison
Reliable and size of funding
Work better Collaboratively
Share of information between service.
Improve system level barriers.
Self-determined Justice reinvestment to Culture
To be delivery to all prisons
To enlarge the program.

