Beyond the Symptoms – A Community based, Holistic Approach

Reducing blood borne viruses within the prisoner/ex-prisoner population
Health Care Responses to this Group

“Is it Crime Prevention or is it Healthy and Inclusive Communities Where Our Focus Should Be?”

Peter Kenyon – Director – The Bank of Ideas

The powerful message of this presentation encapsulates the work and philosophies of CRC

CRC works with people being released from prison, their families and friends
CRC Transition Programs client profile

- Medium – high risk reoffending [LSIR]
- Prior incaceration
- Alcohol and other drug issues
- Physical and Mental Health Issues (Often not diagnosed or re-diagnosed in the community)
- Complex needs
CRC specialist programs

- PSI – targeting offenders with mental health and / or intellectual disability
- At risk of homelessness
- Liverpool / Fairfield Area
- Similar programme being set up in Greater Western Sydney [Women]
- New funding for residential support for DADHC eligible clients [Villawood]
Focus on causes not symptoms

- Poverty
- Indigenous lifestyle realities
- Mental and physical health
- Unemployment
- Alcohol and drug abuse
- Family and community dislocation
- Alienation from education system
- Boredom
- Poor housing
Provide a holistic and integrated response

- Broad range of issues impacting on the health of prisoners
- Multiplicity of challenges – personal and structural
- Where does issue of blood borne viruses fit?
- How much of a priority can it be accorded?
- When compared to issues such as homelessness BBV’s often low on clients list of priorities
Too much to do, too little time

- Many CRC clients reliant on and / or mandated to multiple services

- Services include: Centrelink, Housing NSW, welfare agencies, Community Offender Services, methadone clinics

- Female client – recently required to attend 17 appointments in a fortnight

- For clients with BBV’s – often not the time or energy to seek treatment
People need to feel relatively stable and well, in order to address the issue of testing or treatment for BBV’s

- Short term crisis interventions to address immediate issue/s

- Most do not enter the domain of BBV’s or feel that they have a role in doing so.
Service constraints related to funding

- Service delivery funded in silos and focused on short term outcomes
- BBV’s primarily within the practice domain of specific health funded services
- Many CRC clients do not access health services
- Exclusion from services remains one of the biggest challenges
Examples of service exclusions

- Too difficult
- Too unstable – potential risk to others
- Not motivated enough
- Will return to prison soon so no point providing treatment
- Insistence on getting full criminal histories for clients from prison
Demystifying the client group

- Focus on human rights
- Presenting factual demographic information
- Real life case studies
- The similarities rather than the differences
- Client participation
Integrated service delivery produces results

- PSI experience and Housing First models research show holistic and sustainable service delivery is possible

- Within these models client chronic health issues can be more effectively addressed

- This model involves and educates service providers about working with this client group
Parolee Support Initiative [PSI]

- Established 2007
- Funded through CS
- Works collaboratively with members of NSW Housing and Human Services Accord
- Broad range of intensive outreach support services
- Commences 3-6 months pre-release
- Case management
Collaborative practice in action

- Key service providers sign plan and agree to service provision prior to clients release
- Regular review meetings with all key stakeholders
- Establishment of independent living skill
- Increasing accessing mainstream services
Inter – agency cooperation

- This model broke down communication barriers between organisations
- Exchange of information clarified
- Organisational roles, boundaries and limitations discussed
- Key non-government funded organisation to coordinate services
What works

- Multi sectoral partnerships
- Support commences in custody
- Key community organisation to provide ongoing support for services and clients
- Education and resourcing of services of community
- Increased understanding / Trust by community health sector of Justice Health
Finally

- It is by working to decrease the social exclusion of this group not just amongst the general population but across the services who are funded to work with our clients as part of the general population, that I believe issues such as blood borne viruses have a much greater chance of being addressed. We then may begin moving towards Healthy Inclusive Communities.