NO MATTER THE LOCATION

NO MATTER

THE SETTING



WORKING WITH WOMEN PRISONERS

A NURSE'S PERSPECTIVE

HEALTHCARE SHOULD BE ACCESSIBLE TO ALL

26 - 29







What we do

Corrections protect the people of New Zealand by:

- managing offenders safely and humanely
- reducing the risk of someone re-offending
- ensuring our facilities are secure
- monitoring and supporting offenders on community-based sentences and orders
- providing information to the Courts and NZ Parole Board to assist their decision making
- Supporting offenders with rehabilitation, treatment, life skills, education and job training





About Corrections

- 8,000 staff and 2,000 volunteers
- A budget of approximately \$1.4 billion and around \$2.8 billion worth of assets, including:
 - 148 Community Corrections sites, including those leased, owned and shared with other agencies.
 - 18 prisons, 17 directly operated by Corrections and one privately managed by Secure Future

This includes three Women's Prisons – Auckland, Wellington and Christchurch

The people who work at Corrections, and the volunteers and partners we work with each and every day, share a desire to improve public safety and turn people's lives around





to court/medical appointments each year















The people Corrections works with

- Three quarters of all offenders serve their sentence in the community and almost everyone in prison today will return to the community someday
- Most people serve a sentence of less than 18 months
- The majority of offenders are under 35 years old
- 60% were unemployed when they offended
- 50% of offenders identify as Māori
- Nearly 65% of prisoners do not have NCEA level 1 English in literacy and numeracy
- 20,000 children in New Zealand have a parent in prison





General Health facts

- 62% of new prisoners experienced either a mental disorder or substance use disorder in the last 12 months
- 19% (one in five) prisoners had attempted suicide at some stage in their life
- Over half (57%) of prisoners have experienced sexual and/or family violence.
- AOD use is common among offenders 60% of community-based offenders and 87% of prisoners have identified AOD issues. Alcohol and drugs are often factors in their offending, and it inhibits an individual's success in rehabilitation programmes.





"

The high prevalence of mental illness among prisoners means that the Department of Corrections is managing more people with mental illness than any other institution in New Zealand" *Ray Smith, Chief Executive, Department of Corrections.*





Women In Prison

- Women make up 7% of the prison population and 20% of offenders managed in the community.
- There are currently around 700 women in the three women's prisons.
- The female prison population has risen by more than 56 per cent in just five years. nearly three times as fast as the male population over this time frame.
- Around 30% of the women in prison identify as European, 66% as Maori and the remainder as Pasifica, Asian or other ethnicities
- The majority of female prisoners are mothers





Women In Prison

- Many women in prison have limited work histories, and usually less diverse work experience compared to men in prison. Their experience is more likely to be in low-skilled, poorly paid work.
- Women are also influential in the experiences and choices made by their children and families. By providing women with the tools to make good prosocial choices, we can influence the next generation.
- We want women to leave Corrections with the right skills, support and self-belief to shape better futures for themselves, their children and other whänau.





Women's Health in Prison







The Health of Women Prisoners

- Three-quarters of women in prison have suffered family violence, rape and/or sexual assault.
- 52% of women in prison have post-traumatic stress disorder
- Three-quarters of women in prison have diagnosed mental health problems
- 46% of women in prison have lifetime alcohol, 44% across their lifetime have drug dependence disorders





The Health of Women Prisoners

- One thing we can do is help these women improve their heath and wellbeing
- Access to health is a basic human right one many of the women we work with haven't accessed in the community
- Improving the women's health and their attitudes toward healthy lifestyles, impacts on them, their families and therefore the whole community





A Prison Nurse's Day

- Getting to work! Entry via prison gates through a gatehouse. Obtain radio and keys, get through locked doors to the health unit.
- Shift Times at CWP 8 hours
- Attend site morning briefing.
- Managing and administering medications (including opiate substitution therapy).
- Assessing clients in the Intervention and Support Unit
- Emergency response and transfers to after hours or hospital services.
- Planned follow up reviews.
- Facilitating outside provider visits
- Triage and action health request forms (chits).





A Prison Nurse's Day

- Nurses portfolio responsibilities.
- Preparation for external appointments eg. Dental.
- Immunisations (hep B, tetanus and flu) and phlebotomy.
- Assist weekly GP clinic.
- Electronic note system.
- Health pathways
- Health connect
- Release planning (includes contraception).
- New admission receptions and follow up for continuation of care from the community GP eg. Medications, health history.
- Assess risk of self harm and
- suicide. * All deaths in custody result in a coronial inquest.
- Assess risk of A & D detoxing and treat accordingly.
- NRT 2011
- Health assessments and offer screening services eg. Mental health screening, CVRA, diabetes, STI, Hep B/C, smears, breast imaging.
- Referral to Forensic MHS, IMHC and counsellor.





What's it like working in a prison?







What's it like living in a prison?







What's it like living in a prison?







Offending by Females

Why are they in prison?- what the literature says







Our Patients







Can we make a difference?

- Provide accessible primary health care services of equivalent standard as in the community.
- "Window of opportunity" to address overdue preventative care and neglected health problems eg. screening follow-up care.
- Positive, therapeutic relationships with patients "little moments".
- Education and information.
- Mental health care from forensics, IMHC, and trauma counselling.
- Pregnancy care.
- Alcohol and Drug Counselling.
- Offender case management by Corrections' staff.





The Women's Strategy

- "The Women's Strategy" launched in September 2017
- Recognises that women offenders have different experiences.
- The three focus areas of the Women's Strategy underpin all the actions outlined.
 - Providing women with interventions and services that meet their unique risks and needs.
 - Managing women in ways that are trauma informed and empowering.
 - Managing women in a way that reflects the importance of relationships to women.



•



Personal Reflection

Health Care – a basic human right

- Can we realistically expect people to maintain personal growth and positive changes (ie. Reduce reoffending) when they so often return to the same environment with similar challenges and dilemmas/ the same social factors contributing to their offending ?
- Do we need a more collective, community approach to address the underlying inequalities and the problems so frequently associated with this eg Substance misuse, family dysfunction, crime (Root of the cause)





References

- Abbot et al, 2017, International Journal for Equity in Health, "Medical homelessness and candidacy: women transiting between prison and community health care, 16:130, 1-10.
- Bevan M, Wehipeihana N, 2015, The New Zealand Corrections Journal, , "Women's Experiences of Re-offending and Rehabilitation", November, 1-38.
- Jones R, 2017, The New Zealand Corrections Journal, "Suicide in New Zealand Prisons- 1 July 2010 to 30 June 2016", 26-32.
- Rogers A, 2017, The New Zealand Corrections Journal, "Self-Harming Behaviour in New Zealand Prisons: a review of the data", November, 1-20.



www.corrections.govt.nz