



Third National Indigenous Justice CEO Forum

Cultural Healing in Criminal Justice Service Delivery: an identification of best practice and innovation to inform further service design

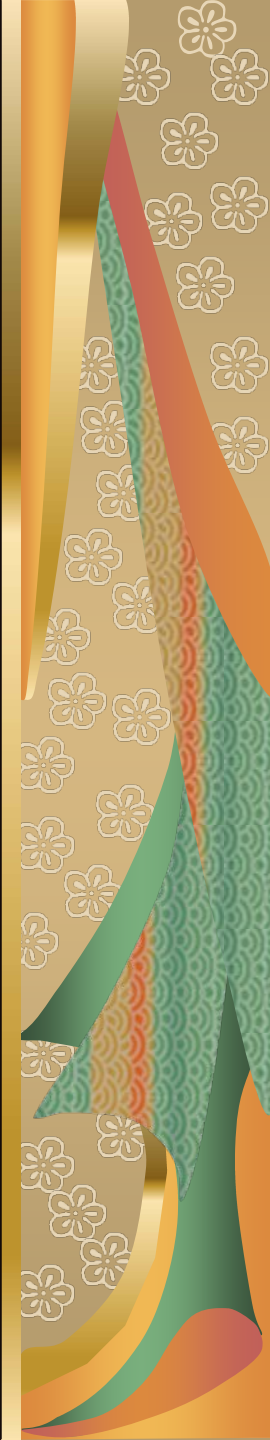
Conrad Yeatman



Acknowledgement




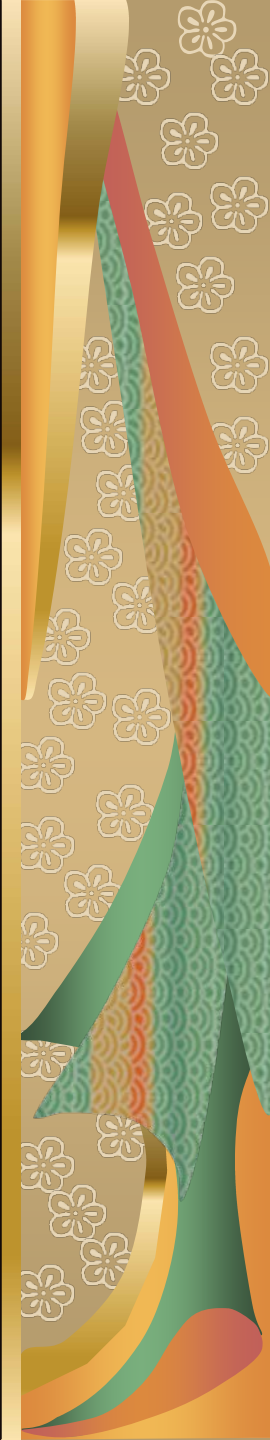
- Traditional Owners of land.
- Various programs and community controlled services operating around the State that have informed the development of QIADP.
- Work performed by team leaders and regional staff in making these QIADP pilots operational.



QAIHC



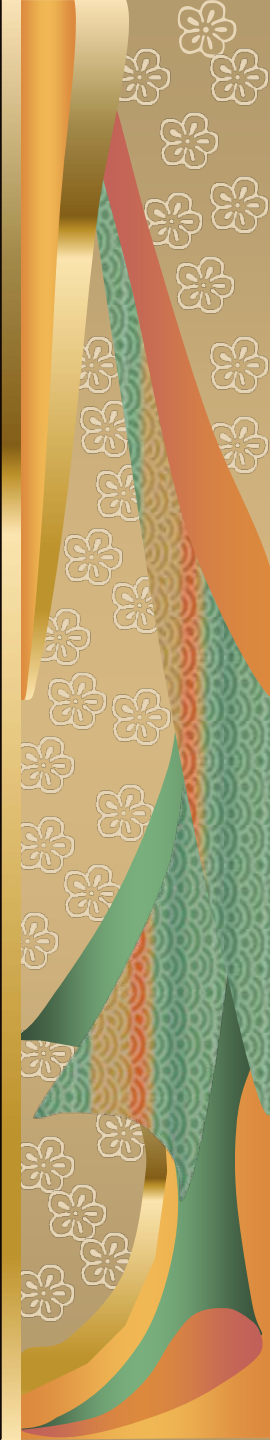
 The Queensland Aboriginal and Islander Health Council is the state peak body for the Community Controlled Health Sector in Queensland.



QAIHC role & function




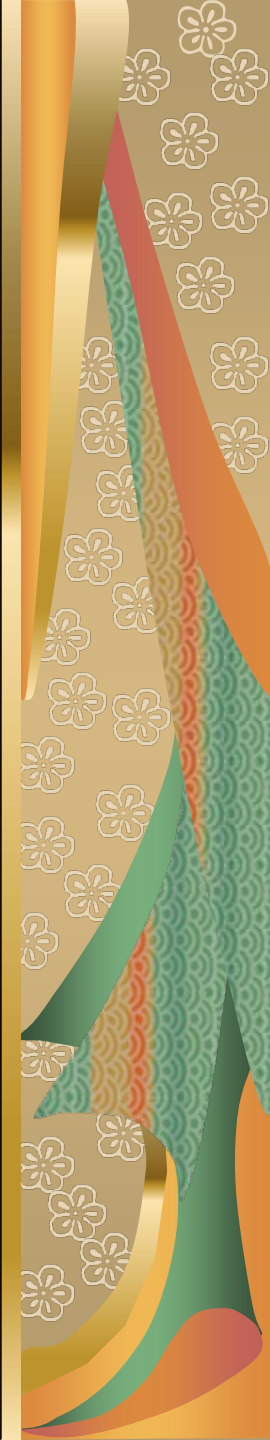
- Promote increasing, developing and expanding provision of health services through the community controlled health sector;
- Liaise with government and other providers of health services on matters relating to Aboriginal and Torres Strait Islander health, research and programs;
- Assist member organisations with planning, development and provision of health services to their communities; and,
- Assessing health needs of Aboriginal and Torres Strait Islander communities and taking steps to meet identified needs.



QIADP Reflection



 My commentary is based on the reflection of the QIADP policy and procedure document and Magistrate Howard Osborne's presentation. Seven elements identified that depict QIADP and these are important and impact on QIADP service delivery, activities and program maintenance during the 3 year trial period



Key Elements Identified




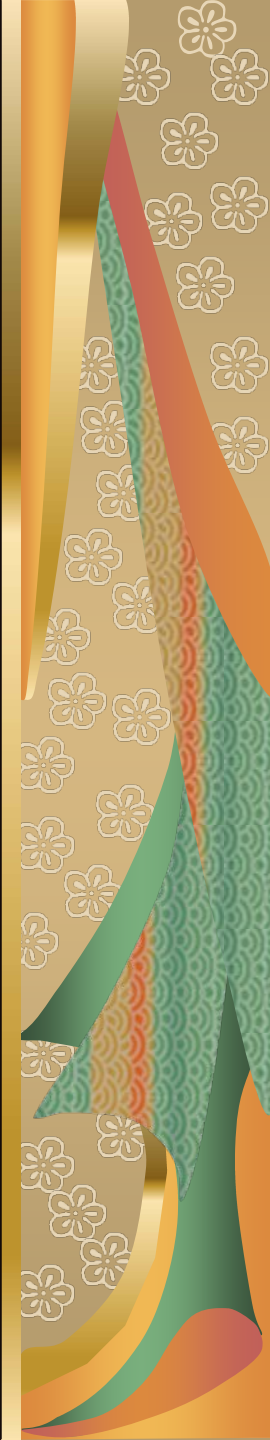
- Justice System
- Child Safety Stream
- Assessment Counseling and case management
- Treatment, residential support and accommodation
- Aftercare
- Local Reference Groups
- Inter Departmental Committee



Key Elements



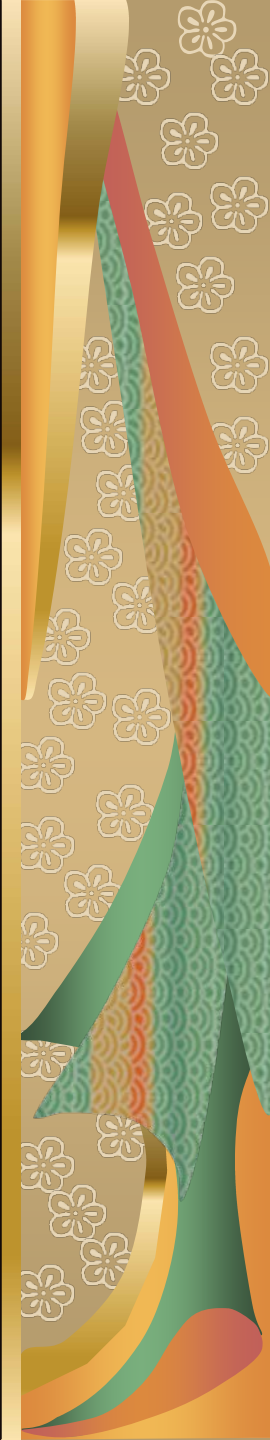
 The interaction of the QIADP key elements will have positive impact on QIADP implementation and lead to the establishment of benchmarking of an Indigenous diversion program.



Suggested Outcome




- Enhanced service delivery,
- Incorporate cultural knowledge
- Measure project diversity in delivery and most importantly
- To develop a unique program that will provide cultural appropriate treatment support to Aboriginal and Islander people suffering from alcohol and substance abuse.



Main Themes



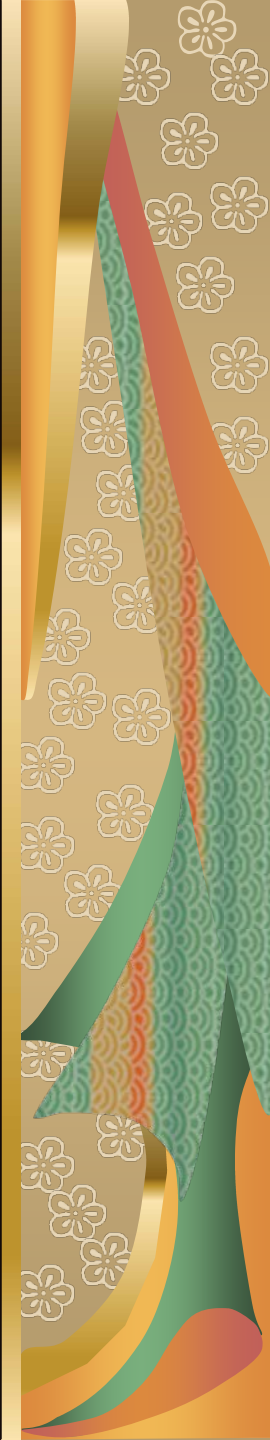
 From the seven key elements three (3) main themes were identified for my discussion today.



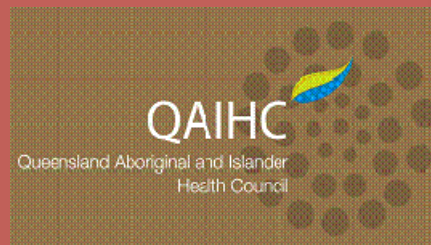
Themes Identified



- Key Element **one (1)** Project Aim and Structure
- Key Element **two (2)** Collaboration and Partnership (Governance)
- Key Element **three (3)** Treatment



Key Element (1) One

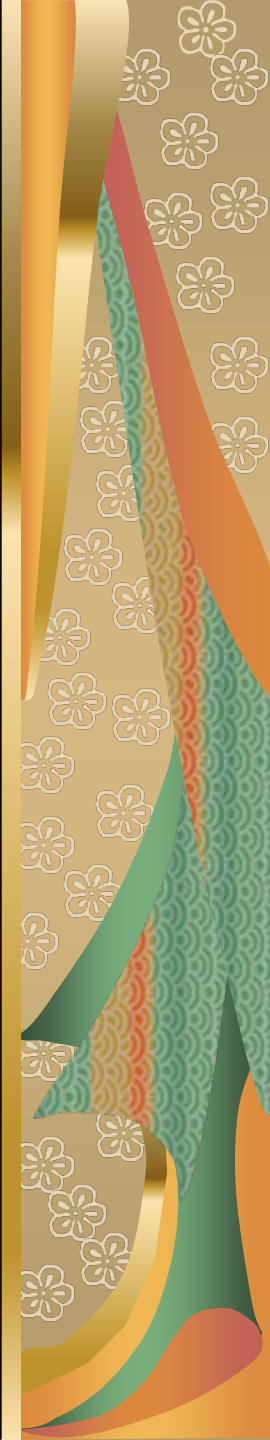


QIADP Aims

Improve Indigenous health

“there is no evidence that any State, region or location has resources excessive to those required to address the health needs of Indigenous people”


The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 - 2013



Key Element (1) One



QIADP Aims

 Reduce the number of Indigenous people involved in the criminal justice and child protection systems

The Queensland Aboriginal and Torres Strait Island Justice Agreement 2001 Identifies four (4) main topics that supports the needs for services to ATSI people and highlights

living condition

lack of support

cultural differences and

community capacity




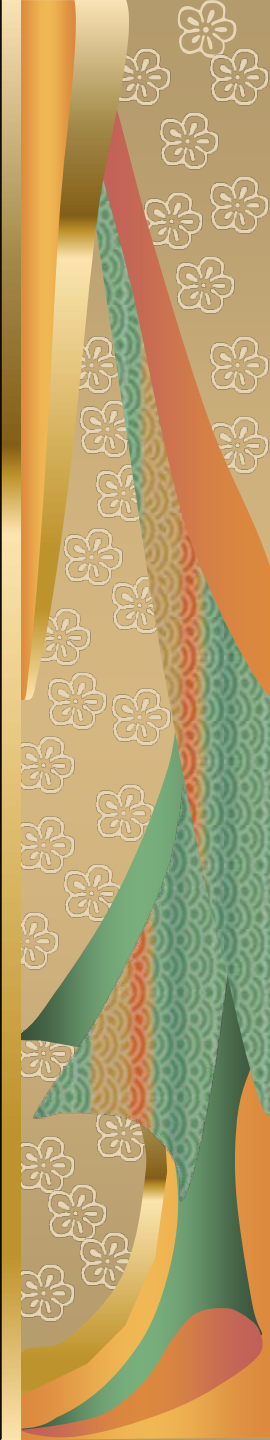
Key Element (1) One



QIADP Aims

 voluntary program


 The 1989 *National Aboriginal Health Strategy* states that: *“Health to Aboriginal people is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.”* 13



Key Element (1) One

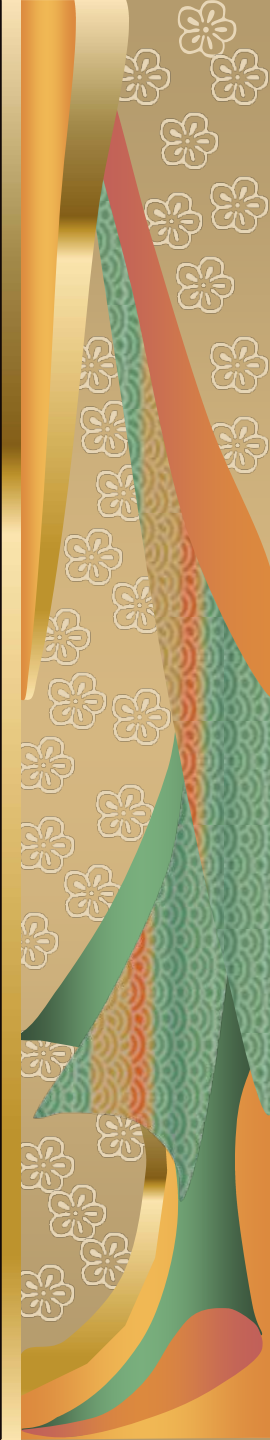


QIADP Aims

 Break the cycle of crime and child protection problems that are so often associated with alcohol use and abuse in Indigenous communities.

Health: not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community. This is a whole-of-life view and life-death-life.

Primary health care: Essential health care based on practical scientifically sound, socially and culturally acceptable methods and technology made universally accessible to individuals and families in the communities in which they live through their full participation at every stage of development in the spirit of self-reliance and self-determination. “National Drug Strategy 2003 – 2006”








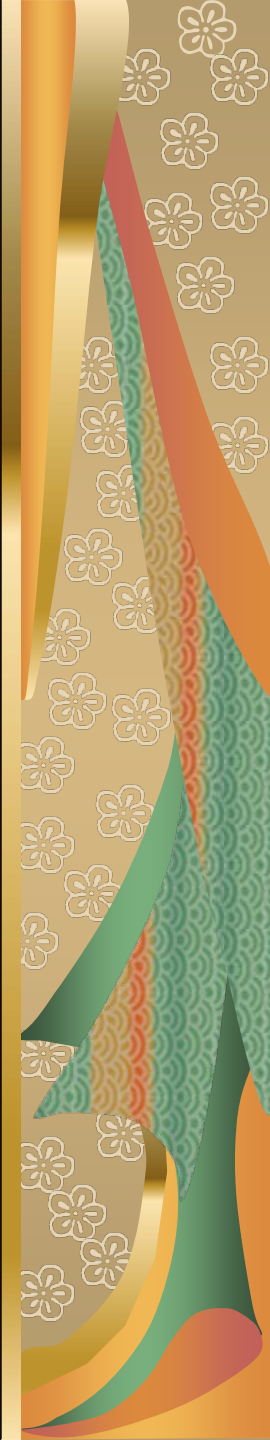
Identified Strengths KE1



QIADP Aims

Strengths

-  Employment of Aboriginal and Torres Strait Islander people
-  Enhancement of existing facilities and infrastructure
-  Working closely with Indigenous agencies and communities
-  Developing culturally appropriate program resources
-  Providing relevant staff training on Indigenous issues including cultural competency training (proposed)



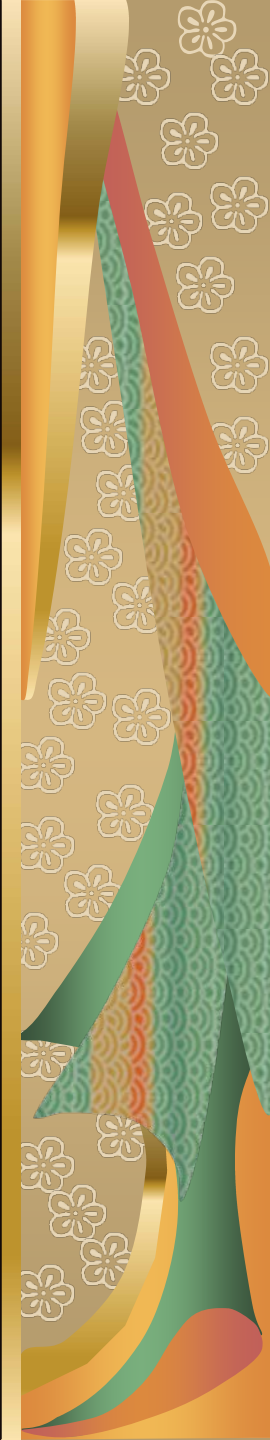
Identified Opportunity KE1



QIADP Aims

Opportunity






- ❖ implementing a program that will be based on the principles of **cultural responsiveness** and **cultural integration** involvement of Aboriginal and Islander groups and communities in the planning, implementation and evaluation of the program
- ❖ Supporting Aboriginal and Islander people
- ❖ Tailoring treatments
- ❖ Treatment monitoring
- ❖ Treatment targeting factors
- ❖ Incorporating Criminal justice supervision
- ❖ Dual diagnosis clients supported by an integrated treatment approach.



Key Element (2) Two



Collaboration & Partnership (project governance)



-  coordinated and systematic approach
-  Stakeholders engaged
-  quality/ culturally appropriate support
-  Indigenous people involved
-  maintenance throughout the three (3) year trial period.

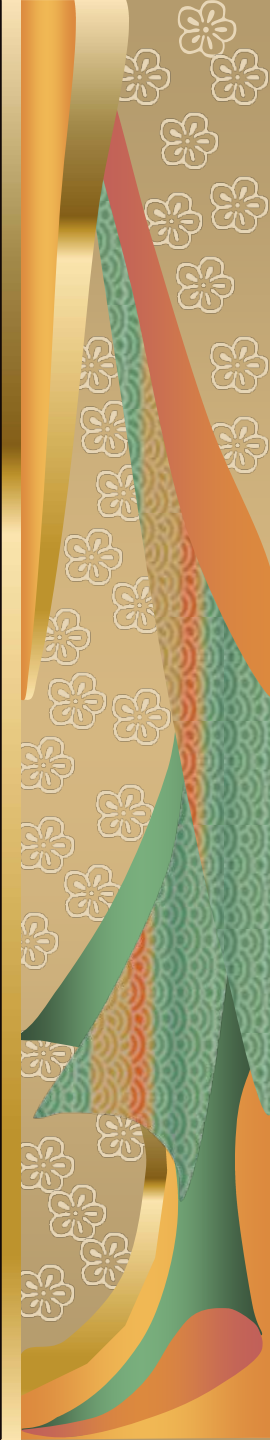


Key Element (2) Two



Collaboration & Partnership (project governance)




-  Local governance arrangements
-  representative's from State and Australian Government agencies, non-government organisations and key Indigenous community stakeholders.



Key Element (2) Two



Collaboration & Partnership (project governance)

-  QIADP policy and procedure manual developed through consultation at a local level
-  stakeholders responsibilities and key actions identified
-  emphasis on project efficiency and effectiveness at the local level



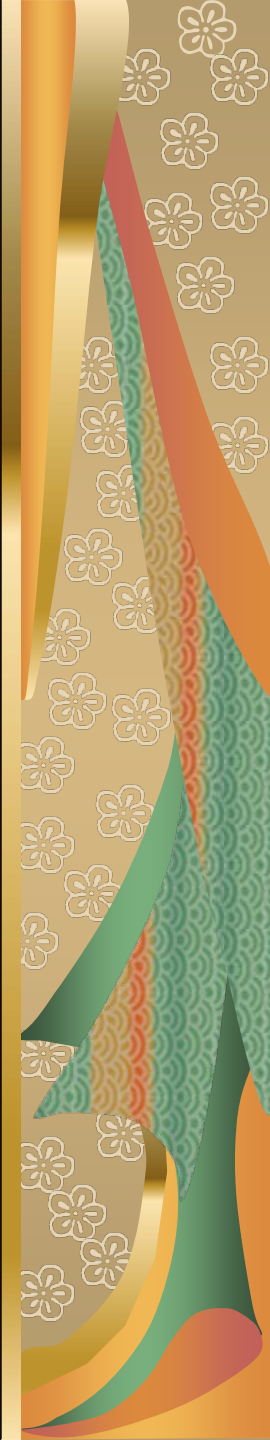
Key Element (2) Two



■ Collaboration & Partnership (project governance)

■ These groups involved:







- *Inter Departmental Committee, state wide treatment reference group, aftercare reference group, treatment reference group, stakeholders reference group, etc so that key agencies observe, planning and address challenges that may arise over the three (3) year trial period of QIADP.*

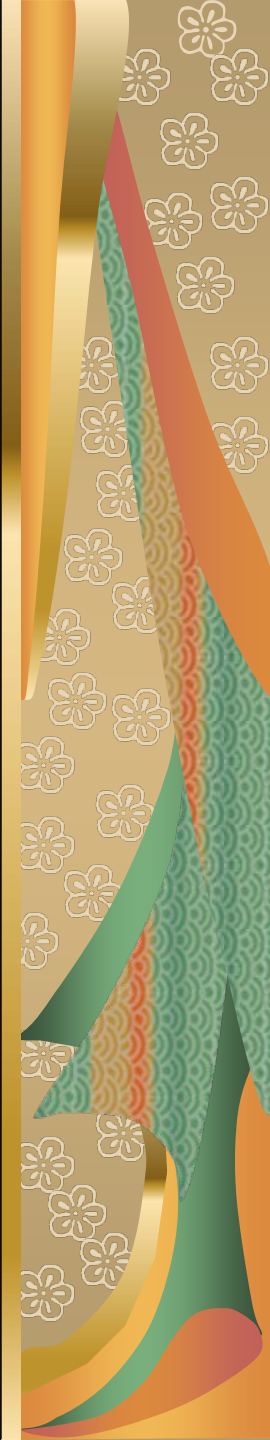


Identified Strength KE2



Strengths

-  Involvement of all key agencies
-  in monitoring and implementation in pilot regions
-  Identifies and develop strategies to overcome barriers (TRG)
-  Provide a forum for government agencies and (NGO)/ service providers to share information
-  Act as a two way mechanism to refer significant local issues to the IDC for direction and outcomes and to respond to issues locally
-  Ongoing review of the Policies, Practices and Procedures Manual to ensure local content remains current



Identified Opportunity KE2



Opportunity




- ❑ Issues identified and addressed promptly
- ❑ Culturally appropriate treatment methods, expectations, and support service achieved
- ❑ Enhance community/ organisational coordination
- ❑ Ongoing supervision
- ❑ Project development
- ❑ Coordinated and united approach
- ❑ Consistency and commitment
- ❑ Addressing and meeting challenges
- ❑ Inclusive detailed planning
- ❑ Key Government Department meet regularly
- ❑ Statewide involvement
- ❑ Guidance and direction

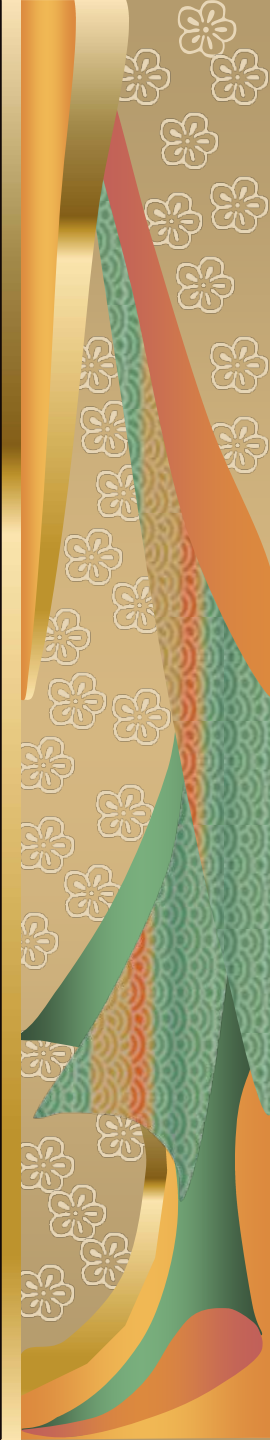


Key Element (3) Three



Treatment - Supporting Participants with accommodation prior to aftercare



-  The QIADP model of support has four distinct inter-related components.
-  assessment, supported withdrawal and treatment, rehabilitation and recovery and the final component is aftercare.
-  QIADP policy and procedure document outlines a continuum approach



Key Element (3) Three



Treatment - Supporting Participants with accommodation prior to aftercare








-  The Department of Communities - supported accommodation service delivery by non-government organisations.
-  Queensland Health QIADP Support Services has established treatment support programs with existing residential service providers



Identified Strength KE3



Strengths

-  Non-government organisations manage supported accommodation
-  Participants supported 24 hours including
-  Case management
-  Individual treatment plan
-  Accommodation services closely monitored
-  Supporting homeless ATSI people
-  Cultural Healing Program

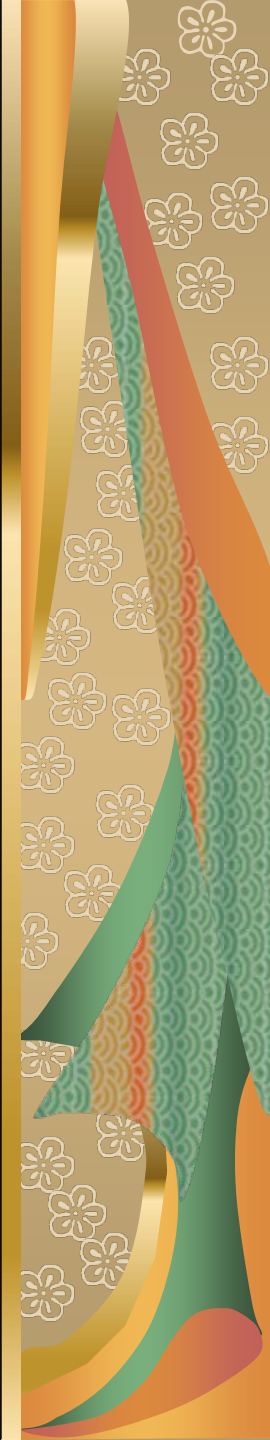


Identified Opportunity KE3



Opportunity

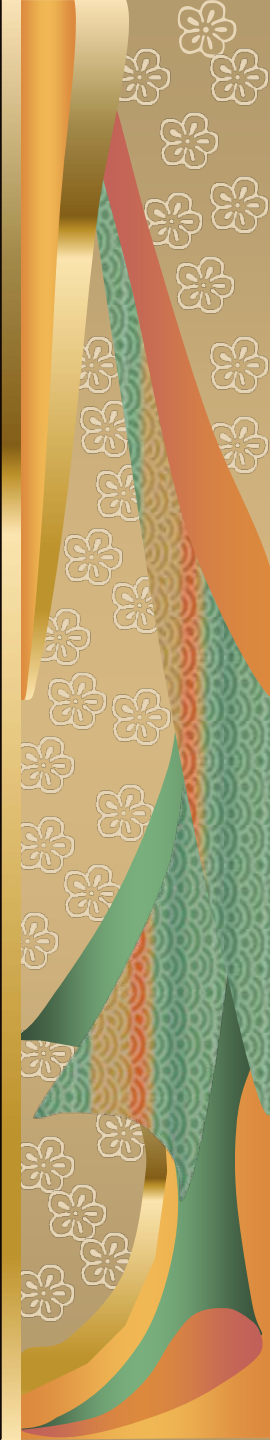
- ❏ Effective treatment support
- ❏ Culturally appropriate resources
- ❏ Case management programs
- ❏ Establishing regular engagement with participants care
- ❏ Participants are supported in place of residence (Dept of Community Housing support)
- ❏ Participants receive treatment in their community
- ❏ All participants will be closely monitored throughout the program
- ❏ Supporting Aboriginal and Torres Strait Islander people who are homeless



Looking Forward




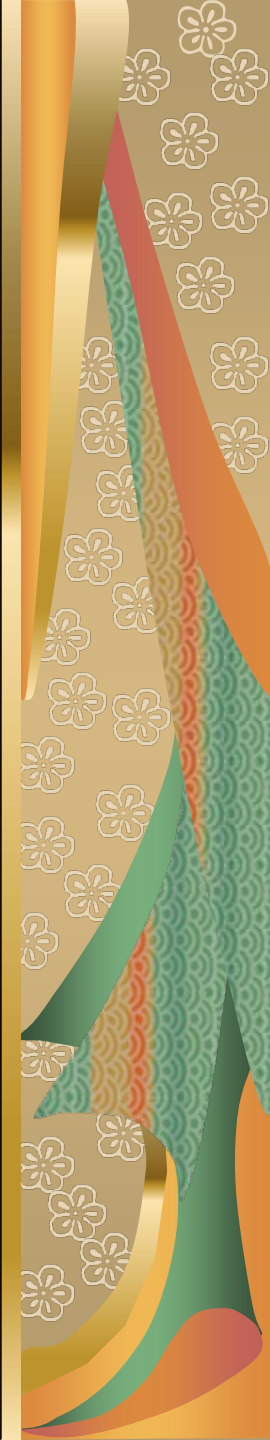
- Government and non-government agencies maintain a consistent approach throughout the 3 three year trial period
- Effective Collaboration of all key stakeholders with a view to engage and continually involve Identified and respected Aboriginal and Islander Elders Group
- Supporting Participants journey through the program with respect to individual ethnicity (tradition, customs and beliefs)
- Participant's eligibility and entry into the program be continually reviewed to create a unique diversion program that enhances trust and respect between all involved
- A small working group of key stakeholders be established to further describes QIADP Key Elements to establish and document best practice, design and operation of QIADP



Looking Forward




 The QIADP program's role is to support Aboriginal and Islander people suffering from habitual alcohol abuse, promoting culturally responsive treatment program and recovery for Aboriginal and Islander peoples dependant on alcohol through a coordinated response in collaboration with key stakeholders.



Looking Forward



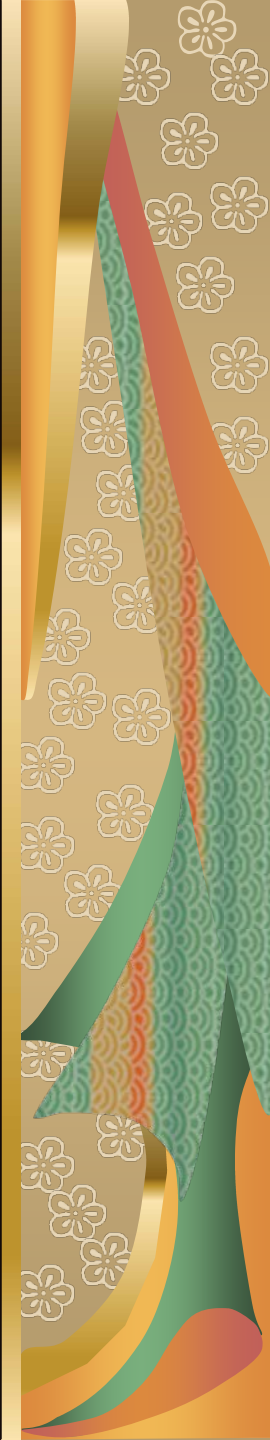
 QIADP program has incorporated principles that require collaboration through a team approach and cooperation of the Magistrates, police prosecutors, identified QIADP personnel, Aboriginal and Islander Elders, supported housing, and an array of local service providers and state government services.



Looking Forward



It is through a consultative and focused process and the combined energies of these individuals and organisations and with the Indigenous community support that QIADP assist and encourage defendants to accept help that could change their lives through the involvement and support of families and communities playing a part in rehabilitation it also provides dedicated and culturally appropriate resource to Aboriginal and Islander people in treatment.



Thank You



Contact Details

Conrad Yeatman

State-wide Coordinator QIADP/ QAIHC

Email: conradyeatman@qaihc.com.au

Phone: 042 3833 751

