



Relationships Matter: Social capital theory and the delivery of hepatitis C treatment in prison

L Lafferty, C Treloar, GM Chambers, J Guthrie, T Butler
1 Oct 2016

Overview

- HCV in prison
- What is social capital?
- Contextualising the social capital of Aboriginal and non-Aboriginal men in prison
- Social capital and HCV treatment in prison
- Limitations and Challenges
- Discussion

HCV in prison

- 31% of inmates screened positive for HCV; compared with 1% in general population (Butler et al, 2015)
- High rates of transmission through injecting drug use
- Limited access to needles and other injecting equipment in prison (= sharing)
- HCV treatment is available, but uptake is low (<1%) (Lloyd et al, 2013)

Social Capital

- A “resource for persons” (Coleman 1988)
- An accumulation of social networks, social cohesion, and social support (Almedom, 2005)
- “Relationships matter” (Field, 2008)
- Social capital has been shown to improve physical health as well as social and emotional wellbeing (Rocco and Shurcke 2012)

Method

Conducted n=30 interviews

- Two regional prisons and one urban
- Minimum, Medium, and Maximum security
- Recruitment through PSHNs
- Aboriginal (n=8); non-Aboriginal (n=22)

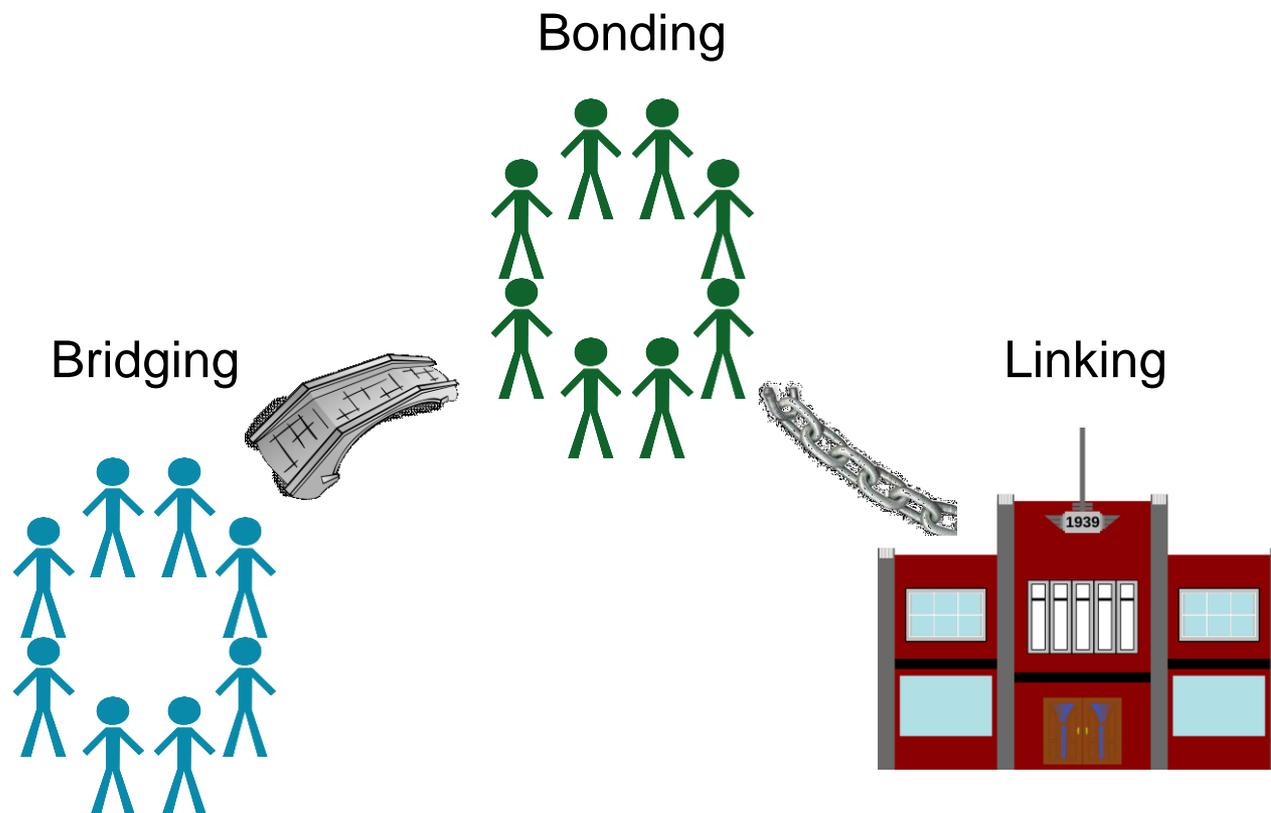


Participant Eligibility

- Male
- Aged 18+
- Incarcerated at a participating site
- HCV RNA positive



Three types of social capital



Contextualising the social capital of Aboriginal and non-Aboriginal men in prison

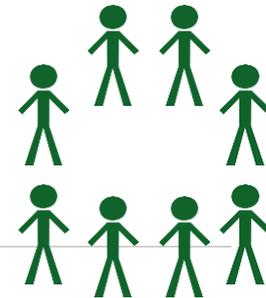
Contextualising social capital: Bonding

Kinship

“There’s a few boys here from [participant’s hometown], and we’re related that way, you know? Like family way. [...] That’s the only family I’ve got in here”. (Kyle, Aboriginal)

Drug use

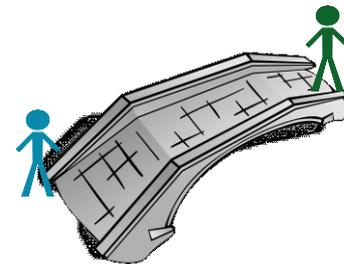
“[Is there anything that brought you guys together?] [...] Sometimes in the wing, sometimes it depends what you do with the other person... Like drug use it could be or something like that”. (Paul, non-Aboriginal)



Contextualising social capital: Bridging

Racial identity

“You've sort of got your groups that, the Aussies and the Islanders and the Asians usually hang together. And then usually you got your Lebos [Lebanese], in the mix as well. [...] The Islanders stick together, the Aussies more or less stick together. And you know, it's every nationality looks after each other. (Joe, non-Aboriginal)

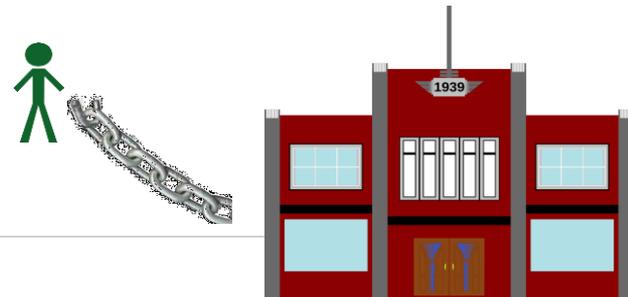


Contextualising social capital: Linking

Aboriginal / Inmate Delegates

“If you request something, it’s not going to happen. Like its 90% chance it’s not going to happen.” (George, non-Aboriginal)

“Yeah we have – we ask the delegate can you do things for us and that. [...] Like ah, talk to the...go between us and the officers. The screws. And he does that. He goes between. [...] Because some of the boys, they don’t like talking. Especially the young blokes, they don’t like talking to the officers. But they’ll talk to him, and he can talk to them”. (David, Aboriginal)



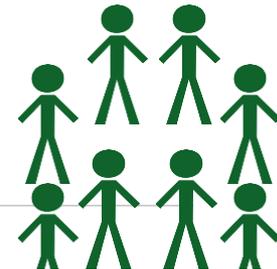
Social capital and HCV treatment in prison

Social capital and health (HCV): Bonding

Support and reassurance

“The only other people I normally talk to the treatment about are the blokes who are on it. Talk about how they’re feeling, how they’re coping, and just basically just to see if I’m feeling the same things as they are”. (Joe)

“[Do you talk to guys about, about more seriously than that, with your hep C?] Um...yeah, yeah. I...we...a couple of Koori mates, the older guys that I look up to, you know what I mean? We talk, and I let them know I’ve got hep C, you know what I mean? And they say, “oh you know, you’ve got to keep the drugs [HCV treatment] up” and that. And I sort of say, “yeah I’m trying to do...” you know what I mean?” (David)

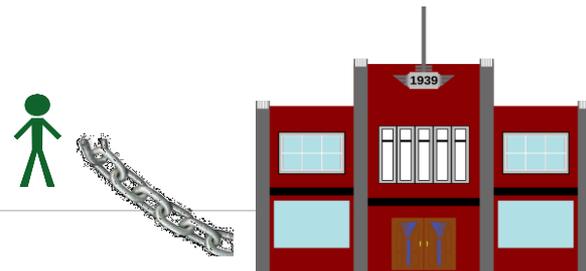


Social capital and health (HCV): Linking

Nurses

“It took [the nurse] a little bit to convince me to do it. And then I finally done it. And I didn’t have no dramas. [But they talked you into it?] They didn’t talk me into it, they just explained a few things to me. And you know, give me...didn’t push me or anything, just gave me time to think about it and that”. (Ray)

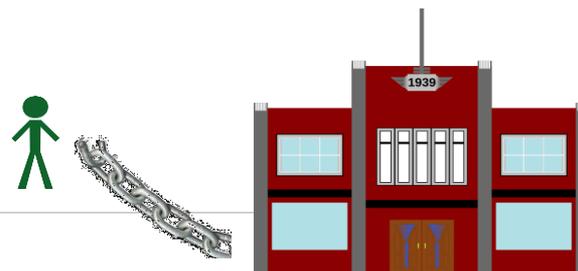
“The hepatitis nurse. [...] You now, she’s always very nice, she’s always caring, she understands, she explains things to you, you know? You don’t go through treatment in here without...she keeps you very informed about what does what in your body, how it works” (Peter)



Social capital and health (HCV): Linking

Missed opportunities – identified by participants

“There’s no...there’s no education in here...about the Hep C, you know what I mean? [...] Like there’s plenty of booklets in the clinic and that, but the guys don’t come over [to the clinic] all the time. You go...if you want to send a message, you’ve got to reach them, you know what I mean? [...] Yeah, you’ve got to reach them. Reach them where they are”. (David)



Limitations

- ‘Inmate code’ (Wellford, 1967)
- Specific to male participants
- May be prison specific

Conclusion

- A social capital lens provides unique insights into both barriers and motivations of accessing care while incarcerated
- Opportunities for cultural connections should be promoted by correctional facilities, particularly for Aboriginal people in prison
- Health education and promotion initiatives should engage inmates in prison... Rather than rely on inmates to initiate health engagement in the clinics

Acknowledgements

Participants

Nurses (CNCs, PSHNs)

Community Experts

Community Restorative Centre (CRC)
NSW Users and AIDS Association (NUAA)

Supervisors

Prof Tony Butler, UNSW Australia
A/Prof Georgina Chambers, UNSW Australia
Dr Jill Guthrie, NCIS, ANU

Study Advisors & Others

Prof Andrew Lloyd, UNSW Australia
Prof Carla Treloar, UNSW Australia
Prof Jenny Onyx, UTS (retired)
Lee Knight, UNSW Australia

Men in Prison joint

Research Reference Group

Michael Doyle (co-facilitator)
Prof Tony Butler
Chris Bloxsome
Ivan Calder
A/Prof Georgina Chambers
Prof Kate Conigrave
Dr Jill Guthrie
Jeremy Heathcote
Prof Andrew Lloyd
Stuart Loveday
Monique McEwan
Adam Schreiber