

# Cooperative Research Centre for Aboriginal Health



## Aboriginal Prisoner Health Industry Roundtable

Supported by the Public Health Association of Australia (PHAA)

and

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)

### AIMS OF THE ROUNDTABLE

Bring together community representatives, correction staff (policy, program, management and custodial staff), researchers and advocates in order to:

1. identify priority areas for research and evaluation focus areas that specifically assist with improving Aboriginal prisoner health and wellbeing and mechanisms to reduce recidivism;
2. advocate and support research collaborations that will improve the health of Aboriginal and Torres Strait Islander inmates; and,
3. share information about best practice (knowledge exchange).

The Cooperative Research Centre for Aboriginal Health (CRAH) is committed to carrying out research that will improve Aboriginal health. To do this, we develop strong partnerships between the research community, the Aboriginal health sector, governments, community partners and organisations in the broader community. Our research is directed towards priorities identified by Aboriginal and Torres Strait Islander people and by those industry partners who can make use of the research. We incorporate capacity development and research transfer throughout our work.

The Social Determinants of Health Program is one of five programs through which research development within the CRAH is organised. At several key events in which CRAH has been involved, prisons and justice have been identified as priorities for research by the CRAH's community sector stakeholders, and given the high levels of incarceration in Australian prisons, the CRAH in partnership with Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) and Public Health Association of Australia (PHAA) have joined together to host a national roundtable meeting on the important issue.

### GOAL OF THE CRAH SOCIAL DETERMINANTS OF HEALTH PROGRAM

Develop a detailed understanding of the social determinants of Aboriginal health and of the interventions that are effective in improving health status through action on social determinants.

## 1. Background

Indigenous Australians continue to suffer far greater disadvantage relative to the non-Indigenous population across almost all significant social and economic indicators. The Productivity Commission's report *Overcoming Indigenous disadvantage: key indicators 2005*<sup>1</sup> identified improvements in some economic and social indicators, including labor force participation, unemployment and home ownership.

However, many indicators relating to law and justice have remained poor, including:

- rising imprisonment rates for both men and women between 2000 and 2004;
- an increase in substantiated child protection notifications between 1999–2000 and 2003–04; and
- an increase in victim of crime rates between 1994 and 2002<sup>2</sup>.

In 1991, the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) made many recommendations which focused on improving justice outcomes for Aboriginal and Torres Strait Islander People<sup>3</sup>. The RCIADIC report acknowledges that upstream social determinants have a significant impact on the disproportionately high levels of representation of Aboriginal and Torres Strait Islander peoples in the prison system, and that this needed to be addressed as part of an overall strategy. While some gains have been made in reducing the level of deaths in custody<sup>4</sup> since 1995 to 15 deaths in 2005, the level of Aboriginal incarceration remains high with Aboriginal people making up 22% of the overall prison population in 2005. In the period 2004 to 2005 alone there was a 12% increase in the Aboriginal prison population<sup>5</sup>, while the number of Aboriginal and Torres Strait Islander women being incarcerated has grown from 111 in 1993 to 381 in 2003<sup>6</sup>.

Current research available on Aboriginal prisoner health and recidivism is limited, and mainly focuses on descriptive research (how many prisoners etc) or clinical work around specific health issues (such as HIV). Very little research to date has examined the effectiveness of services within or outside prisons that aim to improve the holistic health of Aboriginal prisoners and reduce recidivism. There are a growing number of community organisations providing these services, but to date few have been comprehensively evaluated.

At several key events, prisons and justice have been identified as priorities for research by the CRCAH's community sector stakeholders. In response to this emerging issue, the PHAA and AIATSIS have joined together with the CRCAH to host the Aboriginal Prisoner Health Industry Roundtable.

PHAA has demonstrated a long term commitment to this issue, by convening the 1st and 2nd National Prisoner Health Conferences (1999 and 2003). A direct result of these conferences there has emerged the Australian Council of Prison Health Services and the Prisoner Health Special Interest Group, within the PHAA. PHAA has also published with a large number of peer-reviewed articles on Australian Prisoner Health

<sup>1</sup> Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous disadvantage: key indicators 2005*, July 2005.

<sup>2</sup> Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous disadvantage: key indicators 2005*, July 2005

<sup>3</sup> Royal Commission into Aboriginal Deaths in Custody (1991) *Royal Commission into Aboriginal Deaths in Custody: final report*. Canberra: Australian Government Publishing Service

<sup>4</sup> J Joudo, 'Deaths in custody in Australia: National Deaths in Custody Program annual report 2005' Australian Institute of Criminology technical and background paper series, no 21, 2006.

<sup>5</sup> Australian Bureau of Statistics 2004, National Aboriginal and Torres Strait Islander Social Survey, cat. no. 4714.0, ABS, Canberra

<sup>6</sup> J Joudo, 'Deaths in custody in Australia: National Deaths in Custody Program annual report 2005' Australian Institute of Criminology technical and background paper series, no 21, 2006.

## 2. CRCAH Social Determinants of Health Program – Prison Setting

The CRCAH has a Social Determinants of Aboriginal Health Program that aims to “develop a detailed understanding of the social determinants of Aboriginal health and of the interventions that are effective in improving health status through action on social determinants”.

Social determinants of health are the economic, physical and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Social determinants of health determine whether individuals stay healthy or become ill. Many circumstances are included as social determinants. Some of these are housing, education, social networks and connections, physical infrastructure, racism, employment and law enforcement and the legal and custodial system. In a prison context the challenge is similar to that identified in the WHO Health Setting approach, in that an integrated programmatic and structural reform process is required to achieve sustained health outcomes. In the context of correctional settings the challenges are exacerbated by organisational culture and policy, security issues, jurisdictional differences, domestic politics, and the social determinants outside the correctional setting which impact on the high levels of contact with the justice systems.

While the CRCAH recognises that the social determinants are fundamental to Aboriginal health, developing a research agenda in this area is not an easy task. The social determinants are ‘upstream’ and change in them will often take some time to show outcomes in ‘downstream’ health. In the immediacy of the health crisis faced by Aboriginal people in contemporary Australia the provision of ‘downstream’ services often takes precedence, even though these will not tackle the underlying causes. Yet history shows that if significant gains are to be made across a population, interventions, both upstream and downstream, are essential, otherwise health services will be curing people simply to return them to the conditions that created the illness in the first place. The importance of the social determinants of health has been consistently recognised by the World Health Organisation (WHO) through its Alma Ata Declaration and Health for All 2000 strategy, the Ottawa Charter for Health Promotion and, in 2005, through the formation of a WHO Commission on the Social Determinants of Health which will work for three years to examine evidence on effective strategies to improve health through the underlying determinants.

## 3. Industry Roundtable: Aims

The aims of the Aboriginal Prisoner Health Industry Roundtable are to bring together community representatives, correction staff (policy, program, management and custodial staff), researchers and advocates in order to:

- identify priority areas for research and evaluation that specifically assist with improving Aboriginal prisoner health and wellbeing and mechanisms to reduce recidivism;
- advocate and support research collaborations that will improve the health of Aboriginal and Torres Strait Islander inmates; and,
- share information about best practice (knowledge exchange).

The diagram (Section 7) illustrates the steps to achieving these things.

## 4. Potential Outcomes

### 4.1 Health outcomes

The high level of incarceration of Aboriginal prisoners is itself a health risk, but also provides an opportunity for interventions that may significantly alter the life courses of individuals and whole families. With this in mind the CRCAH is focussing this roundtable on interventions

aimed at empowerment and reduction of recidivism. The health outcomes of a subsequent research agenda would therefore be to:

reduce health risk by reducing the rate of recidivism; and,  
improved health and wellbeing for prisoners and ex-prisoners through  
empowerment and skills for moving back into the community on release.

These health outcomes will be achieved through the combination of research, advocacy, and policy and practice outcomes outlined below.

#### **4.2 Research outcomes**

identification of priority areas of research which can be further refined into a series of research questions;  
development of an Aboriginal and Torres Strait Islander Prisoner Health Research framework which outline the shared priorities and approaches to research;  
research and evaluation of interventions designed to meet the values and needs of Aboriginal Australians in relation to Aboriginal prisoner health and recidivism;  
better understanding of the social determinants of health in a prison context; and,  
better understanding of how research in the social determinants of health can be carried out.

It is anticipated that at the roundtable meeting, initial consideration will be given to identifying and refining research questions and linking with potential research partners.

#### **4.3 Advocacy Outcomes**

Advocacy to progress and prioritise research in this area, including:

working in partnership with PHAA and other organisation and community groups to advocate for funding for Aboriginal prison health research; and,  
building and supporting a network of interested organisations and individuals who can share information and work together to progress work in this area

#### **4.4 Policy and practice outcomes (research transfer)**

Policy and practice outcomes will be achieved through the combined efforts of the CRCIAH's research and industry partners. These include:

involvement of relevant community, government, correctional service and research partners in the planning and conduct of any research;  
using research outcomes to inform policies, guidelines or standards that contribute to improved health and wellbeing of Aboriginal prisoners and reduction in recidivism;  
improved access to and uptake of evidence (in policy, service development and practice) through establishment of a community of practice (eg through a list-serv and website);  
increased sharing of information between interested stakeholders through their connection at the roundtable and beyond; and,  
wherever possible, embedding research and transfer activities within established organisations to ensure their sustainability.

#### **4.5 Capacity building outcomes**

A key outcome from this process will be the identification of mechanisms to:

support and mentor individuals and organisations to undertake research activities in line with the priorities identified through the process.

## 5. CRCAH approach to research

### 5.1 Facilitated collaborative research development

The CRCAH is keen to encourage the community of researchers and the wider CRCAH community to participate cooperatively, not just in identifying research priorities but also in the shaping of the research projects themselves. This is a marked change from customary practice where research planning is often a quite private activity involving a small group of colleagues. While the CRCAH does not have money to fund any prison health research itself, it may be able to support the development of a small number of research projects to put forward for funding from other organisations. The CRCAH approach would be built into any Framework for Aboriginal and Torres Strait Islander Prisoner Health Research that is developed.

Similarly, provision for knowledge transfer and information dissemination must be incorporated into research design from the earliest stages. These can range from the involvement of potential research users in the whole process of research, to formal standards and guidelines, outreach programs, educational materials and more.

Opportunities for capacity building, including education and training, must also be incorporated into research design. Capacity building includes organisational development as well as individual (personal, professional), community and workforce development.

Research transfer and capacity building will be facilitated by building close links with Aboriginal health care organisations and communities in the design and implementation of the research, and through the network developed through the CRCAH roundtable process.

## 6. Additional CRCAH information and contact details

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## 7. Outputs from and steps following the roundtable

