

Discussion Paper Series: No. 6

**Research Priorities in Aboriginal Prisoner Health:  
Recommendations and Outcomes from the CRCAH  
Aboriginal Prisoner Health Industry Roundtable,  
November 2007**

Scott R. Davis • Jenny Brands

Cooperative Research Centre for  
**Aboriginal Health**



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# **Research Priorities in Aboriginal Prisoner Health: Recommendations and Outcomes from the CRCAH Aboriginal Prisoner Health Industry Roundtable, November 2007**

Prepared by Scott R. Davis and Jenny Brands for the  
Cooperative Research Centre for Aboriginal Health

Supported by the Public Health Association of Australia and the  
Australian Institute of Aboriginal and Torres Strait Islander Studies





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Cooperative Research Centre for Aboriginal Health  
PO Box 41096, Casuarina  
NT 0811 AUSTRALIA  
T: +61 8 8922 8396  
F: +61 8 8922 7797  
E: [admin@crcah.org.au](mailto:admin@crcah.org.au)  
W: [www.crcah.org.au](http://www.crcah.org.au)

Authors: Scott R. Davis and Jenny Brands

Managing Editor: Jane Yule

Cover Artwork: 'Untitled' by Jacob Ahwon

*The painting 'Untitled' on the front cover is the story of two brothers who discover the dance and song of the Brolga bird; they see it dancing and singing and decide to imitate it. They have a ceremonial bag full of bush medicine between them and as they dance the serpent looks on.*

Jacob Ahwon – Barunga  
Berrimah Prison Darwin

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# Acknowledgments

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In addition, the CRCAH would like to acknowledge and thank the many Aboriginal and Torres Strait Islander organisations, communities and individuals, government, prison, prisoner support and other non-government agencies that actively participated in the Aboriginal Prisoner Health Industry Roundtable in Canberra on 28 November 2007.

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## Further Inquiries

If you have any inquiries about this report, please contact the CRC for Aboriginal Health on Tel: +61 8 8922 8396, or Scott Davis, Program Manager for the Social Determinants of Health Program, at [sdavis@crcah.org.au](mailto:sdavis@crcah.org.au) or on +61 2 9993 4574.

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# Executive Summary

An Industry Roundtable to identify research priorities in the areas of improving Aboriginal prisoner health and reducing recidivism was held by the Cooperative Research Centre for Aboriginal Health, in partnership with the Public Health Association of Australia (PHAA) and the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), in Canberra on 28 November 2007.

The phrase 'Aboriginal prisoner health' is used here to mean much more than simply a biomedical model of health: it also includes the social, emotional and spiritual wellbeing of Aboriginal prisoners, with a view to reducing inter-generational trauma and grief.

*Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life–death–life.<sup>1</sup>*

The Roundtable identified five key research priorities:

- Establish an evidence base on interventions at the differing stages in the arrest, diversion, remand, sentencing, incarceration and release stages of the prisoner lifecycle.
- Undertake an audit of the scope of health services in custodial settings and the current models of service delivery mechanism in prison, with a focus on pathways for continuity of care pre- and post-release.
- Explore mechanisms to address the challenges of different jurisdictional settings across the country, and how best to ensure coordination of service provision within and across jurisdictions.
- Establish an evidence base with regard to programs, processes and systems that supports the empowerment of individuals, and mechanisms to support the reduction of re-offending upon release into the community.
- Identify mechanisms and strategies to support changes to recidivism rates.

The Roundtable also identified important issues on how Aboriginal prisoner health research should be undertaken. Namely, it should use research to:

- be culturally appropriate;
- utilise Indigenous research methods, when and where appropriate;
- be prisoner-centred;
- be in keeping with priorities identified by Aboriginal people and other potential users of the research;
- acknowledge that prisoners are part of a family, community and the broader society, and operate accordingly; and
- use collaborative approaches to research development like those used by the Cooperative Research Centre for Aboriginal Health.

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<sup>1</sup>National Aboriginal Health Strategy Working Party 1989, *A National Aboriginal Health Strategy*, Department of Aboriginal Affairs, Canberra.



## Review and input

This document represents the intersection of views from the many different perspectives of those who participated in the CRC for Aboriginal Health research development process. In particular, it specifically reflects the considered views of people working with Aboriginal prisoners or juveniles, who need high-quality and rigorous research and evidence to inform their decision making in regard to the development and/or implementation of policy, programs and interventions to improve health and reduce recidivism. As such, this document is not a blueprint, but rather a research framework that reflects the common priorities identified across community, government and institutional viewpoints at a specific point in time. The CRCAH has adopted the use of 'Industry Roundtables' as a key process for identifying the research priorities of research users. Evidence about the uptake of research shows that the involvement of users in the setting of research priorities, and throughout the research process, is more likely to lead to research that is usable and that gets taken up into policy or practice.<sup>2</sup>

This research framework, and the priorities identified within it, should be used to guide the choices made by research funding agencies, research institutions, governments and students to take up research that will directly address the priorities identified.

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<sup>2</sup>J. Lomas 1997, *Improving Research Dissemination and Uptake in the Health Sector: Beyond the Sound of One Hand Clapping*, McMaster University Centre for Health Economics and Policy Analysis, Hamilton, Ontario.



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# Background

## Cooperative Research Centre for Aboriginal Health

The CRC for Aboriginal Health is committed to carrying out research that will improve Aboriginal health. It is a virtual organisation made up of 12 partners: two government agencies, two Aboriginal community controlled health services, and eight research organisations. The purpose of Cooperative Research Centres is to ensure that research is carried out in keeping with the needs of potential users. The CRCAH has developed strong partnerships between the research community, the Aboriginal health sector, governments, community partners, and organisations in the broader community. Its 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. It incorporates capacity development and research transfer throughout its work.

The Social Determinants of Health Program is one of five program areas through which research development within the CRCAH is organised. At several key events in which the CRCAH has been involved, community sector stakeholders have identified prisons and justice as priorities for research. Given the high levels of incarceration in Australian prisons of Aboriginal and Torres Strait Islander people, the CRCAH, in partnership with the Australian Institute for Aboriginal and Torres Strait Islander Studies and the Public Health Association of Australia, hosted a national roundtable meeting on this important issue.

## Background to the Aboriginal Prisoner Health Industry Roundtable

Indigenous Australians continue to suffer far greater disadvantage relative to the non-Indigenous population across almost all significant social and economic indicators. Although the Productivity Commission's report *Overcoming Indigenous Disadvantage: Key Indicators 2005*<sup>3</sup> identified improvements in some economic and social indicators—including labor force participation, unemployment and home ownership—many indicators relating to law and justice have remained poor. These include:

- 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>4</sup>

In 1991, the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) made many recommendations that focused on improving justice outcomes for Aboriginal and Torres Strait Islander people.<sup>5</sup> Some of these recommendations had direct reference and relevance to research priorities.<sup>6</sup> The RCIADIC report acknowledged that upstream social determinants have a significant impact on the disproportionately high numbers of Aboriginal and Torres Strait Islander people in the prison system, and that this needed to be addressed as part of an overall strategy to improve health outcomes and reduce recidivism.

Unfortunately, the level of Aboriginal incarceration remains high.<sup>7</sup> In the period 2004 to 2005, there was a 12 per cent increase in the Aboriginal prison population,<sup>8</sup> with Indigenous people making up 22 per cent of the overall prison population in 2005.<sup>9</sup> The number of Aboriginal and Torres Strait Islander women being incarcerated has

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<sup>3</sup>Steering Committee for the Review of Government Service Provision 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, July, Australian Government, Canberra.

<sup>4</sup>Steering Committee for the Review of Government Service Provision...

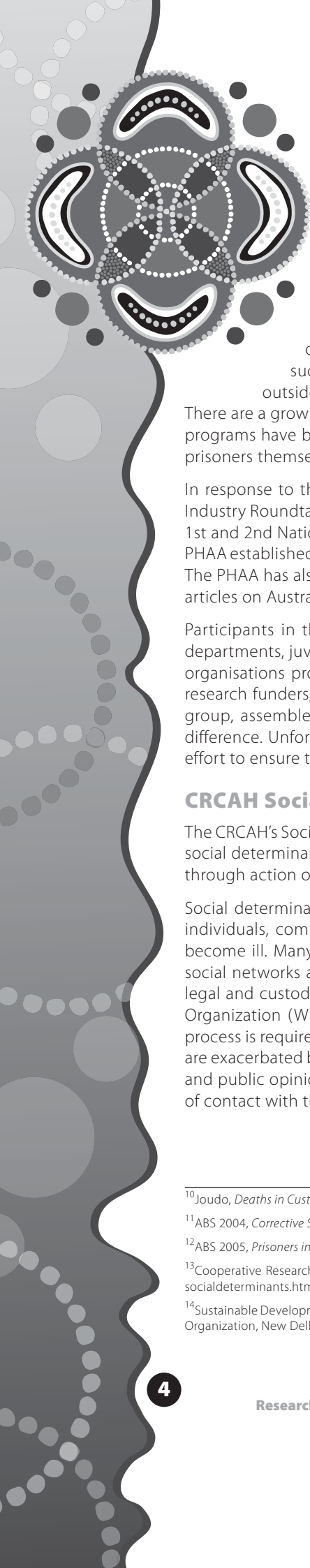
<sup>5</sup>Royal Commission into Aboriginal Deaths in Custody 1991, *Royal Commission into Aboriginal Deaths in Custody: Final Report*, Australian Government Publishing Service, Canberra.

<sup>6</sup>Royal Commission into Aboriginal Deaths in Custody... (Recommendations No. 268, No. 269, No. 270, No. 320).

<sup>7</sup>J. Joudo 2006, *Deaths in Custody in Australia: National Deaths in Custody Program Annual Report 2005*, Australian Institute of Criminology Technical and Background Paper Series, No. 21, Australian Institute of Criminology, Canberra.

<sup>8</sup>Australian Bureau of Statistics (ABS) 2004, *National Aboriginal and Torres Strait Islander Social Survey*, cat. no. 4714.0, ABS, Canberra.

<sup>9</sup>ABS 2005, *Prisoners in Australia 2005*, ABS cat. no. 4517.0, ABS, Canberra, p. 5.



also grown substantially, from 111 in 1993 to 381 in 2003.<sup>10</sup> As at March 2004, Indigenous women were imprisoned nationally at a rate 20.8 times that of non-Indigenous women,<sup>11</sup> and the age profile for Indigenous prisoners is younger than the overall prison population. As at June 2005, the median age for Indigenous prisoners was 30 years, while the overall prison population was 32 years. More than one in 20 (6 per cent) Indigenous men aged 25–29 years were in prison at 30 June 2004, compared with 0.6 per cent of all males aged 25–29 years.<sup>12</sup>

Current research 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 and hepatitis C. Very little research has examined the effectiveness of services within or outside of 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 services or programs have been comprehensively evaluated. Even rarer are research projects that reflect the concerns of prisoners themselves, their families or prison authorities, such as warders or Aboriginal liaison officers.

In response to this important issue the CRAH, PHAA and AIATSIS convened the Aboriginal Prisoner Health Industry Roundtable. The PHAA has demonstrated a long-term commitment to this issue, having convened the 1st and 2nd National Prisoner Health Conferences (1999 and 2003). As a direct result of these conferences, the PHAA established the Australian Council of Prison Health Services and the Prisoner Health Special Interest Group. The PHAA has also focused attention on this area through the publication of a large number of peer-reviewed articles on Australian prisoner health.

Participants in the Roundtable process included representatives from prison administrations, corrections departments, juvenile justice departments, Aboriginal health services and other Aboriginal community-based organisations providing services to prisoners, prisoner advocacy groups, as well as researchers, magistrates, research funders, and prison liaison officers. A complete list of participants can be found in Appendix 2. This group, assembled at relatively short notice, was marked by its enthusiasm and commitment to making a difference. Unfortunately, no prison custodial staff were able to attend the Roundtable, despite considerable effort to ensure their involvement.

### **CRAH Social Determinants of Health Program**

The CRAH's Social Determinants of Aboriginal Health Program 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'.<sup>13</sup>

Social determinants of health are the economic, physical and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They 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 World Health Organization (WHO) Health Settings approach,<sup>14</sup> 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 public opinion, and those social determinants outside the correctional setting that impact on high levels of contact with the justice system.

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<sup>10</sup>Joudo, *Deaths in Custody in Australia...*

<sup>11</sup>ABS 2004, *Corrective Services, Australia, March Quarter 2004*, cat. no. 4512.0, ABS, Canberra, p. 22.

<sup>12</sup>ABS 2005, *Prisoners in Australia 2005...* p. 5.

<sup>13</sup>Cooperative Research Centre for Aboriginal Health 2008, *Social Determinants Program Statement*. Available at: <<http://www.crah.org.au/research/socialdeterminants.html>>.

<sup>14</sup>Sustainable Development and Healthy Environment Department 2006, *Healthy Settings – Background*, Regional Office for South-East Asia, World Health Organization, New Delhi. Accessed on 27 May 2008 at: <<http://www.searo.who.int/en/Section23/Section24/Section25.htm>>.

While the CRAH recognises that social determinants are fundamental to Aboriginal health, developing a research agenda in this area has not been an easy task. 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 do not and 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 WHO, through the *Alma Ata Declaration* (1978),<sup>15</sup> the *Ottawa Charter for Health Promotion* (1986)<sup>16</sup> and, in 2005, through the formation of a *WHO Commission on the Social Determinants of Health*. This commission will work for three years to examine evidence on effective strategies to improve health through the underlying determinants. An interim statement from the commission is available at: <[http://www.who.int/social\\_determinants/resources/interim\\_statement/en/index.html](http://www.who.int/social_determinants/resources/interim_statement/en/index.html)>.

## Aims of the Industry Roundtable

The Aboriginal Prisoner Health Industry Roundtable aimed to bring together community representatives, correction staff (policy, program, management and custodial staff), community-based service providers, health and government representatives, 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 prison inmates; and
- share information about best practice (knowledge exchange).

The diagram in Appendix 1 illustrates potential pathways to achieve these aims by implementing the research agenda identified at the Roundtable. This draft framework has been developed out of the Roundtable.

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<sup>15</sup>World Health Organization (WHO) 1978, *Declaration of Alma-Ata*, WHO, Geneva. Accessed on 27 May 2008 at: <[http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)>.

<sup>16</sup>WHO 1986, *Ottawa Charter for Health Promotion*, WHO, Geneva. Accessed on 27 May 2008 at: <[http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)>.



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# Potential Outcomes

## Health outcomes

The high level of incarceration of Aboriginal people is itself a health risk, but one which provides an opportunity for interventions that may significantly alter the life courses of individuals and whole families. With this in mind, the CRAH focused the Roundtable on interventions aimed at empowerment and at the reduction of recidivism. This research framework, therefore, aims to achieve the following outcomes:

- Reduce Aboriginal people's health risk by reducing their rate of recidivism.
- Improve the health and wellbeing of Aboriginal prisoners and ex-prisoners through empowerment and the acquisition of employment and life-skills for their release back into the community.

These health outcomes will be achieved through a combination of research, advocacy, policy and practice, and capacity-building outcomes outlined below.

## Research outcomes

- Identification of priority areas of research that can be further refined into a series of research questions.
- Identification of approaches to research that are likely to increase opportunities for research to inform policy and practice.
- Research into, and evaluation of, interventions designed to meet the values and needs of Aboriginal Australians in relation to prisoner health and recidivism.
- A better understanding of the social determinants of health in a prison context.
- A better understanding of how research into the social determinants of health can be carried out.

This version of the framework only goes as far as identifying priority areas of research. Further development work is required to translate those research needs into the most relevant research priorities.

## Advocacy outcomes

This framework aims to guide advocacy to progress and prioritise research in this area in the following ways:

- Advocate for funding of Aboriginal prisoner health research by the PHAA and other organisations and community groups.
- Build and support a network of interested organisations and individuals who can share information and work together to progress work in this area.
- Establish a mechanism to enable national coordination of issues relating to Aboriginal prisoner health.

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

Policy and practice outcomes will be achieved through the combined efforts of the CRCAH, AIATSIS and PHAA research and industry partners. These include:

- Involving relevant community, government, correctional service and research partners in the planning and conduct of any research.
- Encouraging the use of evidence to inform policies, guidelines or standards that contribute to the improved health and wellbeing of Aboriginal prisoners, and a reduction in recidivism.
- Improving access to, and uptake of, evidence (in policy, service development and practice) through the establishment of a community of practice (e.g. a clearinghouse and listserv).
- Increasing the sharing of information between interested stakeholders through their connection at the Roundtable and beyond.
- Wherever possible, embedding research and transfer activities within established organisations to ensure their sustainability.

## **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, including the involvement of prisoners, organisations and institutions in the research.
- Build a larger skilled workforce of researchers able to undertake, and be interested in, Aboriginal prisoner health research.



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# Approach to Research

Many Aboriginal people and communities remain suspicious of research, which they feel has for too long benefited researchers rather than Aboriginal people themselves. The CRCAH has done considerable work in identifying the best approaches to carry out research in order to ensure that it will make a difference, and that it will be taken up into policy and practice.

*This framework proposes that any research carried out in relation to Aboriginal prisoner health should adopt a similar approach to that used by the CRCAH in its facilitated development approach.*

The CRCAH has developed an approach to the development and implementation of research that directly involves research users throughout the process 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. The CRCAH also facilitates the involvement of research users in project development to ensure that the voices of Aboriginal people and other users of research findings are heard strongly in that process. While the CRCAH is not able to fund any prison health research directly, it is able to support the development of a small number of research projects put forward by other organisations.

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

The Aboriginal Prisoner Health Industry Roundtable also identified some general principles for any research carried out in Aboriginal prisoner health. That it should:

- be culturally appropriate;
- utilise Indigenous research methods;
- be prisoner-centred, and consider individuals as part of a family and community as well as their situation in an institution; and
- be in keeping with priorities identified by Aboriginal people and other potential users of the research.

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

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# Research Priorities

The Aboriginal Prisoner Health Industry Roundtable identified a range of priorities, which have been grouped and synthesised: the priorities identified below represent the considered views of the delegates in attendance at the meeting. All delegates were provided with the opportunity to review and provide feedback on the priority areas, and this feedback has been integrated into the list provided. Some of these priorities overlap but have been restated where particularly clear questions could be identified. Appendix 3 contains a supplementary list of more specific questions put forward by the National Indigenous Drug and Alcohol Committee following the Roundtable.

## **Establish an evidence base in relation to the effectiveness of:**

- pre-prison programs (diversionary programs or alternatives to prison);
- programs run within prisons (ranging from health services to programs around self-esteem, empowerment, grief and trauma, healing); and
- post-prison programs (including continuity of services, rebuilding connections with community and culture).

This work should include:

- prior evaluations of programs—to assist with refining potential research topics;
- cost-effectiveness and cost benefit of programs;
- impact on recidivism;
- qualitative examination of impact on individuals, communities, families (a particular issue raised was 'getting people to own their own behaviour');
- resourcing of services;
- development and growth of capable workforce; and
- connection and continuity between services.

## **Health services in prisons:**

- conducting an audit of what health services are being provided and their scope of services and models of service delivery;
- reviewing the resourcing of health services—particularly modelling the impact of providing Medicare access to prisoners, including by jurisdiction;
- review by the Human Rights and Equal Opportunity Commission on health service provision from a human rights and social justice perspective; and
- the impacts and effectiveness of Aboriginal community controlled health services providing services to Aboriginal prisoners (particularly given the holistic approach to health, and the potential for continuity of care that could be achieved post-release, and the whole-of-family care while the family member is incarcerated).

## **How to achieve greater coordination within and across jurisdictions and sectors:**

- mapping existing services, resources and gaps; and
- identifying links or disconnections between services.



**What are the common causal and risk factors that lead to Aboriginal incarceration? What protective factors help prevent incarceration? How can services/programs be linked to, developed or changed to address these causal factors? And what are public attitudes towards reducing recidivism?**

- Rather than assuming that we know what public attitudes are, based on media coverage, some rigorous research on this topic could help make prison issues of greater interest to politicians. An additional question could be developed that relates to identifying political incentives for prevention and early intervention.



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# Tools for Change

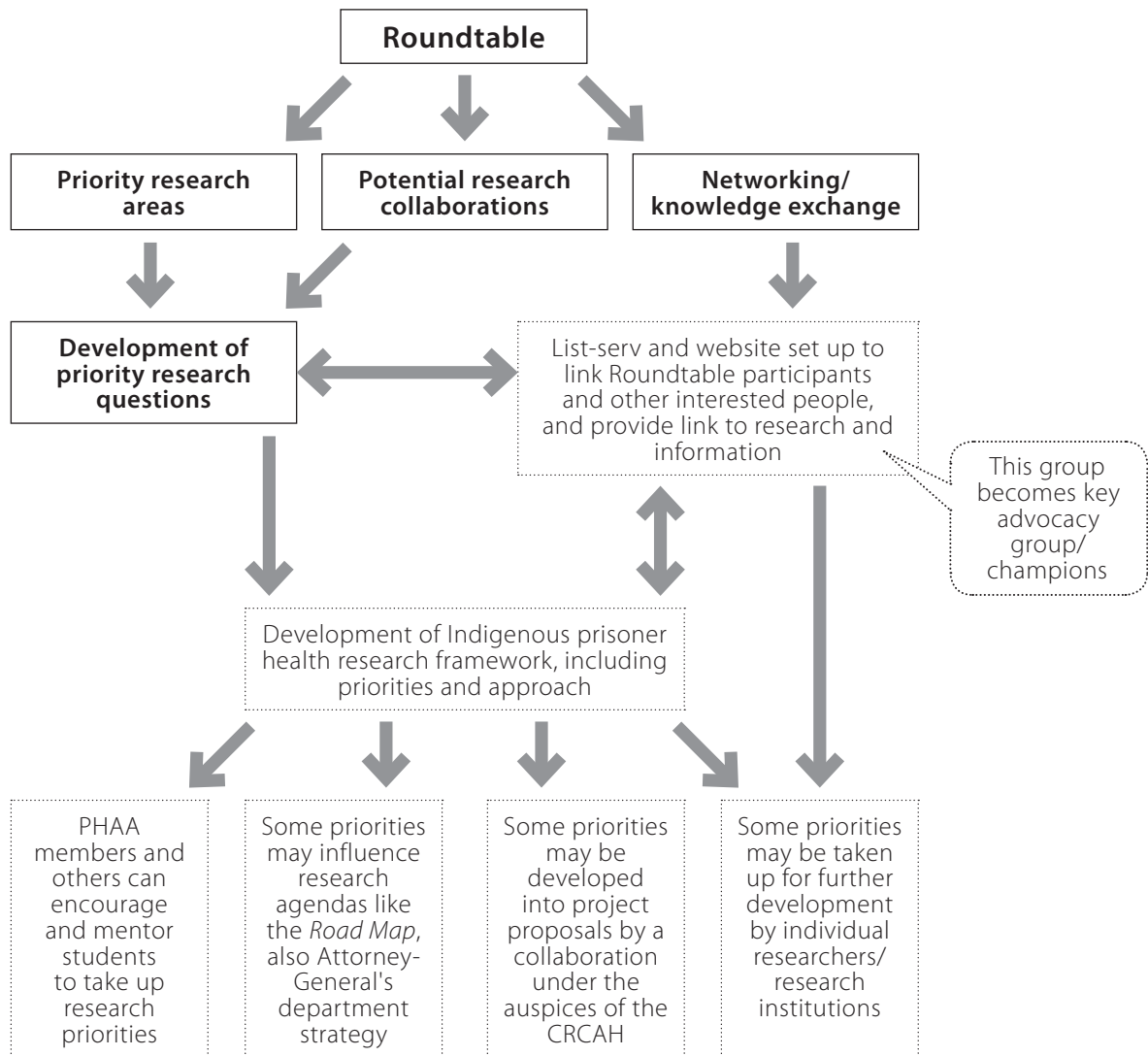
A number of matters that arose at the Roundtable might be better defined as tools to help bring about change rather than research priorities. These include:

- The importance of national mechanisms to facilitate change, for example, a federally coordinated committee to recommend priority areas for action. The National Indigenous Law and Justice Strategy being developed by the Commonwealth Attorney-General's Department could be used as a national framework for the Australian, State and Territory governments, Indigenous communities and other stakeholders to work together to achieve better justice outcomes for Indigenous Australians.
- The National Indigenous Law and Justice Strategy is currently being revised and strengthened with feedback from a comprehensive consultation process carried out in late 2007. Policy and program responses to priority areas for action will be agreed through a Standing Committee of Attorneys-General Working Group, in the first instance.
- In addition to providing a way forward on key Indigenous law and justice issues, the proposed Indigenous Law and Justice Strategy / Framework will also facilitate greater sharing of information on best practice, research and evaluation of programs across jurisdictions.
- Other national Indigenous frameworks should also be considered as relevant, such as the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013*,<sup>17</sup> in bringing prisoner health issues to the attention of policy makers across all Australian governments.
- The availability of good data and information through connecting services and governments, improved national prisoner information, and availability of evidence to inform policy and service provision decision making. The Indigenous Justice Clearinghouse (<http://www.indigenousjustice.gov.au/>) might provide a mechanism to house resources and, with further development and facilitation, could support an active prison health network such as that developed for Indigenous ear health by the CRAH, Menzies School of Health Research and the Indigenous Health Infonet. Available at: <[http://www.healthinonet.ecu.edu.au/html/html\\_community/ear\\_health\\_community/index.htm](http://www.healthinonet.ecu.edu.au/html/html_community/ear_health_community/index.htm)>.
- The Australian Bureau of Statistics' National Criminal Justice Statistical Framework outlines the data collection points in the criminal justice system and identifies a range of potential improvements in data collection in the criminal justice sector. Available at: <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DatailsPage/4525.02007?OpenDocument>>.

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<sup>17</sup>Office for Aboriginal and Torres Strait Islander Health (OATSiH) 2007, *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013*, OATSiH, Canberra. Accessed on 27 May 2008 at: <<http://health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-imp07-13>>.

# Appendix 1: Diagram of Pathways beyond the Roundtable



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# Appendix 2: Roundtable Participants

**Dan Abraham**

Attorney-General's Department, Australian Government

**Kerry Arabena**

Australian Institute of Aboriginal and Torres Strait Islander Studies

**Linda Banach**

National Indigenous Drug and Alcohol Committee

**Olivia Bartley**

National Health and Medical Research Council

**Allan Benson**

Stan Daniels Healing Centre, Alberta, Canada

**Michael Bentley**

Flinders University

**Tony Boxall**

Australian Institute of Aboriginal and Torres Strait Islander Studies

**Jenny Brands**

CRC for Aboriginal Health

**Terry Brennan**

Geraldton Aboriginal Medical Service

**Tony Butler**

Prisoner Health Information Group, Australian Institute of Health and Welfare

**Mark Canning**

Attorney-General's Department, Australian Government

**Ralph Chapman**

Prisoner Health Information Group

**Brett Collins**

Break Out

**Scott Davis**

CRC for Aboriginal Health

**Dea Delaney Thiele**

National Indigenous Drug and Alcohol Committee

**Rodney Dillon**

Amnesty International

**Timmy Duggan**

Northern Territory AIDS and Hepatitis Council

**Mick Gooda**

CRC for Aboriginal Health

**Luke Grant**

Assistant Commissioner, NSW Corrections

**Alastair Harris**

CRC for Aboriginal Health



**Beverly Johnson**

Sisters Inside

**Jocelyn Jones**

PhD Student, Telethon Institute for Child Health Research, University of Western Australia

**Stuart Kinner**

Queensland Alcohol and Drug, Research and Education Centre, University of Queensland

**Michael Levy**

Public Health Association of Australia

**Sarah Marland**

Amnesty International

**Cathy Mitchell**

National Health and Medical Research Council

**Carolyn Modra**

CRC for Aboriginal Health

**Sue Morley**

National Indigenous Drug and Alcohol Committee

**Wayne Pash**

Department of Juvenile Justice—Australian Capital Territory

**Noritta Pele Morseu-Diop**

PhD Student, The University of Queensland

**Tom Powel**

Journey to Respect Program

**Emilie Priday**

Human Rights and Equal Opportunity Commission

**Allan Sambono**

Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government

**Zac Sarra**

Magistrate Courts, Queensland

**Nat Siegel**

Women's and Men's Domestic Violence Consultant

**Paul Stewart**

Onemda VicHealth Koori Health Unit, The University of Melbourne

**Julie Tongs**

Winnunga Nimmityjah Aboriginal Health Services

**Meike van Doelan**

Australian Institute of Health and Welfare

**Peter Warner**

Northern Territory Correctional Services

**Harry Williams**

Australian Capital Territory Correctional Services

**Megan Williams**

PhD Student, Faculty of Health Sciences, The University of Queensland

**Matthew Willis**

Australian Institute of Criminology

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# Appendix 3: Submission from NIDAC

## National Indigenous Drug and Alcohol Committee

### *'NIDAC—The leading voice in Indigenous drug and alcohol policy'*

#### **Suggestions for Aboriginal prisoner research to reduce recidivism:**

- Barriers to use and acceptance of non-custodial sentencing options for Indigenous offenders (by police, courts and Indigenous people).
- Analysis of sentence differences between Indigenous and non-Indigenous offenders.
- Review of availability and cultural appropriateness of assessments OR prison-based Alcohol or Drug (AOD) programs and services for Indigenous prisoners.
- Efficacy of assessment (mental, social, cultural, physical) and follow-up treatment provided by corrections.
- Types and levels of stress and/or violence encountered by Indigenous prisoners.
- Trialling of re-integration into community programs for Indigenous prisoners.
- Effectiveness of prison programs and interventions run by community groups compared to corrections.
- Prisoner perspective of support needed before, during and after prison to reduce recidivism.
- Effectiveness of prison programs on release from prison.
- Effectiveness of post-release programs and interventions in reducing recidivism.
- Effectiveness and delivery of AOD services to Aboriginal prisoners.
- Comparison study of State and Territory corrections assessment, treatment and rehabilitation compared to that provided by community controlled services.
- Australian Government funding into successful initiatives not being picked up by State or Territory jurisdictions.
- Prevalence of Hepatitis C, injecting drug use and other disorders developed while in prison (anecdotally, there are high rates of mental disorder and injecting drug use among Indigenous prisoners).
- Impact of post-release on Indigenous communities and families (who may not have been made aware of release or how to support prisoners on release) and prisoners.
- Levels of literacy, numeracy and employment skills need to be developed in prison to reduce the stigma attached to poor performance in these areas.
- Prison attitudes towards rehabilitation and treatment.
- Mapping/evaluation of good models/initiatives used nationally and internationally (NB: Manitoba Youth Justice Program, Canada is a good model).



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# Cooperative Research Centre for Aboriginal Health: Discussion Paper Series

The Cooperative Research Centre for Aboriginal Health (CRAH) has instituted this Discussion Paper Series (DPS) as a forum for its researchers, students and associates. The purpose of the DPS is:

- To make informed and evidence-based contributions to critical policy debates affecting the health of Aboriginal people.
- To disseminate the research findings of CRAH researchers, students and associates quickly, without the delays associated with publication in academic journals, in order to generate comment and suggestions for revision or improvement.
- To provide CRAH researchers, students and associates with an avenue to present preliminary documents, circulated in a limited number of copies and posted on the CRAH website, intended to stimulate discussion and critical comment on the broad range of issues associated with the CRAH research agenda.
- To allow CRAH researchers, students and associates to draw out the key issues in Aboriginal health research through literature reviews and critical analyses of the implications for policy and practice.

## Submission criteria

Submission to the Discussion Paper Series is open to all CRAH researchers, students and associates working on either funded or in-kind CRAH projects. The research findings in discussion papers may already have been presented at conferences or workshops, but generally will not yet have been published in journals. Authors should try to ensure that the discussion paper will be sufficiently different from any future journal article that they plan to write so as not to create a redundant publication.

## Review process

All discussion papers will be reviewed either by internal CRAH reviewers or, where appropriate, external referees. The CRAH's editorial committee will assess the suitability for publication of all submissions and select reviewers for successful papers. Reviewers will include relevant scientific expertise, and representatives of governments and the Aboriginal health sector.

## Feedback

The Discussion Paper Series is intended to promote the rapid dissemination of research results prior to publication; comments submitted directly to the authors are therefore welcomed. However, as results are often provisional any citation should take account of this.

## Publication details

Discussion papers will be published on an *ad hoc* basis throughout the year (3–4 p.a.). They will be available both in printed and electronic formats (as pdfs that can be downloaded from the CRAH website: <[www.craah.org.au](http://www.craah.org.au)>). The views and opinions expressed in the Series will not necessarily reflect those of the CRAH.

## Submission details

All submissions to the CRAH Discussion Paper Series should be directed to the CRAH Publications Manager, Jane Yule ([janesy@unimelb.edu.au](mailto:janesy@unimelb.edu.au)) with the relevant Program Manager copied into the email.



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## CRAH Discussion Paper Series: Titles

Frank Siciliano, Matthew Stevens, John Condon & Ross Bailie 2006, *A Longitudinal Data Resource on Key Influences on Health in the Northern Territory: Opportunities and Obstacles*, Discussion Paper No. 1.

Mark Lock 2007, *Aboriginal Holistic Health—A Critical Review*, Discussion Paper No. 2.

Jackie Street, Fran Baum & Ian Anderson 2008, *Making Research Relevant: Grant Assessment Processes in Indigenous Research*, Discussion Paper No. 3.

Yin Paradies, Ricci Harris & Ian Anderson 2008, *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No. 4.

Margaret Scrimgeour & David Scrimgeour, *Health Care Access for Aboriginal and Torres Strait Islander People Living in Urban Areas, and Related Research Issues: A Review of the Literature*, Discussion Paper No. 5.

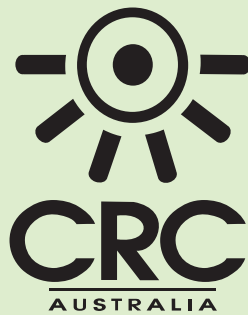
(Copies of these discussion papers can be downloaded as pdfs from the CRAH website: [www.craah.org.au](http://www.craah.org.au)).







Cooperative Research Centre for  
**Aboriginal Health**



**Cooperative Research Centre for Aboriginal Health**

**PO Box 41096**

**Casuarina, NT 0811**

**AUSTRALIA**

**T: +61 8 8922 8396**

**F: +61 8 8922 7797**

**E: [admin@crcah.org.au](mailto:admin@crcah.org.au)**

**W: [www.crcah.org.au](http://www.crcah.org.au)**

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