



Reducing recidivism among Aboriginal offenders:

Are services measuring up?

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Executive summary

“We know that data is essential for identifying the causes of offending and monitoring the effectiveness of programs to reduce offending.”¹

– Tom Calma

Reducing recidivism² is a crucial part of reducing Aboriginal over-representation in prisons. We do not know what types of programs work best at reducing recidivism for Aboriginal Australians who have been released from prison.

The goal of any program seeking to reduce recidivism should be to keep people out of prison. Measuring the recidivism rate of every service provider is the key to success.

To better understand what works to reduce recidivism, it is necessary to know if a service collects data about whether program participants stayed out of prison in the longer term. Without this information, it is not possible to assess which programs work best to break the cycle of incarceration and improve outcomes for Aboriginal Australians.

No efforts have been made to develop a simple minimum standard framework that can be easily used by services seeking to reduce recidivism among Aboriginal people. This paper develops and tests a data reporting framework.

It finds that services vary significantly in the data they collect before, during and after their programs. Our survey of providers revealed that relatively few services could track whether a participant returned to prison after exiting a program.

Program evaluations that depend solely on service-held data will likely provide an incomplete and misleading picture of whether a service effectively reduces recidivism. The report recommends that funding bodies implement mandatory collection and reporting of a National Minimum Data Set on recidivism.

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Introduction

*"As a taxpayer you should be concerned that programs for which there is no evidence are being funded."*³

— Marcia Langton

Incarceration remains one of the starkest and most persistent gaps between Aboriginal and non-Aboriginal Australians. Aboriginal people comprise 33 per cent of the prison population⁴ but only 3.8 per cent of the Australian population.⁵

Aboriginal people from remote and very remote areas have the highest incarceration rates.⁶ Aboriginal incarceration rates have been increasing more quickly than non-Aboriginal rates, and the incarceration gap has been widening.⁷ A key factor influencing incarceration rates is recidivism.

Recidivism and the 'revolving door' of incarceration

Recidivism occurs when a person who has previously offended commits a new offence. Recidivism can influence the likelihood of imprisonment being chosen as an appropriate sentence. Aboriginal persons are more likely to re-offend than their non-Aboriginal counterparts.⁸

Recidivism rates have increased over time. This may represent a 'real' increase in re-offending but is also likely to reflect the greater likelihood of police laying charges for matters such as illicit drug offences and offences against justice procedures.

It has been suggested that courts have become increasingly likely to impose custodial sentences in cases where previous court orders have been breached.⁹

In 2023, 78 per cent of Aboriginal prisoners had experienced prior adult imprisonment, relative to around 53 per cent of non-Aboriginal prisoners.¹⁰ Reducing recidivism is a crucial part of reducing Aboriginal over-representation in prisons.¹¹

What factors contribute to recidivism?

Criminal offending, incarceration, and recidivism among Aboriginal Australians are associated with a complex, inter-related and often inter-generational set of factors.¹²

These include developmental history (e.g., growing up experiencing/witnessing violence and abuse, family dysfunction, unstable living environment), social disadvantage (e.g., limited education, unemployment, poverty), health (e.g., chronic physical health conditions), psychological

distress and mental health problems, substance dependence, cognitive impairment (e.g., Foetal Alcohol Spectrum Disorder), unstable/inadequate housing, social circumstances (e.g., limited positive support networks) and home community dysfunction.^{13,14} These challenges frequently persist for individuals post-release from prison, and contribute strongly to re-incarceration.¹⁵

What are the main types of programs that aim to reduce recidivism?

Recidivism rates are a vital measure of whether policies and programs designed to reduce offending are working and whether resources are being effectively allocated.¹⁶

Several programs try to reduce recidivism by diverting Aboriginal offenders from the 'mainstream' criminal justice system, often through restorative justice approaches such as 'circle sentencing' or 'yarning circles'.¹⁷

These programs may be perceived positively and can benefit victims and offenders (e.g., by helping to restore relationships).¹⁸ However, evidence for whether they reduce recidivism—especially whether they have actual or lasting effects on keeping offenders out of prison—is not compelling.¹⁹

Many community-based services try to address risk factors, such as substance dependence and homelessness, that are associated with offending. However, relatively few programs and services specifically work with offenders after they have been released from prison.²⁰ Fewer programs still specialise in working with Aboriginal offenders post-release.²¹

Many post-release support programs are short-term, operate in only one location, and may not be accessible to prisoners who serve frequent, short-term sentences.²² As a result, they may be unable to meet clients' often highly complex needs.²³

Do we know what works to reduce recidivism?

Recidivism can be measured on a systemwide (macro) scale or an individual or program (micro) scale. Macro measurement - which uses aggregate data - is essential for assessing overall trends in recidivism, determining the effect of systemwide policy, and promoting public confidence in the criminal justice system.

While helpful in evaluating the criminal justice system, publicly available measures are only provided at an aggregate level. They cannot be used to assess the impacts of specific policies or programs.²⁴

In contrast, micro measurement - which uses individual data - is essential for assessing the outcomes of different programs and treatments, including for offenders with differing backgrounds and characteristics.

There is relatively little research into what models of support and types of programs may be most effective at reducing post-release recidivism for Aboriginal offenders.²⁵

Existing research often uses broad quantitative measures, such as overall incarceration/recidivism statistics. Those high-level measures cannot take into account whether or not an individual participated in any programs designed to reduce recidivism. Some studies use qualitative measures, such as asking participants whether they found a program acceptable or valuable. These studies typically do not consider longer-term outcomes, such as whether individuals who completed a program were less likely to return to prison than those who did not.

Research that attempts to measure program impacts by comparing individuals who did and did not participate is often hampered by methodological limitations such as small sample sizes, non-representative populations (i.e., only some 'types' of offenders are eligible for a program), lack of generalisability to different locations/settings, and lack of long-term measurement.

A few studies use large administrative datasets and link different datasets to overcome some of the above problems.²⁶ However, these studies often cannot examine individual-level factors that may influence recidivism because those factors are not captured in the datasets. This includes factors like overall well-being and quality of life and the level of 'engagement' with a program versus simply 'completing' a program.

Independent evaluations are not commonly undertaken.²⁷ When they are, they often focus on processes (e.g., how well a program was implemented) rather than outcomes (e.g., what impacts the program had).²⁸

This impedes services' ability to tailor their practices to meet the needs of their clients best and means that funding bodies cannot make informed decisions about which programs to invest in to deliver the most significant benefits to individuals and communities.

Do we have the information to evaluate and compare different programs?

Data is “essential for identifying the causes of offending and monitoring the effectiveness of programs to reduce offending.”²⁹ To better understand what works to reduce recidivism, it is first necessary to know if a program collects data about whether participants stayed out of prison in the longer term.

It is also crucial to learn about other factors affecting recidivism, such as whether an individual remained ‘substance-free’ or obtained employment. Finally, to draw inferences about cause and effect, it is essential to know what happens to individuals who do not complete a program (e.g., people who drop out after one or two sessions) relative to those who complete a program.³⁰

With this information, programs can be evaluated to determine what outcomes they may achieve or whether any apparent effects can be attributed to a program rather than something outside it.

Once that is known, it is possible to assess which programs work best to break the cycle of incarceration and improve outcomes for Aboriginal Australians.

Minimum standard frameworks

The need for more consistency in the measurement and reporting of Australian recidivism research has been acknowledged, and calls have been made since the early 2000s to develop consistent reporting standards.³¹

It has become common practice in various fields, including health and justice, to develop and apply ‘minimum standards’ to data collection. These support National Minimum Data Sets (NMDS) - agreed minimum sets of data elements, or variables, agreed for mandatory collection and reporting at a national level.

An NMDS is contingent upon a national agreement to collect uniform data and supply it as part of the national collection. However, it does not preclude agencies and service providers from collecting additional data to meet their needs.³²

Generally, an NMDS requires funded services to collect and submit data against an agreed set of measures at agreed times (usually annually). In Australia, NMDS’ are (or have been) applied to admitted patient care³³, juvenile justice³⁴, alcohol and other drug treatment services³⁵, child protection³⁶, domestic and family violence³⁷, aged care³⁸, disability services³⁹ and suicide prevention.⁴⁰

Most datasets include demographic indicators, such as whether a person is Aboriginal. However, NMDS' are typically based on administrative data from comparatively well-resourced government services, such as Departments of Health, Police, or Corrective Services. In contrast, frontline, community-based service providers may have limited capacity to collect detailed administrative data.

There have yet to be any efforts to develop a simple minimum standard framework that can be easily used by services that seek to reduce recidivism among Aboriginal persons.

Develop a 'minimum standard' framework

Knowing what type of information services collect about their programs is the first step in assessing whether a program successfully reduces recidivism and, if so, how. To do this, developing a framework to support a 'minimum standard' of data collection is vital.

This report has two aims:

1. Develop a 'minimum standard' framework to support services' information collection
2. Test whether that framework can successfully identify what data services collect about their programs.

This work will contribute to policy and program development and assist support services with data collection and reporting.

Methods

Stage 1: Developing a 'minimum standard' for data collection

Three strategies were used to develop a 'minimum standard' data collection framework:

1. Consultation with services

Using existing Close the Gap Research networks, discussions were held with support services who work with offenders.

Those services primarily provided drug and alcohol rehabilitation and worked mainly or exclusively with Aboriginal persons.

Information was sought about their service model/s, their information reporting obligations (for example, what measures they were required to report to government/s under their funding agreements), information they collected and would like to be able to collect, and their views about data limitations and challenges they encountered in evaluating their services and showing the impact of what they were doing.

2. Literature review

A systematic literature review was conducted using Scopus, Web of Science, and PubMed to identify factors associated with recidivism among Australian Aboriginal persons.⁴¹

Search terms were: Aboriginal; First Nations; Indigen*⁴²; Australia*; Reoffend*; Recidivis*; Reincarcerat*.

After duplicates were removed and abstracts screened for relevance, 148 papers were identified. Papers were excluded if they made only incidental mention of recidivism (for example, making a general statement that Aboriginal Australians have higher levels of recidivism), used recidivism as a control variable only (for example, taking recidivism into account when looking at injury mortality), or were misidentified (for example, some papers were detected by searches because they used terms such as 'injury recidivism').

A total of 120 full papers were reviewed.⁴³ Findings were augmented by a more general (non-systematic) review of recidivism literature for offenders overall, irrespective of Aboriginal status.

3. Review of existing administrative data, including NMDS

Various administrative data sources on recidivism in Australia exist. Police, courts, and corrective services typically hold these.⁴⁴

Publicly available information about specific items in the databases was reviewed to provide an understanding of what types of information existing datasets hold. NMDS' were also examined.⁴⁵

Selection of domains to include in the framework

The information obtained during the three stages described above was synthesised into a minimum standard framework.

The domains selected for the framework were based on the strength of evidence associating them with offending/recidivism, relevance to policy, service provision, and the likelihood of services being able to obtain the information.⁴⁶

Efforts were made to keep the framework short and straightforward to apply.⁴⁷

The final framework contained 34 items covering the broad domains:⁴⁸

- Offending history, past contact with the criminal justice system, and history of incarceration
 - Life history (e.g., family background, childhood experiences)
 - Substance use
 - Physical and mental health
 - Psychosocial wellbeing
 - Socioeconomic circumstances
 - Housing
 - Life satisfaction
 - Engagement with services (including services used as well as program participation indicators such as the number of sessions attended)
 - Social and other supports (e.g., visits from family during live-in program participation)
 - Other circumstances not specified elsewhere.⁴⁹
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Stage 2: Testing the framework

Surveying services' current data holdings

An online survey was designed based on items in the framework. It asked providers what information they collected when clients:

- 1. Commenced a program** (e.g., reason for incarceration, offending history, life history, employment, education, substance use history, physical and mental health, general psychological wellbeing, social wellbeing).
- 2. Undertook a program** (e.g., level of engagement with the program, attendance, completion, participation in any other programs at the same time, other supports accessed during the program that were not part of the program such as other services, support from significant others such as family or friends).
- 3. Ceased a program** (e.g., whether follow-up was undertaken, at what time, for how long, whether the service could track if a participant reoffended, whether a service could track if a participant returned to prison, or other life circumstances).

General information was sought about where the program operated, how many clients it supported, and program duration.

The survey also asked whether there was information that services would like to collect but were unable to and what supports/resources they would need to be able to collect that information.

The survey contained quantitative and qualitative questions, allowing participants to enter free text about any topic.

The survey took approximately 10 minutes to complete. It did not require services to disclose identifying details (unless they chose to) and did not ask for any information about individual clients.

Services were provided with the option to contact Close the Gap Research to discuss their work if they wanted to participate in the study but did not wish to complete the survey.

Service identification

A large number of services (e.g., drug and alcohol, housing, education, employment) are potentially relevant to reducing recidivism.

This project identified services by searching publicly available material, including websites, publications (academic and 'grey literature'), and government information (e.g., databases of successful tender/grant recipients).

Services were included if they:

- Received government funding⁵⁰, but were not part of a government department or other government agency.⁵¹
- Were 'throughcare' services that work with persons released from prison (irrespective of whether or not they were Aboriginal-specific services) or
- Any service that worked mainly or exclusively with Aboriginal persons⁵² and indicated on their websites or in other relevant materials (such as annual reports) that they seek to reduce clients' contact with the justice system and recidivism.

Table 1 provides details.

Survey dissemination

Using publicly available contact details, service providers were sent personalised emails providing project information and inviting them to take part. It was clearly stipulated that the survey could be completed anonymously and that no identifying material would be published.

Table 1: Geographic distribution and type of service

	Throughcare service	Aboriginal-specific service
Northern Territory	3	9
New South Wales	6	4
Queensland	2	8
Victoria	4	4
Western Australia	1	4
Tasmania	0	1
Australian Capital Territory	1	1
South Australia	0	3
Multiple jurisdictions	1	1
Total	18	35

Note: One throughcare service was Aboriginal-controlled. Two Aboriginal-specific services operated under a broader 'general' service. Aboriginal-specific services operated primarily in health, social and emotional well-being, and law and justice. Most services' websites and information emphasised the role they played in addressing problematic substance use.

Stage 3: Interviews

The survey contained space for respondents to provide their details if they wished to engage in further discussion about their program/s. Emails were sent to those respondents to arrange a telephone interview. Interviews were qualitative, with respondents encouraged to share their perspectives on recidivism, data collection, and service provision more broadly.

Results

Fourteen responses were received (a 26 per cent response rate). Two responses were subsequently excluded because more than 85 per cent of the data were missing. The final sample consisted of eight Aboriginal-specific service providers and four throughcare services.

The number of persons a service supported each year ranged from 15 to “thousands.” Programs ran for a minimum of six weeks up to one year. Five services operated day programs, five operated live-in programs, and two operated both.

Table 2 (overleaf) shows the types of information collected at program commencement.

Seven services that collected life history and other information provided more detail. One service indicated that, depending on the client’s circumstances, they may receive detailed

psychological or sentencing reports. One service stated that they were only partly and informally able to collect information during rapport building.

Five services indicated that they collected information about a client’s employment history, and four of those also collected information about education and family history. One service explicitly identified trauma history. One service indicated they collected information about “what is important to them [the client] and what goals they hope to achieve.”

All four services that collected ‘other’ information provided more detail. One indicated that they received sentencing reports/verdicts of cases. One collected information about family connections to country. One collected information about the client’s goals in their residential program and long-term goals. One collected information about whether the client had previously undertaken rehabilitation programs.

One service that did not collect information about offending history stated that they would like to be able to collect that information, as well as information about “what driver[s] led to offending in the first place.”

Most services collected information during a program (**see Table 3 on page 14**), commonly about program completion/drop out and other supports accessed during the program.

Table 2: Information collected at program commencement⁵³

Type of information	No. of services collecting
Length of prison sentence/time served in prison	10
Reason for incarceration (i.e., type of offence)	8
Offending history (i.e., criminal record)	8
Incarceration history (how many times in prison previously)	7
Age of offending onset (i.e., how old was the participant when they started to engage in criminal activity)	6
Life history (e.g., childhood experiences, family background, education history, employment history, etc)	8
Substance use history (e.g., when started using substances, types of substances used, frequency/intensity of use)	9
Financial circumstances (does the participant have any source of income)	8
Housing (does the participant have stable housing)	8
Chronic health conditions/disability (including cognitive impairment)	9
Mental health conditions (depression, anxiety, PTSD, other conditions)	9
General psychological wellbeing (e.g., psychological distress)	9
Life satisfaction (overall subjective wellbeing)	6
Social wellbeing (e.g., supportive connections with family)	7
Other information	4

Table 3: Information collecting during a program

Type of information	No. of services collecting
Level of engagement with program (i.e., how 'keen' a participant was, how much 'effort' they made, etc)	8
Attendance at program (how many sessions did a participant attend out of total number of sessions, etc)	10
Completion of program (did the participant finish the program or drop out)	11
Participation in any other programs at the same time	10
Other supports accessed during the program, that were not part of the program (e.g., other services)	11
Level of support from family/significant others (e.g., visits, phone calls, etc – can also include self-reports from participant if undertaking a day program)	6
Other information	2

Regarding other information, one service collected information about parole breaches, and another collected information about improvement in well-being, psychological distress, physical health, and communication with others.

Ten services indicated that they conducted formal follow-ups after program exit. **Box 1 (overleaf) provides a case study of a service that collects outcome measures.**

Box 1: Case study

“The Healing Place”⁵⁴

The Healing Place is an Aboriginal-controlled service that delivers trauma-informed, culturally safe services with priority placements for Aboriginal persons. It specifically focuses on alcohol and other drug rehabilitation.

It uses a range of therapeutic options, with flexibility to select approaches based on each client's needs. It provides 12-week residential programs that provide intensive case management, including 24-hour supervision. It also works with clients' families and communities.

The Healing Place's Australian Government funding agreement contains Key Performance Indicators (KPIs) that include number of Aboriginal staff employed, hours worked by those staff, number of available bed days, number of clients, number of repeat clients, episodes of care, client rejections due to lack of capacity, and program completion rate.

The Healing Place must collect statistics against each of its KPIs and report those to the Australian Government on a set schedule. It must also report to the Alcohol and Other Drugs Service (AODS) National Minimum Data Set (NMDS) annually.

The Healing Place is not required to collect or report on any indicators relating to criminal offending or other life circumstances.

However, as part of its intake processes, it independently collects a wide range of information about its clients, including their criminal history, support networks, physical health, and general psychosocial well-being.

The Australian Government does not require the Healing Place to collect or report on outcome data, such as whether a person re-offended, whether they remained substance-free (or with low/non-problematic substance use), and whether their life circumstances improved (for example, through finding work, undertaking training/education, or securing stable housing).

To support its program delivery and demonstrate its impact, the Healing Place independently collects a range of information via its routine follow-up contacts with clients after they leave. The information includes psychosocial well-being, psychological distress (using well-validated psychometric tools), and general life circumstances.

Services varied widely in how and when they conducted follow-ups. Responses ranged from one week to three months after program exit, once to twice a month, and when required/depending on the client.⁵⁵

One service noted that very few clients allowed or engaged in follow-ups. Another indicated that they were in a small town, so “...we catch up with clients informally regularly. We do not store this information. We may meet with clients for years after they leave our program and offer assistance when we can.”

One service that did not follow up after a program indicated that the only way they could know whether a client reoffended or returned to prison was if the service saw them again.

Table 4 (overleaf) shows the types of information collected.

Regarding other information, one service indicated that they collected information about the type of support the client needs (without giving further detail) and about clients’ “[c]onfidence in managing their lives. Connection or reconnection to kids.”

One service indicated that they worked with offenders for some time after their release and, during that time, could obtain information about

all measures identified in Table 4 because they had access to administrative data held by another party (a government agency).

What would help services collect information?

Four services provided additional information about what would help them with data collection/ why they did not engage in data collection:

- “It would be great to know if people re-offend or are hospitalised, but we get no information unless we have had a successful follow-up with them. Only about 12% stay connected for follow-ups.”
 - “We do not have the structures or resources to assist our clients after we close their files.”
 - “Some clients just want to move on.”
 - “...it'd be best for us to know and not re-engage with them as we do not want to indirectly/ directly remind them of their incarceration.”
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Table 4: Information collected after program completion

Type of information	No. of services collecting
Reoffending	4
Return to prison	6
Reason for return to prison	4
Return to home community (if they were out of that community during program participation)	6
Substance use (has the participant remained substance free (or with low/non-problematic substance use?))	5
Employment outcomes (has the participant obtained work? Have they kept a job over time?)	5
Education outcomes (has the participant undertaken any education or training?)	5
Financial outcomes (what is the participant's main source of income)	2
Housing outcomes (does the participant have stable housing?)	4
Mental health conditions (depression, anxiety, PTSD, other conditions)	3
General psychological wellbeing (e.g., psychological distress)	4
Life satisfaction (overall subjective wellbeing)	4
Social wellbeing (e.g., supportive connections with family)	4
Other information	3

Additional service perspectives

Respondents raised a range of additional issues about recidivism:

- "How many men actually ever get a place to live that is not couch surfing. How many men actually have an Aboriginal Drug and Alcohol worker in the community or social worker. It would require other services to be able to share that information."
- "A big need is social workers, drug and alcohol workers and justice, health, all working together in prison to allow an exit not set up to fail. More men come out of prison with an opiate dependence than went in. They are set up to fail on exit when they withdraw with no supports."
- "Antecedents, background on potential [program] candidates."
- "Throughcare programs."
- "Prevention programs and justice re-investment works. We know this but aren't doing it enough. Ongoing support programs such as post-release accommodation and housing support, social workers and rehabs are what we need. Not more prisons."
- "To reduce recidivism, we need to address the issues of undiagnosed brain impairment amongst prisoners."

One-on-one interviews

Four respondents gave their contact details. Three replied to the follow-up email, and two participated in a one-on-one interview. The themes that emerged were:

- Prisoners are released back into the community with no skills, money, or housing – the factors that led to their incarceration in the first place are seldom addressed.
 - This is for a range of reasons, such as political emphasis on incarceration and punishment rather than rehabilitation, lack of understanding about the reality of people's lives, and lack of investment in post-release services (mainly due to political imperatives to be seen to be 'tough on crime').
 - For many Aboriginal persons, especially young men, prison has become a 'normalised' experience. It may offer them more stability and safety and more care services than they have in their own communities.
 - Getting people into work and education is crucial to helping them see that there are alternatives to offending, especially in contexts where offending and prison have become 'normal.'
 - Housing is essential in reducing recidivism, but it cannot be viewed in isolation—it has to be part of a holistic model of care that considers all factors that contribute to offending.
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- There is a very high level of need for through-care services to support former prisoners.
 - Relevant services (e.g., housing, Centrelink, legal services, etc.) tend to cooperate/collaborate inconsistently and based on personalities.
 - The lack of services not only contributes to recidivism but also keeps people in prison for longer – because if engaging with a service is a condition of being released rather than held on remand, for example, and if a service is not available, then the person will be held in custody.
 - Often, a service will not have a person who explicitly provides case management and support to offenders after they leave prison – or, if they do, that is typically one person with an extremely high caseload.
 - There is little emphasis on, or availability of, rehabilitation programs in prisons, and the increase in short-term sentences among Aboriginal offenders is making this worse.
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Discussion

This project aimed to develop a simple, evidence-based minimum data collection framework and test that framework. The results show that the framework can capture the data services currently gathered about previously incarcerated Aboriginal persons. Very few respondents indicated that they gathered any information outside what was mentioned within the framework. This suggests that the framework developed in this study includes the most salient information about factors associated with recidivism from a provider perspective.

No negative feedback was received. This suggests the items in the survey (which were directly based on items in the framework) were acceptable to service providers who took part. While the overall response rate to the survey was around one quarter of services contacted, this figure is consistent with similar Australian surveys (and higher than some).⁵⁶

Services varied greatly in the type of information they collected at program commencement. Most gathered information about a participant's most recent prison term and criminal record, as well as substance use and physical and mental health. Fewer services collected data about financial and housing circumstances, life history, and well-being (overall and social).

Services collected relatively consistent information during a program. Almost all collected data, such as how many sessions a participant attended, program completion/dropout, and other support a participant was accessing.

The degree of consistency may reflect requirements of existing National Minimum Data Set reporting (such as for Alcohol and Other Drug services) or KPIs in funding agreements. This information is process/output-oriented and cannot give substantial insights into program efficacy.

Services typically collect limited data after a participant has exited a program. Less than half could identify whether a participant had reoffended and half could track whether they returned to prison. Fewer still were able to track outcomes across socioeconomic domains that affect recidivism, such as employment, education, and substance use.

Services that did conduct follow-ups tended to report difficulties, particularly that only some program participants consented to or engaged in follow-ups. This is consistent with previous literature about the difficulties of outcome measurement and the value of alternative approaches such as data linkage.⁵⁷

Importantly, this finding suggests that when services report outcomes such as lower recidivism rates, those outcome statistics are likely to apply

only to a specific sub-sample of program participants. Those participants, in turn, may have very different circumstances from those of persons who ‘vanish’ from follow-up.

Challenges for evaluation

The individuals who consent to/engage with follow-ups may have different characteristics from individuals who are not followed up (e.g., more stable living arrangements, employment prospects, etc.). Those characteristics may, in turn, relate to the likelihood of recidivism.

The individuals who services can collect longer-term information about are unlikely to be representative of offenders as a whole, and data may be biased towards offenders who are less likely to re-offend.

Consequently, program evaluations that depend solely on service-held data will likely provide an incomplete and potentially misleading picture of whether a service effectively reduces recidivism.

This should not be interpreted to mean that services are not doing their best to gather outcome information about all program participants or that services do not wish to have information about outcomes. It is clear that services value data and attempt to collect information.

However, the findings also show that services tend not to hold data supporting comprehensive, independent program evaluation. This also implies that the government – whose knowledge depends mainly on what is provided by services – has no way of knowing which service types or models of service delivery are likely to be most effective, for whom, and under what circumstances.

This raises questions about how funding decisions are being made and on what basis services are awarded funding. It is unclear, for example, why a standardised set of information collection before program commencement and reporting does not exist as part of service funding agreements. Alternatively, if funding bodies hold such data, why it is not routinely published is unclear.

Systemic challenges

Other than data collection and outcome tracking issues, a range of themes emerged from qualitative feedback. Respondents highlighted that it was difficult for services to meet all of the needs of Aboriginal persons who had been released from prison because many factors that underlie offending remained unaddressed (such as lack of skills, education, employment experience, housing, or unrecognised cognitive impairment).

This is consistent with existing literature about drivers of incarceration and recidivism.

Limitations and future directions

The results may only be representative of some service providers and should not be generalised. It is highly probable that a wide range of services encounter Aboriginal persons who have been released from prison and that the present work only identified the most apparent of those services.

Services invited to participate in the current study were strongly biased towards the drug and alcohol sector, meaning that services who completed the survey most likely also reflect that sector.

Given that evidence about cultural connection as a protective factor against recidivism is very weak⁵⁸, this was not included in the minimum standard. Only one respondent mentioned a connection to culture as something their service collected information about.

It is possible that services do not view connection to culture as highly relevant to a person's immediate therapeutic needs and typically work with persons who do not place cultural connection high on their list of needs. This merits further exploration.

Conclusion

Overall, these findings align with existing work on programs that aim to reduce recidivism among general offender populations. However, by focusing on Aboriginal offenders specifically, this work adds new insights.

Despite the attempts services make to gather information about their clients, data collection needs to be more consistent. Existing data holdings are unlikely to be able to support independent evaluation (particularly any comparisons between different types of services). This is especially true for outcome measures, including the crucial metric of whether a program participant returns to prison.

The results strongly suggest that governments are not incorporating adequate data reporting standards as a routine aspect of funding agreements, which in turn raises questions about how funding decisions are being made.

This work also reveals how challenging it can be for services to track clients once they have exited a program. This emphasises the importance of funding bodies developing and implementing strategies to improve outcome measurement (for example, protocols for data sharing or linkage).

Knowing what works to reduce recidivism, for whom, and under what circumstances is vital for lowering Aboriginal incarceration rates. It is not unreasonable to expect governments to adopt a consistent data collection standard across the different services they fund to support improved methods for outcome tracking and to release transparent information about outcomes.

Without this, there is no way of knowing what type of programs offer the most promise for reducing recidivism rates or whether – as Marcia Langton commented – “as a taxpayer you should be concerned that programs for which there is no evidence are being funded.”⁵⁹

Consequently, there remains the genuine possibility that public money is not being directed effectively and that the incarceration gap between Aboriginals and other Australians will continue to widen.

- 1 Calma, T. (2018). Justice reinvestment: Key to reducing Indigenous incarceration. *Precedent (Australian Lawyers Alliance)*, 41, 147
 - 2 Not all recidivism leads to re-incarceration. For the purposes of this document, the term 'recidivism' is used broadly but with a specific focus on re-incarceration.
 - 3 Dias, A. (2016). Aboriginal-run services can work but need to prove their worth, Indigenous leaders say. *ABC Online*, 18 November 2016. <https://www.abc.net.au/news/2016-11-18/independent-evidence-proves-aboriginal-run-services-can-work/8036690>
 - 4 Australian Bureau of Statistics. (2024). *Prisoners in Australia*. Australian Bureau of Statistics: Canberra
 - 5 Australian Bureau of Statistics. (2023). *Estimates of Aboriginal and Torres Strait Islander Australians*. Australian Bureau of Statistics: Canberra
 - 6 Queensland Productivity Commission. (2019). *Final Report: Inquiry into Imprisonment and Recidivism*. Queensland Government: Brisbane
 - 7 Australian Bureau of Statistics. (2024). Note that the greater increase in incarceration among Aboriginal Australians relative to non-Aboriginal Australians is unlikely to be adequately explained by increases in offending. Crime rates in general have been falling over time, especially for serious violent crimes such as homicide which attract lengthy prison sentences. Increasing incarceration rates are most likely driven by factors such as changing legislation and policy around certain types of offending (particularly domestic and family violence), changes in policing practices towards specific types of crimes (such as increased propensity for police to lay charges for 'victimless' offences that previously would have been dealt with through cautions, diversionary measures, or monetary penalties rather than court action), variations in police clearance rates (i.e., how often police solve a crime), increased use of remand as an option for unsentenced persons, and greater likelihood of custodial sentences being imposed for offences that may previously have attracted non-custodial sentences.
 - 8 E.g., Australian Institute of Health and Welfare and National Indigenous Australians Agency. (2024). *Aboriginal and Torres Strait Islander Health Performance Framework Tier 2 - Determinants of health 2.11 Contact with the criminal justice system*. Australian Government: Canberra; Queensland Sentencing Advisory Council. (2021). *Connecting the dots: the sentencing of Aboriginal and Torres Strait Islander peoples in Queensland*. Queensland Government: Brisbane; Select Committee on Regional and Remote Indigenous Communities. (2010). *Indigenous Australians, Incarceration and the Criminal Justice System*. Australian Government: Canberra
 - 9 Fitzgerald, J. (2009). *Why are Indigenous imprisonment rates rising? Crime and Justice Statistics Bureau Brief Issues Paper No. 41*. NSW Bureau of Crime Statistics and Research: Sydney
 - 10 Australian Bureau of Statistics. (2024).
 - 11 See endnote 2
 - 12 There is an ongoing and important debate about discriminatory impacts/application of policy and legislation, and inequitable access to legal support. Consideration of these matters was outside the scope of this work. See Commonwealth of Australia. (2016). *Inquiry into Aboriginal and Torres Strait Islander experience of law enforcement and justice services*. Commonwealth of Australia: Canberra
 - 13 Australian Law Reform Commission. (2017). *Pathways to Justice—An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples: Final*
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- 14 These factors also apply to non-Aboriginal Australians. However, they are more likely to be experienced by Aboriginal persons.
- 15 Ryan, N., Ackerman, J., Bond, C., Ready, J., & Kinner, S.A. (2019). Prison life and prior social experiences: Understanding their importance for Indigenous peoples' re-entry outcomes. *British Journal of Criminology*, 59, 188-208; Willis, M., & Moore, J-P. (2008). Reintegration of Indigenous prisoners. *Research and Public Policy Series No.90*. Australian Institute of Criminology: Canberra
- 16 Queensland Productivity Commission. (2019).
- 17 Although these approaches are sometimes used after an offender has been released from prison (for instance, as part of efforts to reintegrate an offender into their home community), or may involve offenders who have been to prison for a past offence and then committed a subsequent offence, they are often used with younger offenders in an attempt to prevent those offenders from entering prison in the first instance.
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- 19 Closing the Gap Clearinghouse. (2013). *Diverting Indigenous offenders from the criminal justice system*. Australian Government: Canberra; Fitzgerald, J. (2008). Does circle sentencing reduce Aboriginal offending? *Contemporary Issues in Crime and Justice No. 115*. NSW Bureau of Crime Statistics and Research: Sydney; Little, S., Stewart, A., & Ryan, N. (2018). Restorative justice conferencing: not a panacea for the overrepresentation of Australia's Indigenous youth in the criminal justice system. *International Journal of Offender Therapy and Comparative Criminology*, 62(13), 4067-4090; Marchetti, E. (2017). Nothing works? A meta-review of Indigenous

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- 21 Allard, T., Ogilvie, J., & Stewart, A. (2010). *Accessibility and Perceived Efficacy of Programs for the Assistance of Adult Indigenous Offenders*. Griffith University: Brisbane; Tubex, H., Rynne, J., & Blagg, H. (2020). *Building effective throughcare strategies for Indigenous offenders in Western Australia and the Northern Territory. Report to the Criminology Research Advisory Council (Grant: CRG 23/15-16)*. Criminology Research Advisory Council: Canberra.
- 22 Abbott, P., Lloyd, J. E., Joshi, C., Malera-Bandjolan, K., Baldry, E., McEntyre, E., Sherwood, J., Reath, J., Indig, D., & Harris, M. F. (2018). Do programs for Aboriginal and Torres Strait Islander people leaving prison meet their health and social support needs? *The Australian Journal of Rural Health*, 26(1), 6-13. Note that Aboriginal prisoners typically have shorter average periods of incarceration than non-Aboriginal offenders (e.g., Australian Bureau of Statistics. (2024). *Prisoners in Australia*).
- 23 Abbott, P., Lloyd, J.E., Joshi, C., Malera-Bandjolan, K., Baldry, E., McEntyre, E., Sherwood, J., Reath, J., Indig, D., & Harris, M.F. (2018). Do programs for Aboriginal and Torres Strait Islander people leaving prison meet their health and social support needs? *The Australian Journal of Rural Health*, 26(1), 6-13
- 24 Queensland Productivity Commission. (2019)
- 25 Australian Law Reform Commission. (2017); Baldry, E., & McCausland, R. (2009). Mother Seeking Safe Home: Aboriginal Women Post-Release. *Current Issues in Criminal Justice*, 21(2), 288-301; Beaufils, J., Cunneen, C., & Russell, S. (2021). *Exploratory research into post release community integration and supervision: The experiences of Aboriginal people with post-release parole supervision and reintegration in NSW*. Corrective Services NSW and Jumbunna Institute for Indigenous Education and Research, University of Technology: Sydney; Haswell, M., Williams, M., Blignault, I., Grand Ortega, M. & Jackson Pulver, L. (2014). *Returning Home, Back to Community from Custodial Care: Learnings from the first year pilot project evaluation of three sites around Australia*. Muru Marri, School of Public Health and Community Medicine, UNSW: Sydney; The SPRINT Project Team. (2013). *How might the primary care system better support Aboriginal people released from the criminal justice system: A systematic literature review*. Research Centre for Primary Health Care and Equity, Faculty of Medicine, UNSW: Sydney
- 26 Gibbs, D., Colledge-Frisby, S., Farnbach, S., Doyle, M., Shakeshaft, Q., & Larney, S. (2024). Associations Between Supported Accommodation and Health and Re-offending Outcomes: a Retrospective Data Linkage Study. *Journal of Urban Health*, 101, 80-91
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- 32 Australian Institute of Health and Welfare. (2003). *Admitted patient care national minimum data set: national health data dictionary version 12*. Australian Government: Canberra
- 33 Australian Institute of Health and Welfare. (2003)
- 34 Australian Institute of Health and Welfare. (2024a). *Youth Justice NMDS 2023*. Australian Government: Canberra. Note that this dataset has been used to support research into juvenile recidivism.
- 35 Australian Institute of Health and Welfare. (2023a). *Alcohol and Other Drug Treatment Services National Minimum Data Set*. Australian Government: Canberra
- 36 Australian Institute of Health and Welfare. (2024b). *Child Protection National Minimum Data Set*. Australian Government: Canberra
- 37 Australia's National Research Organisation for Women's Safety (ANROWS). (2022). *Intimate partner violence homicides 2010–2018*. ANROWS: Sydney
- 38 Australian Institute of Health and Welfare. (2023b). *Standardising aged care data: technical report on the development of an Aged Care National Minimum Data Set*. Australian Government: Canberra
- 39 Australian Institute of Health and Welfare. (2024c). *Disability Services National Minimum Data Set*. Australian Government: Canberra
- 40 Department of Health. (2014). *Evaluation of suicide prevention activities: Appendix C – The Minimum Data Set – Values and Collection Points*. Australian Government: Canberra
- 41 There is a body of work examining recidivism among Aboriginal people in other nations such as Canada, and that was taken into consideration as part of the broader literature review. The purpose of the systematic review was to gather information that was most applicable to the Australian context.
- 42 * indicates a 'wildcard' search that returns variants of the root term. For example, Indigenous, Indigeneity, etc.
- 43 In a number of cases, papers used Aboriginal status as a demographic variable of interest only, and did not provide detailed information about factors associated with Aboriginal recidivism.
- 44 E.g., www.bocsar.nsw.gov.au/Pages/bocsar_pages/Re-offending.aspx
- 45 Emphasis was given to the juvenile justice and alcohol and other drug services NMDS.
- 46 It is recognised that data collection can have an impost on services' workloads and resources. See below for further discussion of this point.
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- 47 This meant that the framework could not incorporate the level of detail found in many administrative datasets and NMDS' (or research datasets). However, the purpose of this work was simply to support identification and collection of vital information – such as whether a person returned to prison – that is fundamental to assessing whether a program is achieving its objectives.
- 48 This is the first time a minimum data framework has been developed for assessing services' data collection in the context of reducing recidivism. It will be important to review and further refine this framework over time.
- 49 The full tool is available upon request.
- 50 Information about funding sources was not available for all services that were initially identified. Searches were made of databases such as the Australian Charities and Not-for-profits Commission charity register and state and federal funding databases, but those did not always provide information about a service. Given that part of the purpose of this report was to contribute to knowledge about whether governments are directing funding effectively, services who do not receive government funding fall outside the scope of the project. In cases where it was unclear whether a service received government funding, the decision was made to exclude that service from the study. This may have led to under-inclusion.
- 51 This means that services directly provided by, for example, a corrections or health department were not included.
- 52 Expanding this work to consider whether different service models (mainstream or Aboriginal-specific) produce different outcomes is an important direction for future study.
- 53 One service indicated that it did not collect any of the specified types of information (and did not indicate that it collected any 'other' type of information).
- 54 The name of the service has been changed to protect its anonymity.
- 55 This included participants who dropped out of programs as well as those who completed programs.
- 56 E.g., Bonevski, B., Horton, G., Foster, M., & Girgis, A. (2011). Response rates in GP surveys: Trialling two recruitment strategies. *Australian Family Physician*, 40(6), 427-430; Farmer, J., Bigby, C., Davis, H., Carlisle, K., Kenny, A., & Huysmans, R. (2018). The state of health services partnering with consumers: evidence from an online survey of Australian health services. *BMC Health Services Research*, 18, 628; Gray, M., Joy, E., Plath, D., & Webb, S.A. (2015). *British Journal of Social Work*, 45, 667-684
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- 58 E.g., Dawes, G., Davidson, A., Walden, E., & Isaacs, S. (2017). Keeping on Country: Understanding and Responding to Crime and Recidivism in Remote Indigenous Communities. *Australian Psychologist*, 52(4), 306-315; Hunter, S.A., Skouteris, H., & Morris, H. (2021). A Conceptual Model of Protective Factors Within Aboriginal and Torres Strait Islander Culture That Build Strength. *Journal of Cross-Cultural Psychology*, 52(8-9), 726-751; Shepherd, S. M., Delgado, R. H., Sherwood, J., & Paradies, Y. (2017). The impact of indigenous cultural identity and cultural engagement on violent offending. *BMC Public Health*, 18(1), 50
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