

OFFICE OF THE  
PUBLIC ADVOCATE

## **From Corrections to the Community**

### **'The Need for Transitional Support Services for Offenders with a Cognitive Disability'**

**December 2003**

**The Office of the Public Advocate submission to Corrections  
Victoria for consideration in regard to programmes for  
offenders with a cognitive disability**

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## **Executive Summary**

People with cognitive disabilities may exhibit behaviours that make them more likely to become involved in the criminal justice system. These behaviours include: poor impulse control; lack of insight into offending behaviours; lack of self control; lack of knowledge around social rules/norms; and difficulties in learning and communication.

Evidence suggests that an offender with a cognitive disability differs from a non-offender with a disability. These differences include: severe psychological disadvantage; greater risk of homelessness, substance abuse, and having little or no contact with health or human services. There is a trend for such offenders to be young and male.

Current service provision is primarily single focused rather than holistic in nature. For a person with multiple needs it can therefore be fragmented. This can give rise to serious difficulties in addressing the often broad and varying needs of people generally and people with a cognitive disability in particular. People's lives are generally more complex than the single issues focused on by service providers. One risk which can flow from failing to address such needs is increased involvement with the criminal justice system.

Evidence suggests offenders with cognitive disabilities may be over-represented in the criminal justice system, including over-representation in prisons. This is occurring at both a national and international level. Currently, exactly how many people with a cognitive disability are in the Victorian prison system remains unknown.

To respond effectively to the issue of offenders with a cognitive disability in a prison system, the accurate identification of such offenders is vital. This requires a thorough and accurate assessment process upon reception into the prison system. Information obtained from this assessment allows for appropriate rehabilitation and case management methods to be employed. It also allows for prison staff to be aware of the existence of such offenders, and to employ intervention methods appropriate to them. This information would also contribute to having a greater understanding of exactly how many offenders are affected by a cognitive disability.

In order to achieve a successful reintegration process when these offenders return to the community, a range of issues must be addressed. Rehabilitation designed to suit the needs of an offender with a cognitive disability should occur. Research indicates this can decrease the chances of this group re-offending. Case management should occur to respond to the varying needs of the offender through their time in prison.

There should also be Transitional Support programs available to offenders. Such programs should be generic in design, so that the given service model can be applied to multiple offender groups, not just the 'mainstream offenders'. This means services would be able to respond to the needs of offenders with a cognitive disability, as well as female offenders, indigenous offenders, offenders

from non-English speaking backgrounds. Such a framework is proposed in this paper, building on existing services and initiatives. These services need to be provided in a prison context where there is a Treatment Community Approach. This needs to occur within a broader corrections policy framework which emphasises the importance of rehabilitation and reintegration into the community. There should also be acknowledgement of the importance of recognising and responding to the needs of various offender groups as part of this framework. This includes offenders with a cognitive disability.

Efforts should be made to ensure that where short-comings in community services contributed to the offender becoming involved in the criminal justice system, such short-comings are not repeated when the offender is released.

## **Key Recommendations**

**Recommendation 1** - That the current review of Disability legislation examines eligibility for services. That the review be used as an opportunity to ensure there is a legislative framework that encourages a more holistic and integrated framework in relation to service delivery to people with a cognitive disability.

**Recommendation 2** - That the various personnel within the criminal justice system, ranging from police, to the judiciary, to prison workers for example, receive education that informs them of the numerous ways in which a cognitive disability impacts on a person's experience of and involvement in the criminal justice system.

**Recommendation 3** - That upon reception to prison, offenders are appropriately and thoroughly assessed and screened in order to clearly establish the presence or lack of a cognitive disability. This assessment can act as an indicator for future interventions. That this information is appropriately recorded into the database maintained in the corrections system.

**Recommendation 4** - That staff at correctional facilities are provided with adequate training and support in order to understand and deal appropriately with the needs of offenders with a cognitive disability.

**Recommendation 5** - That transitional support services be extended so that they are provided across all forms of release.

**Recommendation 6** - That pre-release education is adapted to suit the needs of offenders with a cognitive disability.

**Recommendation 7** - That there be a policy framework for transitional assistance programs, which ensures these programs are available and accessible to all offenders released from custody.

**Recommendation 8** - That a policy is developed to inform case management procedures for offenders with a cognitive disability.

**Recommendation 9** - That Bridging Services have a multi-dimensional or holistic focus for service provision, and that they be developed with an awareness that offenders may have a variety of needs to be addressed.

**Recommendation 10** - That statutory programs (eg. Parole, community based supervision) are reviewed as to their effectiveness for an offender with a cognitive disability. Appropriate changes, should be made to suit the needs of specific offender groups, such as offenders with a cognitive disability.

**Recommendation 11** - That consideration be given to the application of other transitional support services to this group (undertaking statutory programs), such as involvement with a Bridging the Gap service.

**Recommendation 12** - That the programs relating to release that are initiatives within the CLTMS (Corrections Long Term Management Strategy) be expanded. This existing framework be developed to target the needs of significant offender sub-groups, including offenders with a cognitive disability.

**Recommendation 13** - That further research be undertaken concerning the possible increased use of community based orders for offenders with a cognitive disability.

**Recommendation 14** - That further research be undertaken in relation to the use of specialist courts for offenders with a cognitive disability.

**Recommendation 15** - That disability specific rehabilitation programs be developed and linked in with case management and transitional support services.

**Recommendation 16** - That the issue of borderline ID is given further consideration. Particularly in reference to eligibility for services, or the way in which this group may be unwilling to be involved in a disability specific service on a voluntary basis.

**Recommendation 17** - The issue of offenders with a cognitive disability who are on remand requires further consideration, particularly in terms of service provision.

**Recommendation 18** - The issue of dealing effectively with offenders who have received shorter sentences requires further research. There are clear problems for this group in accessing transitional support services.

**Recommendation 19** - A detailed examination of what is happening to offenders with a cognitive disability, who identify, as being Aboriginal or Torres Strait Islander, is urgently required.

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## **1 - Context**

### **1.1 Glenn's Story**

*Glenn was a 29-year-old man preparing to leave prison in rural Victoria. He had Attention Deficit Hyperactivity Disorder combined with language based specific learning difficulty. His IQ was scored at 85. He was not a registered client of DisAbility Services, and mental health services were reluctant to become involved with Glenn in a case management role. As a result of his ADHD and associated learning difficulties, Glenn was often impulsive and regularly acted out without consideration of the consequences. This resulted in frequent contact with the law.*

*The Office of the Public Advocate became involved with Glenn when he was preparing to be released from prison in order to advocate on his behalf to arrange involvement with support services. Glenn had experienced problems with illegal drug use prior to imprisonment and he was extremely anxious about his vulnerability if he made contact with 'drug pushers'. Glenn's due date for release fell on a Saturday. While he was asked to wait until the Monday to ensure adequate involvement from services, he insisted he had to leave the prison environment as soon as he was able. It was arranged that Glenn would catch a train from the rural location to the city centre, where he would be met by a Prison Fellowship worker who would ensure Glenn found the appropriate train to get home to his family. This worker was given a description of Glenn in order to be able to locate him at the station.*

*Correctional officers confirm they left Glenn at the station to get to the city. The Prison Fellowship worker had difficulty locating Glenn, but eventually found him and approached a man matching Glenn's description. The worker stated that the man confirmed he was Glenn, but reported he appeared incoherent. The worker was unable to speak at length with Glenn, as Glenn's train was departing. Glenn was found dead due to an overdose of an illegal substance the next day.*

### **1.2 - Terminology**

The term 'community services' is used to describe agencies, both government and non-government organisations, that provide a variety of services to the community. In the context of this paper, the term 'community' also refers to activities occurring outside of a secure setting, such as a prison.

The term 'single focused response' is used to describe the nature and design of service delivery. This refers to the tendency by services to provide services that relate to one specific area, such as housing issues, or mental health issues.

The term 'corrections' is used to describe the overall correctional system in Victoria, while 'Corrections Victoria' refers to the public prison provider in Victoria. References to DisAbility Services relate to the Victorian service for people with an intellectual disability. For offenders with a cognitive disability, this type of service delivery may be problematic in that they may have multiple or complex needs.

### 1.3 - Disabilities

The group of conditions commonly termed 'cognitive disabilities' can include mental illness, intellectual disability, acquired brain injury, dementia, neurological disorders, and autism spectrum disorders, though this list may not be considered exhaustive. Dual diagnosis or Dual Disability is also included, incorporating those people who may have more than one diagnosis, such as mental illness/intellectual disability, or mental illness/substance abuse. In the criminal justice context, there tends to be a focus on mental illness, with information relating to cognitive disabilities, for example, being far less available. Mental illness may affect mood, thought or perception and may be episodic in frequency (NCOSS, Fact sheet ten, 1999), while an intellectual disability is ongoing (life long) in its effect and has direct consequences for the learning style and level at which an individual acquires new skills (DisAbility Services, Victorian Department of Human Services, 2000).

The focus of this paper is on cognitive disabilities, which have direct consequences for learning and social adaptation. Existing research referred to relates to offenders with an intellectual disability. However, as will be discussed later, much of this research has application to other cognitive disabilities.

An intellectual disability is defined as:

*'Significantly sub-average general intelligence functioning, that is accompanied by significant limitation in adaptive functioning, regardless of the cause. By definition this must occur before attaining adult status; does not include any cognitive decline that occurs in adult life'*

(The Proposed National Statement of Principles for Forensic Mental Health, 2003: 18).

It is estimated that up to 40,000 Victorians are affected by an intellectual disability (ID) (DisAbility Services, 2000: 1), approximately 1% of the population, though nation wide, it is estimated 2 - 3% of the population are affected by an ID (Wen, 1997). In order to determine whether or not a person has an ID, DisAbility Services consider the following factors:

- A significantly below average intelligence quotient (IQ) of approximately 70 or less. The IQ score is obtained through a standardised intelligence test.
- Difficulties with everyday life skills. Tests of adaptive behaviour may be used to measure these skills.
- The above factors must be assessed, or be prevalent during the developmental period, before a person turns 18 years of age. Assessment must

occur after the person is 6 years of age by a Department of Human Services Client Services Worker. (DisAbility Services, 2000).

The very narrow nature of the Intellectually Disabled Persons' Services (IDPS) Act 1996 definition is problematic in terms of eligibility and service provision. This narrow definition may exclude a person who may experience significant difficulties in negotiating everyday living requirements, yet may have an IQ of 79 for example, and is described as having a borderline ID. Where a person is assessed as not being eligible for services this means that valuable assistance in organising rehabilitation and post-release for example may not be available. The Victorian Adult Parole Board believes a significant number of parolees may have a borderline ID (2003). Glaser & Deane (1999) found that many prisoners deemed ineligible for services 'were nonetheless suffering from diagnosed significantly sub-average intellectual functioning'. This suggests those with a borderline ID may be coming into contact with the criminal justice system at a high rate.

The UK has a prevalence rate of ID (including borderline ID) at 2.04% (British Institute of Learning Disabilities, 2001), similar to Australia, which has a prevalence rate of 1-3%. A study of the prevalence of ID in a police setting in the UK found that 9% of suspects had an IQ of 70 and under, while 42% had IQ scores between 70 - 79 (Gudjonsson et al. cited in NSW Law Reform Commission, Report 80, 1996: 3).

Autism Spectrum Disorder (ASD) is a developmental disability that includes a range of behaviours that affect social interaction, and a majority of people with ASD will also have an ID (up to 75%) (Autism Association of South Australia, 2003). ASD is a life-long developmental disability that occurs when there is a dysfunction in some parts of the central nervous system, affecting how the person perceives and interprets their world, particularly their social environment (The Autism Council of Australia, 2003). ASD can affect the way a child or adult understands and uses language, how they socially interact, and the person may have obsessive and restricted interests (The Autism Council of Australia, 2003). There is also an increased incidence of mental health difficulties (Autism Council of South Australia, 2003).

An acquired brain injury (ABI) is defined nationally as:

*'...injury to the brain which results in deterioration of cognitive, physical, emotional or independent functions. It can occur as a result of trauma, hypoxia, infection, substance abuse, degenerative neurological disease or stroke. These impairments to cognitive abilities, sensory or physical functioning can be either temporary or permanent and cause partial or total disability or psycho social maladjustment'*

(Acquired Brain Injury Strategic Plan, DHS, 2001: 2-3).

A person living with an ABI may experience a variety of symptoms including: short term memory loss; difficulty learning and retaining new information; problems organising, sequencing or problem solving; an impaired perceptive

ability/lack of insight meaning it can be difficult to learn from mistakes; short attention spans; low frustration levels; and poor impulse control and aggression (Bishop, 2002: 2). Individuals may have difficulties with decision making, self control, inhibitions and self-regulatory behaviours, and distinguishing between appropriate and inappropriate actions (Codd, 1999). Codd concludes that an ABI can have a profound effect on behaviour and that some survivors of a traumatic brain injury may be more likely to be involved in crime than they were prior to the injury (1999).

Though each type of disability is different and varying both at a general and individual level, there are some general commonalities amongst them. An examination of the literature reveals that difficulties in communication, learning, impulse control and the ability to successfully negotiate one's social environment appear to be common factors amongst these particular disabilities.

Holland et al's. (2002) review of offenders with an ID demonstrated those coming into contact with the criminal justice system tended to be young and male (aged 18-30), as did Ogloff (2002:1) when researching offenders with a mental illness. Interestingly, the highest rate of traumatic brain injury occurs amongst men aged 15-19 years (Fortune & Wen, 1999). Hence there are commonalities also in age and gender.

In summary, when considering the nature of these cognitive disabilities, and involvement in the criminal justice system, there are common themes around impulsiveness, lack of insight into actions, lack of knowledge of social 'rules', and difficulties in communication (Hayes, 2002; Bishop 2002; Autism Council of Australia, 2003). The term 'intellectual disability' can be regarded as simply a marker for a wide range of psychological disadvantages (Glaser & Deane, 1999: 351).

#### **1.4 - Failures of Existing Community Services**

The fragmented and specialised nature of current community service provision represents a single focused response system that has serious difficulties in addressing the often broad and varying needs that can relate to people with cognitive disabilities. One of the risks of failing to address such needs is increased contact with the criminal justice system. The NSW Law Reform Commission identified this issue, stating:

*'Indeed, the high rate of appearances before the courts has been linked to the lack of support services able or willing to address the 'high support' needs of individuals with challenging behaviour...some support workers look to the criminal justice system as a way of relieving them of 'troublesome' individuals'. (NSW Law Reform Commission, Report 80, 1996: 1-2).*

Additionally, research has found that behaviour that leads to arrest is generally apparent during childhood, yet is not addressed by schools or other services (The Framework Report, 2001: 13).

A paper presented by the Ministry of Health in New Zealand also identified the provision of community services as being vital in the prevention of people with cognitive disabilities coming into contact with the criminal justice system:

*'Offending by intellectually disabled persons is directly related to the levels of community care and support and the availability of specialist services'.*

(Ministry For Health, New Zealand, cited in Byrnes, 1997: 244).

Writers such as Armstrong (2002) have argued that the number of people with cognitive disabilities has risen in correspondence with the de-institutionalisation trend through the 1980s and 90s. Indeed, the de-institutionalisation trend led to the provision of specialised services based within the community, resulting predominantly in universally acknowledged benefits (DHS - Complex needs report, Victoria, 2003).

*'offenders with an ID differ from non-offenders with an ID due to the way in which the offending group tend to have backgrounds characterised by: severe psychological disadvantage; to have lead chaotic lives including homelessness and substance abuse; and importantly, to have had little or no contact with health or social services'.*

(Winter et al. cited in Hayes, 2002: 6).

In Victoria, the Department of Human Services recently released a report, which examined the experiences of two hundred and forty seven clients. The report found that for a small but significant number of people 'contemporary service system models have delivered narrow treatment-oriented assessments; time limited interventions; and a shift away from holistic or comprehensive services' (DHS - Complex needs report, Victoria, 2003: 5). These clients were identified as having multiple and complex needs, not currently being met by existing services. 'Multiple and complex needs' is a term often associated with 'challenging behaviours' or 'multi-service clients'. It is a term used to describe the often cross sector and cross discipline nature of the presenting problems (DHS - Complex needs report, Victoria, 2003) with many 'complex need' clients typically needing the involvement of health, human, and criminal justice systems.

Similarly, the DHS in Victoria found the behavioural profile (of the two hundred and forty seven individuals that formed the cohort for the report) of 'complex need' clients to be characterised by: disruptive behaviour; radically poor living skills and an associated chaotic lifestyle; crisis times and excessively demanding behaviour that may lead to exclusion from services; almost a total lack of social networks; and violence toward self, such as risk taking behaviour and/or drug and alcohol abuse (Complex needs report, 2003).

The response to dealing with these issues can potentially be exacerbated in two ways: Firstly the quality and effectiveness of the response is dependant on which service assumes responsibility for the given client, and within that, the given workers skill in employing and negotiating a coordinated response to the

issues presenting; and secondly, in that the client is put in contact with services at the initial presentation of such issues, and is then deemed eligible for service provision (DHS - Complex needs report, Victoria, 2003). As discussed, the very narrow definitional nature of the IDPS Act 1996 definition of disability applied for service eligibility is an example of this problem.

It is an increasing concern that the criminal justice system, and in particular prisons, are in some cases substituting the institutions of the past (DHS, Complex needs report, Victoria, 2003). Of the two hundred and forty seven individuals that formed the basis for the 'Complex Needs' report, ninety three of these individuals are currently involved with correctional services (DHS - Complex needs report, Victoria, 2003).

It appears that deficiencies in existing community services may be a contributing factor in people with cognitive disabilities coming into contact with law enforcement agencies. Inadequacies within community services can be noted through the way in which offenders with a cognitive disability have appeared in the system in growing numbers since the de-institutionalisation movement (Armstrong, 2002:10).

The Framework Report found that offenders with an ID are more likely to commit crimes that reflect impulsive, unpremeditated behaviour, and are rarely involved in crimes that involve foresight and planning (2001:13). The report also found that crimes committed which result in a custodial sentence tend to be either non-violent, repeated crimes, or a major violent crime (2001: 13). In terms of re-offending, it is a concern that if services are failing to provide adequate responses to individuals, which may be linked to them entering the prison system, it seems likely this failure will be repeated upon release from a prison, unless the inadequacies are addressed.

*Recommendation 1 - That the current review of Disability legislation examines eligibility for services. That the review be used as an opportunity to ensure there is a legislative framework that encourages a more holistic and integrated framework in relation to service delivery to people with a cognitive disability.*

*Recommendation 2 - That the various personnel within the criminal justice system, ranging from police, to the judiciary, to prison workers for example, receive education that informs them of the numerous ways in which a cognitive disability impacts on a persons experience of and involvement in the criminal justice system.*

## **1.5 - Overrepresentation in the Criminal Justice System**

It is widely acknowledged that offenders with an ID are over represented within corrections systems, in Australia and internationally (NCOSS, Fact sheet ten, 2003; Hayes, 2002; Cockram et al. 1998; Petersilia, 1997; Endicott, 1991). Estimates of overrepresentation range from 12-13% in NSW (Hayes, 2002) to 2-37% internationally (The Framework Report, 2001: 8). This is in contrast to 1-3% for the general Australian population (Goodall, 2002: 64). Corrections

Victoria currently states that the rate of inmates with an ID is 1.66%, or 61 inmates (29 April 2003) a remarkably low number when considering the worldwide agreement between researchers that the rate is much higher. However, this rate of 1.66% is for offenders 'registered' as having an ID. As discussed earlier, the narrow eligibility criteria and the single focused response and limited nature of community service provision suggests there is possibility services have not been in contact with or identified a client with a cognitive disability. As registration with DisAbility Services is voluntary, there is also the possibility that some people with an ID may have refused to be registered with the service, despite their eligible status.

One of the problems associated with locating exact numbers of offender with a cognitive disability for Victorian prisons is due to the way in which corrections relies on the identification of the ID through outside services, such as a registered client of DisAbility Services. This system of identification fails to acknowledge the rate of offenders with a borderline ID, and relies on the offender having been a client of services in the community. It is also questionable to what degree offenders with ASD, ABI or dementia are identified. Currently, exactly how many people with a cognitive disability are in Victorian prisons is an unknown. This is problematic in establishing the size and scope of the issue of disabilities in the prison system.

Evidence suggests that the prison process is not only difficult for the offender with a cognitive disability (in comparison to a mainstream offender), but also likely to be repeated without the use of appropriate rehabilitation for this group of offenders (Linhorst et al. 2003).

*'Studies have found re-offending rates of untreated offenders (with an ID) of between 40-70%. The risk of recidivism is highest during the year immediately following discharge. Outcomes for individuals treated for 2 or more years would appear to be superior to outcomes for individuals treated for less than 1 year'.*

(Health Evidence Bulletin, Wales, 1999: 2).

Research conducted by the NSW Department of Corrective Services demonstrated that prisoners with an ID have a 78% higher rate of reimprisonment than the total prison population (The Framework Report, 2001). In the period 1990-1998, 68.3% of identified prisoners with an ID were reimprisoned within 2 years of their release, in contrast to 38.3% of the total prison population. In relation to prisoners with no prior convictions, these figures were 59.9% for offenders with an ID, and 25.0% for the total prison population (The Framework Report, 2001). Rehabilitation programs, in terms of increasing cognitive capabilities and behavioural self-management, have been found to reduce recidivism rates. However, such programs must be designed to suit the needs of the specific disability, meaning an offender with an ID will not benefit from a rehabilitation program designed for the mainstream prison population (Endicott, 1991). The provision of appropriate rehabilitation programs relies on a suitable assessment process, in order to accurately identify offenders with a cognitive disability upon entering prison.

## **2 - People with a Disability and the Justice Process**

### **2.1 - People with a Disability and the Criminal Justice System - How are they getting there?**

Within the broad context of the criminal justice system, there are essentially four broad areas of contact with the system: Police; Court; Prison; and Post-Release. Though the emphasis of this paper is on the post-release process, it is important to trace the means by which a person enters a prison facility. In particular, this section will examine this process in relation to how it affects an offender with a cognitive disability. In a series of studies performed by Cockram et al. (1991, 1993, 1994) they found that criminal justice personnel (including lawyers, police, prison officers) believe that offenders (in the overall criminal justice system) are seriously disadvantaged by:

*'...their vulnerability, an inadequate level of support offered by social services, and by the level of understanding by police and prison officers of the nature of intellectual disability, by the range of sentence options available to the judiciary, and by the processes of the system'.*

(Cockram et al. 1994 3).

#### **Stage 1 - Police**

An offender with an ID is more likely to have their crimes detected due to lack of skill in concealing their actions (Cockram et al. 1998). When questioned over an offence, they are more likely to admit to offences (including ones they did not commit) due to either a desire to please an authority figure (police) or a desire to conceal the fact they do not understand the questions being asked (NCOSS, Fact sheet ten, 2003; Petersilia, 1997). If they are apprehended, they are more likely to be ignorant of, or unwilling to, exercise their rights, confess, plead guilty, receive a longer sentence, be denied parole, and in turn, be victimised by the prison system (Glaser & Deane, 1999). A person with an ID may be more likely to respond affirmatively to questions despite the question's content (Leighton, 2003). There is also the issue of how well any given police officer understands the nature of the varying types of cognitive disabilities, such as the difference between an ID and a mental illness. (Cockram et al. 1998).

#### **Stage 2 - Courts**

Offenders with an ID may be convicted more easily, as they tend to confess rather than plea-bargain (Hayes & McIlwain, cited in Law Reform Commission, Paper 80, 1996). They tend to be refused bail more often, 'perhaps as a result of previous breaches of conditions, or a lack of support or resources enabling them to obtain bail, or inadequate supervisory arrangements which do not satisfy the court's requirements (NSW Law Reform Commission, Paper 80, 1996). They may receive custodial sentences due to a lack of alternative placements in the community, (NCOSS, Fact sheet ten, 2003; Glaser & Deane, 1999). If the offender is lacking in verbal communication skills, it may be difficult

for them to communicate their story, their needs, or to present themselves in such a way (in court or in front of the Adult Parole Board for example) that the process produces a positive outcome (Cockram et al. 1998, Endicott, 1991). By positive outcome, this refers to an appropriate sentencing option, or receiving bail at the earliest possible stage (Endicott, 1991).

Successful negotiation may occur when the offender becomes familiar with the legal system, and appears 'street wise' and quite competent, resulting in numerous problems, such as the police being more likely to record false confessions (Cockram et al. 1998). In the same study (that explored the perspectives of family members of a prisoner or ex-prisoner with an ID), Cockram et al. found families were frustrated by the lack of sentencing options available to the judiciary, and wanted a greater use of community service orders (1998). Many family members felt the court system would be a valuable mechanism in generating solutions rather punishment (Cockram et al. 1998). Even when offender with an ID may successfully negotiate the court system and receive a suitable sentence, they may have their sentence lengthened due to rule violation in prison, such as swearing or damaging property (Glaser & Deane, 1999).

## 2.2 - Entering the Prison System

*'Offenders with an ID do more time, get less out of their time, and are more likely to be returned to prison after release than persons who are not disabled.'*

(Petersilia, 362: 1997).

### **Rachel's Story**

*Rachel is a 43 year old with a history of Intellectual Disability, Borderline Personality Disorder with Anti-Social Personality features, alcohol dependence, and has been assessed at being in some danger of hurting herself or others (Global Assessment of Functioning Scale of 20).*

*When Rachel was 13, she was made a ward of the state. At this time, a psychologist assessed Rachel as scoring in the Borderline Retardation range, however no score was documented. A year later, Rachel was moved to a home for girls with an Intellectual Disability. Rachel had her first contact with the criminal justice system aged 27 years.*

*When Rachel was 30 years, and in custody for arson related offences, she was assessed by DisAbility Services. She was declared ineligible as she failed to demonstrate significant sub-average intellectual functioning, and a failure to demonstrate significant deficits in adaptive behaviour.*

*In 2001 when Rachel once again came into contact with the criminal justice system, a magistrate requested Rachel be re-assessed by*

*DisAbility Services. The department declined to reassess, stating there was no new information since 1990 to warrant re-assessment.*

*In 2002, the Office of the Public Advocate (OPA) provided advocacy when a psychiatric nurse from a prison alerted OPA to the situation. In response to a request from a County Court judge, OPA requested re-assessment on the grounds that Rachel, while remanded in custody for 216 days, was spending 23 out of 24 hours in solitary confinement within a management unit, due to being considered a risk to fellow inmates and at risk from fellow inmates. During this time, Rachel's condition deteriorated. Again, Rachel was assessed as being ineligible for services. Late 2002 saw OPA request a review before the Intellectual Disability Review Panel. The panel recommended that Rachel be declared eligible for services.*

The Judge's comments in 2002 highlight some of the major problems when examining the issue of people with cognitive disabilities in the criminal justice system. In his summary of 'Reasons for Sentence', the Judge acknowledged that time in prison was warranted due to the nature of arson offences. He found the idea of imprisonment for Rachel to be 'particularly disturbing' due to the way in which her behaviours required her to be in isolation for twenty three out of twenty four hours in every day. He also commented that:

*'The consequence of the flagrant disregard by the Department of Human Services...is that this court is faced with a choice between your release in the near future into the community without the proper supervision and counselling that you need, and the alternative of incarceration for a long period to protect the community from further offending...it is unconscionable that you are denied the services you need'.*

The Judge sentenced Rachel to three years imprisonment with eligibility for parole after one year. The Judge stated this sentence was in part designed:

*'to allow time for the appeal that is to be brought from the decision of the Department of Human Services to be heard and determined. My expectation is that it will be successful, and that when released from custody you will be provided with the help you need to return safely to society'.*

Rachel's story demonstrates not only the problematic definitional nature of being eligible for services, but also the way in which prison may be being used to deal with people whose behaviours are considered too challenging for mainstream services. The single focused response by the community service sector increases the chances of a person becoming involved in the criminal justice system. Rachel's story highlights the issue of the effect of the prison environment, such as a person being kept in isolation due to being at risk from other prisoners.

It is essential that upon entering the prison system that the offender with a cognitive disability is correctly identified in order to adequately respond to both the needs of the offender and the needs of the system. This refers to ensuring appropriate service provision for the offender, and encouraging an awareness within the prison system of the issues surrounding offenders with a cognitive disability.

The current screening mechanisms used by Corrections Victoria at the Melbourne Assessment Prison, have 'gaps' which potentially may fail to identify a prisoner with a cognitive disability. The Tier One Assessment is undertaken by Assessment Officers, which allows for categories of ID and ABI, at the exclusion of ASD, or dementia for example. The Corrections Victoria evaluation of the Tier One assessment in 2002 identified the need for staff training in the assessment and identification of prisoners special needs such as prisoners with acquired brain injury, psychiatric illness and other forms of disability (Auditor-general, 2003:37). This initial screening process is currently being expanded, particularly through the provision of additional screening tools for Assessment Officers (Persson, 2003). There are currently only categories for those registered clients of DisAbility Services, and those with mental health issues, though there are definitional issues with this latter category (Persson, 2003). These definitional issues refer to the way in which diagnostic information is recorded on individual files. However, the correctional database is unable to call up information for particular diagnoses and therefore exact system wide figures remain unavailable (Persson, 2003). Consequently, corrections have a limited understanding of the prevalence of cognitive disability within its system.

*Recommendation 3 - That upon reception to prison, offenders are appropriately and thoroughly assessed and screened in order to clearly establish the presence or lack of a cognitive disability. This assessment can act as an indicator for future interventions. That this information is appropriately recorded into the database maintained in the corrections system.*

### **2.3 - The Experience of being an Offender with a Disability**

The very nature of the prison environment automatically places the offender with a cognitive disability at a disadvantage. 'Prisoners with an intellectual disability are thrust into a system whose goals and processes are completely at odds with the need for (re)habilitation' (Glaser & Deane, 1999: 352). There is also the issue of the offender comprehending overt and covert norms of the prison culture, meaning it can take time to learn expected forms of behaviour in prison, only to be released and having to learn a new form of socially desirable behaviour. Such a problem means that the offender with the disability may frequently yet unintentionally 'break the rules' resulting in either punishment from corrections staff (possibly increasing time in prison) or from the mainstream prison population (NCOSS, Fact sheet ten, 2003). In Cockram et al's. study of the perspective of families, one mother revealed how her daughter 'soaked up' the prison environment, and 'learnt' from hardened criminals (1999). The daughter projects a practised image of 'normality' and appears to be part of the mainstream population. This mother considers the 'mild' ID category to be

the worst, as these people appear to be 'normal', and will prove this by indulging in activities that may result in a custodial sentence (Cockram et al.1999: 5).

In summary, offenders with a cognitive disability, particularly an ID, are more likely to experience: abuse; exploitation and manipulation by more intelligent inmates; be in some type of physical danger at some point; trauma; social dislocation; misunderstand what is expected of them; harassment; and sexual abuse (NCOSS, Fact sheet ten, 2003; Glaser & Deane, 1999; Petersilia, 1997; Endicott, 1991). Billingham & Hackler (cited in Endicott, 1991) found the overall prison environment is more penalising to those inmates with an ID than inmates with average intellectual, emotional and social skills. Glaser & Deane found that prior to the opening of a specialist unit within a Victorian prison, inmates with an ID had been subject to serious assaults requiring medical and dental attention, including burns from cigarettes and boiling water, as well as sexual abuse (1999).

#### **2.4 - Role of Corrections Staff - The Culture of Corrections**

Prison staff also have an important role in the experience of the offender with a cognitive disability. Glaser & Deane report the prison staff to have 'deeply ambivalent' feelings toward inmates with a cognitive disability. Their understanding of cognitive disabilities appears unsympathetic, reflected in the documentation of an 'escape' which consisted of a prisoner attempting to dig his way out of a cell with a plastic fork (349-350: 1999). Where staff do recognise the special needs and vulnerabilities of an offender with a disability, one response may be an attempt to reduce the risk of harm to a cognitively disabled offender by choosing to house the offender in a high security section, an alternative measure that is not only expensive, but a violation of human rights. A greater understanding of these issues by staff may assist in the management of such offenders.

Currently, there are initiatives by Corrections Victoria to create a more 'rehabilitative' environment throughout the prison. This refers to the 'Treatment Community Approach' that has been adopted by corrections in order to change the traditional 'culture' of correctional facilities. It is a therapeutic perspective that purports to model acceptable social behaviour through the provision of rehabilitative services, combined with a prison environment and staff who also encourage and model such behaviour (Persson, 2003: 2). However, even if inmates with a cognitive disability are able to access appropriate rehabilitation services and a therapeutically influenced environment while in prison, there is still the need for this group to have this rehabilitation supported and maintained through the provision of transitional support when they return to the community.

The lack of available community services for people with a cognitive disability is problematic in that it can result in people being placed into custody. This issue has direct consequences for Corrections Victoria, as prisons 'fill up' due to a lack of available and appropriate support services in the community.

Recommendation 4 - That staff at correctional facilities are provided with adequate training and support in order to understand and deal appropriately with the needs of offenders with a cognitive disability.

## **2.5 - Release - Re-entering the Community**

It is well documented that the transition from prison back to the community can be a very difficult experience (VACRO, 2002). Indeed, ex-prisoners have been found to be at greatest risk of dying immediately following their release from prison, with drug use being the biggest risk factor (Stats Flash #121, Department of Justice, Victoria, 2003). There are the stressors of securing accommodation, finding employment, obtaining social security benefits, and facing family and old friends (VACRO, 2002).

*It is the case that 'more than half the prisoners released from custody in Victoria return to prison sooner or later, (so) the first few weeks and months are critical to a successful new start' (VACRO, 2002).*

This information refers to the difficulties faced for a mainstream prison population. From the information that has been established about the experience of being an offender with a cognitive disability, it seems reasonable to conclude that the experience of re-entering the community would be even more difficult for this group. The fact that a lack of available or appropriate services may have contributed to the offender with a cognitive disability entering the corrections system makes it appear unlikely that community services will contribute effectively to the inmate successfully re-entering the community.

The issue of transitional support services is one for both community services and the overall corrections system. If the failure of community services is contributing to greater numbers of people with a cognitive disability coming into contact with the criminal justice system and resulting in imprisonment, then correctional services are paying the cost for such ineffectiveness. This has wide ranging implications for the overall system, including dealing with difficult behaviours, risks to the offender and fellow inmates, as well as unwanted media or parliamentary attention. Rachel's case highlights just some of these issues, such as the need to house her in solitary confinement, an expensive and rather inhumane solution to a very difficult situation. As previously stated, there is also a greater likelihood of this group of offenders re-offending, and therefore re-entering the prison system (The Framework Report, 2001).

In the last six years in Victoria, there has been a substantial increase in the prison population. In June 1995, the total prison population in Victoria for all prisoners was 2,467. In 2001, the total prison population had risen to 3,391. (Office of the Correctional Services Commissioner, Statistical Profile, 1995-2001). At 30 June 2001, 11 out of Victoria's 13 prisons were operating in excess of their design capacity (Office of the Correctional Services Commissioner, Statistical Profile, 1995-2001).

The recent audit of Victorian prisons conducted by the auditor general highlighted the increasing complexity of offender profiles and characteristics as a significant factor contributing to Victoria's growth in prisoner numbers (Auditor-general, 2003:18). In this report it was estimated that between 50 and 80 per cent of prisoners have drug and alcohol problems, with backgrounds of social; disadvantage, low education, high unemployment, significant health issues (including mental illness), and poor family and social links (Auditor-general, 2003:18). This report also identified increased rates of recidivism, with 33.4 per cent of prisoners returning to prison within two years of their release from custody (Auditor-general, 2003:18).

This report identified the limited availability of rehabilitation programs in prison and limited resources and efforts in preparing and supporting the return of prisoners to the community as also contributing to the growth in prisoner numbers (Auditor-general, 2003:18).

It is in the interests of correctional services to provide effective transitional support services. It is a strategy that may assist in an attempt to reduce the number of offenders within their system who are potentially more difficult to manage, as well as having a greater chance of re-entering custody. Whilst it is acknowledged that Corrections Victoria Long Term Management Strategy has as one of its aims, the improvement in pre-release preparation programs and the piloting of transitional support services centred on housing and employment, there is an absence of focus upon the needs of prisoners with a disability.

At the same time, there is little point in corrections providing a thorough and effective transitional support program if outside community services are not involved. There is a need for collaboration between community services and corrections to provide effective transitional support, and an incentive to share the costs of doing so. The incentive for collaboration exists due to the way offenders with a cognitive disability risk simply 'cycling' between the two systems. Offenders with a cognitive disability are at a greater risk of re-offending, therefore re-entering the prison system. This is not only costly to corrections but also, as was the case with 'Rachel', there is the potential that such offenders may be difficult to manage.

A review of the relevant literature reveals accommodation issues to be one of the most crucial in the discussion of an offender returning successfully to the community. As Baldry et al. discuss,

*in a 'perverse way, prison is a form of secure, affordable housing for many prisoners who have had insecure, unsuitable or unaffordable housing prior to incarceration' (2001).*

Indeed, prisoners released from prison with no stable accommodation are almost three times as likely to re-offend than those offenders who do have accommodation (Baldry et al. cited in Aktepe & Lake, 2003). While this refers to the mainstream prison population, Hayes (2001) cites that offenders with an ID have generally led 'chaotic lives, including homelessness'. Similarly, Baldry et

al. cite that particular sub-groups may have more difficulty with accommodation issues, such as women, indigenous groups, offenders with a mental illness, and young male prisoners serving shorter sentences (2001). However, while this emerges as a primary issue for successful post-release, it should not be treated in isolation, as some releasees need support on a wide range of issues (Ross, 2003). This is particularly true when discussing releasees with cognitive disabilities.

The issue of transitional support upon re-entry to the community is complicated by the various forms of release. This refers to the way in which an offender may be released after being remanded into custody, then released into the community; or released under parole conditions, or released after serving a full sentence (removing the need for parole) or a shorter sentence of 12 months or less (therefore not eligible for parole). Offenders released from prison, without conditions imposed on their release, are considered to be performing a 'straight release'. These offenders move straight from prison to the community without support or supervision.

### **3 - Supporting the Release Process - What is Currently Happening?**

#### **3.1 - Importance of Transitional Support Services**

In 2001, a detailed report examining issues around the transition from custody to community was compiled for correctional services in Victoria. This report found that 'there is solid evidence that transitional support services are effective in easing prisoners' experience of the transition from custody to community' (Ward, 2001). The report also found that such services can assist in the delay or prevention of further offending 'when provided as part of an integrated, systemic response' (Ward, 2001). Transitional support services should be designed to target key areas of need for the given offender.

*'It appears the link between reduced re-offending and stable post-release housing, employment and social connections is so well established that these three areas of practical assistance should be a primary focus of transitional support services that seek to impact recidivism' (Ward, 23:2001).*

There are particular groups of offenders who may have difficulty with the transition from prison to the community. These include offenders who receive sentences of 12 months or less who are therefore not eligible for parole. Currently, approximately 40% of the Victorian prison population is serving sentences of 12 months or less. Of this group, 59% received sentences of 6 months or less. Of the known 'registered clients' with an ID, approximately half of these are serving sentences of 12 months or less. There is also the issue of those offenders serving three months or less, and remandees, who are not eligible for the Transition Assistance Program.

Lisa Ward's report into transitional supports, reveals numerous approaches to the provision of transitional support services. These include pre-release education; bridging support services; case management; single focused response services; and a range of community based services operated by community corrections (Ward 2001). Each of these styles of transitional support have valuable elements, which evidence suggests can work together to provide a highly effective form of transitional support from the prison environment to back into the community. Such styles 'can serve both regulatory and rehabilitative functions' (Ward, 4: 2001), however, optimally, both will occur. It should be noted that Ward's report has played a vital role in the design process for a framework regarding transitional supports.

*Recommendation 5 - That transitional support services be extended so that they are provided across all forms of release.*

### **3.2 - Pre-Release Preparation**

Pre-release preparation is an educational tool designed to equip inmates with the necessary skills and knowledge to successfully negotiate their return to the community. This type of service can vary in duration and intensity, and while delivered in the context of a prison, can include service delivery from community based agencies. Pre-release preparation generally examines, for example, issues such as housing and employment support, social security information, substance abuse support, family reunification, relapse prevention, and budgeting/financial assistance (Ward, 2001). 'There is substantial evidence to suggest that prisoners find the provision of pre-release preparation useful in facilitating a return to the community' (Ward, 2001).

Currently in Victoria, this exists in the form of the 'Transition Assistance Program' (TAP). This program 'does not aim to address specific skill acquisition or personal development goals', rather the focus is on the provision of information and practical assistance (TAP - program description, 2003). It is not designed as a rehabilitative service, rather it is considered to be complementary to other therapeutic interventions, which may take place in the prison, such as offence specific programs. The program is designed to begin 6-8 weeks prior to release. The program consists of 'core modules', which include: what to expect upon release; obtaining identification; Centrelink information; accommodation; health; and the development of a plan for the first week of post-release. TAP also provides 'targeted modules' aimed at 'high risk/need' offenders. These modules deal with more specific issues, such as: drug and alcohol issues; community correctional services and parole; employment; legal issues; renegotiating relationships; and issues for long-term prisoners.

TAP is complemented by an information package, a booklet entitled 'Getting Out and How to Survive It' (VACRO, 2003). This booklet includes a 'Pre-Release Planner' and a 'Release Day Planner', both of which are to be completed by the inmate prior to release. This approach is designed to ensure the inmate has a clear plan in place for the release process.

TAP is designed to be integrated with the Victorian Offender Management System (OMS). The OMS requires all offenders, housed in a prison, to have an Offender Management Plan (OMP) formulated at reception, and a complementary Local Management Plan (LMP) formulated after classification. Such plans address issues such as offence-related goals, transitional support goals, and general well-being goals, and it is considered that these plans will determine which modules in TAP are utilised (TAP - program description, 2003). These goals are jointly identified by the inmate and their 'contact officer'.

TAP is not a mandatory program. Offenders become involved in the program when the coordinator of TAP in a given prison location identifies sentenced prisoners within 3 months of their release. At this point, the offender receives a letter of invitation to attend TAP, while their contact officer also receives notification with a reminder to have the offender's LMP completed.

TAP is currently designed as a generic model for a pre-release education service, meaning there are currently no modules of TAP designed for specific inmate sub-groups, such as offenders with a disability, indigenous offenders, or for offenders with limited English language skills (TAP, program description, 2003). TAP is designed for sentenced offenders, serving a minimum three month sentence. This has the effect of excluding remandees from this service, as well as offenders serving a shorter sentence.

### ***Effectiveness of the Service***

It is of some concern that staff working within the relevant areas of Corrections Victoria are currently unable to describe the role of the 'contact officer' and which workers are fulfilling this function. Given the way the term is referred to in the booklet 'Getting Out and How to Survive it', and the way in which the role is seen as central to the offender becoming involved in TAP itself, there is currently no way of establishing the nature and role of this position. There is an assumption on the part of the author that current case management processes within the prison are performing the role of the 'contact officers'.

The generic nature of TAP means there is capacity for this program to be developed to suit the needs of not just offenders with a cognitive disability, but other offenders who may form sub-groups within the prison population. It is of particular concern that given the 'high level of illiteracy among the prison population' (Ward, 2001) the program relies on written material in order to encourage participation. It is estimated that between 60-80% of all prisoners have some problems with literacy (South Australian Corrections, 2003). Therefore the provision of a written invitation to encourage participation in TAP would create difficulties for parts of the prison population, such as those with literacy problems. The provision of an 'information package' such as the publication 'Getting Out and How to Survive It' may be effectively useless to the offender with literacy problems. While it is an excellent publication in that it contains useful information, such as service provision in the community, its optimum use is reliant on an offender with solid literacy skills, as well as the ability to think through their situation, and adequately identify their needs.

Research suggests that 'multi media delivery', the involvement of ex-prisoners in the design/delivery of the program, and the inclusion of external community-based service providers are the building blocks to optimum program design (Ward, 2001). Ultimately, face-to-face contact, pro-actively encouraging offender participation, would be considered favourable, especially in the provision of advice and information in relation to TAP. Where this is not possible, information via audio tape and/or video 'backed up by personal advice' are also suitable option in terms of accessibility to services (Ward, 2001).

Ward also suggests that the successful provision of pre-release preparation needs to be part of 'a broad policy framework that validates the role of correctional services in community reintegration' (2001). The use of a broad policy framework may assist in the avoidance of discrepancies between prisons. UK research suggests that while policy may mandate the provision of post-release preparation, the actual delivery of such services is dependent on the individual attitude of senior management and local prison officers. (Ward, 2001). The current development of a 'Treatment Community Approach' may assist in the delivery of this service.

It is also of concern that offenders on remand, or those serving sentences of 3 months or less are technically excluded from pre-release preparation. In terms of being on remand, the story of Rachel highlighted the way in which some offenders may be held in remand for over 200 days, well over the three month minimum requirement to participate in TAP. As this paper has previously established, offenders with a cognitive disability may have lifestyles, which exclude them from receiving bail, therefore they are placed on remand (Glaser & Deane, 1999). The effects of this for this group on 'straight release' (release without conditions, such as parole) were highlighted by the Judge who heard Rachel's case. In stating his concerns, such as 'release into the community without the supervision and counselling that you need' (OPA case notes), the Judge highlighted the importance for this group to receive appropriate services.

This paper has noted inadequacies in community-based service provision play a large part in the way in which offenders with a cognitive disability come into contact with the criminal justice system. It seems unlikely that this would be any different for those experiencing straight release. Ward suggests that those with a shorter sentence could have pre-release preparation begin upon contact with the prison population. Likewise, TAP's program description states that such a generic model can be altered to suit the needs of offenders on remand. This should be actively encouraged through the provision of a broad policy framework in relation to transitional support services.

*Recommendation 6 - That pre-release education is adapted to suit the needs of offenders with a cognitive disability.*

*Recommendation 7 - That there be a policy framework for transitional assistance programs, which ensures these programs are available and accessible to all offenders released from custody.*

### **3.3 - Case Management**

Case management is generally regarded as an individual service delivery process, which plans the management of offenders from the reception stage through to the release stage (South Australian Corrections, 2003). In the South Australian context, planning the management of an offender includes recommendations for prison placement and programs that will assist the offender in a successful transition back into the community. Case management is particularly suited to the monitoring of an offender's progress, and is a useful referral point to link in with transitional support services.

#### **Where and How is it Used?**

Corrections Victoria currently employs case management techniques through both community corrections officers and prison officers with a case management role. The case management process is determined according to the given offender's needs. In relation to release processes, the case management role ensures contact is made with an offender at least 2 weeks prior to their release. This includes documenting a detailed plan in relation to needs to assist in the release process. During this time, case managers also liaise with outside services, establish links with community based services, and may hold case conferences where outside services are invited to enter the prison to meet with offenders who may require their services upon release. While there is a protocol in relation to registered clients of DisAbility Services, there is currently no broad protocol in relation to case managing offenders with a cognitive disability that details interventions appropriate to those offenders with an ABI or ASD. The Auditor-general also recommended that prison staff should actively monitor prisoner progress against the local management plan and record this information in the prisoner's file (Auditor-general, 2003:65)

#### ***Effectiveness of the Service***

As mentioned, it is of some concern to the author that relevant staff at Corrections Victoria were unable to clarify the role of the 'contact officer' in TAP. As discussed, there is an assumption that these case managers are taking on the role labelled 'contact officer' according to TAP.

A policy stating the nature of case management for offenders with a cognitive disability would be desirable in attempting to establish assist service delivery to this client group. Though much service delivery relies on the individual management approaches in a given prison location, a protocol may assist in attempting to ensure all offenders with a cognitive disability are case managed appropriately.

Though the work of the case managers appears effective (Williamson, 2003) in relation to release for an offender, the use of a framework for the delivery of such services would be greatly beneficial in attempting to remove the 'ad-hoc'

'crisis driven response' that tends to occur currently. The practice of allowing two weeks to establish an appropriate response to the offender's release needs seems to allow an inadequate amount of time. For an offender with a cognitive disability, two weeks may be particularly insufficient in adequately responding to their needs, given the length of time it may take to locate appropriate support services.

*Recommendation 8 - That a policy is developed to inform case management procedures for offenders with a cognitive disability.*

### **3.4 - Single Focused Response Bridging Services**

A single focused response refers to the provision of a service designed to deal with one specific disability issue, or for example, it may deal only with housing or employment. It is a 'bridging' response in that it begins in custody and links the offender to services outside of the criminal justice system (Ward, 2003). This approach is intrinsically problematic, as has been noted through the discussion of community service provision. When examining the issue of offenders with a cognitive disability, it has been noted that the one-dimensional nature of service delivery compounds some of the problems faced by this group. Their needs are often so complex and multiple, that a single focused response for this group is simply not appropriate. This problem would not be isolated to offenders with a cognitive disability. Much of the offending population, including the mainstream population, would also be facing multiple issues affecting their reintegration into the community, such as offenders with housing, employment, or drug and alcohol issues.

### **3.5 - Housing Pathways Pilot**

Currently in Victoria, the Housing Pathways Pilot is an example of this type of service. Currently utilised in three Victorian prisons, this program is aimed at those offenders not covered by another support agency, and is aimed specifically at those facing homelessness upon release. The program recognises that offenders exiting the prison system do have multiple needs, however the focus is on housing in a supportive environment in order 'to prioritise and address a range of issues', placing them in a 'better position to sustain long-term housing' (Aktepe & Lake, 2003).

What is problematic about this type of service provision is that while many offenders are facing multiple issues upon release, they are choosing to be involved in this program due to a guarantee of housing upon release (Ross, 2003). This problem is exacerbated by the way in which housing is often the most important issue for many offenders (Ross, 2003).

#### ***Effectiveness of the Service***

Ross notes that early into the provision of this pilot service, it was recognised by service providers that coordination between this program and other services, such as Bridging the Gap, was needed (2003). Consequently, it appears that a

single focused response is not a suitable approach to effectively dealing with an offender's successful reintegration into the community.

Where this program is highly effective, is in the recognition of the need to work with offenders who receive a shorter sentence. This is achieved through working to ensure these offenders retain their existing accommodation (Aktepe & Lake, 2003). This program recognises that the need for housing does not sit in isolation to other needs, though how this recognition is practised is questionable. Does it require individual worker initiative or is it in a framework for service delivery? Likewise, components of the mainstream prison population may also utilise the services of more than one agency. There is also the ability to respond to offenders who may not have complex needs. What is also positive in this program is the way in which the Department of Justice and the Department of Human Services are working together in terms of service provision. It has been noted that the need for collaboration between these agencies is critical, as clients with a cognitive disability generally appear to cycle between service systems (DHS, Complex needs report, 2003).

Problematic in this approach to service delivery is the way in which other offender support services may sit in competition with one another (Ross, 2003). This is occurring in Victoria between the Housing Pathways Pilot and the Bridging the Gap (BtG) program. The latter program, also a pilot, offers intensive transitional support to offenders considered at high risk and high need, with a particular focus on substance abuse issues. However, the work of this program reflects similar activity to the Housing Pathways Pilot, in that BtG workers often find themselves attempting locate suitable accommodation. This results in service providers often competing for this scarce commodity.

### **3.5 - Bridging the Gap Services - Integrated Case Management**

Bridging the Gap (BtG) programs represent a type of 'brokerage' service in terms of a worker providing intensive assistance to an offender upon release with the recognition of the importance of 'linking in' with other service providers. The term 'bridging' refers to the way in which such service provision begins in custody, continuing into the post-release phase (Ward, 2001). It differs from parole in that there is no legal obligation on the part of the offender to take part in such a service.

BtG is currently operating in Victoria as an intensive post-release support program for high risk and high need offenders with drug and alcohol issues who have served a prison term (Ross, 2003). The provision of intensive transitional support has a focus on addressing needs through 'direct service provision and support to access to drug and alcohol treatment, accommodation, education, health, legal assistance, training and employment, family reconciliation and child care and custody' (Ross, 2003).

BtG is designed to begin 6-8 weeks prior to release. The initial stage of screening and recruitment takes place at this stage. For an offender to be assessed as eligible for BtG services, they must be assessed as being at high/medium risk, with drug or alcohol abuse or dependence issues, facing

significant post-release needs unlikely to be met without external supports (Ross, 2003). After an offender has been assessed as eligible and has accepted the offer of a place in the BtG program, the offender is then required to detail a release plan. Contact between the worker and the offender is designed to allow rapport to develop, and allow the worker time to make preparations for the offender's release. The estimated time of post-release engagement is six months, beginning with initially intensive support, before tapering off to a period of low-level engagement, then termination (Ross, 2003). This process, however, can vary depending upon the needs of the offender.

Currently, BtG is operating as a pilot program primarily handled by 5 agencies. There is also a coordination element between community corrections, the program's sponsor, Corrections Victoria, and the evaluation team, and the public and private prison's (Ross, 2003).

### ***Effectiveness of the Service***

BtG represents a real step forward in the provision of transitional support services. Based on an intensive outreach support model, an essential element of this type of transitional support is the development of a positive working relationship between the worker and the offender/releasee. Ross found that such relationships 'emerge out of a willingness by both parties to engage with one another and (that) they are sustained by the material and emotional rewards that emerge out of the relationship' (4: 2003). A common experience reported by BtG workers is that some of their best work occurred 'while driving around' with the client (Ross, 4: 2003).

Importantly, Ross notes that the kind of 'hands-on' involvement characterised by BtG is particularly important for offenders who have few social supports in the community (2003). When considering what information is known about offenders with a cognitive disability, the issue of social isolation is critical when examining reasons for offending behaviour. This was highlighted in the recent study of complex needs clients in Victoria (DHS, Complex needs report, 2003). The BtG service has some valuable program elements in assisting with this issue.

In terms of the provision of support for registered clients with an ID, there are pre and post release services available to this client group. This service deals with cognitive, affective and behavioural aspects to release, with a focus on the emotions related to release, rather than simply practical aspects to release. While clients participate when in custody, there is a higher level of unwillingness to be involved with the post-release service, as it is not mandatory. This particularly relates to those clients at the borderline range of disability. However, this group is more likely to be willing to be involved with BtG, as it is perceived as a 'mainstream' post-release service, rather than a disability specific service (Lambrick, 2003).

This suggests that BtG is not only useful in terms of transitional support, but that it is applicable to not just mainstream offenders, but also other prisoner subgroups. Similar to TAP, BtG demonstrates a generic nature that could be

replicated with some adjustments to appeal to numerous prisoner groups, such as indigenous offenders, female offenders, and offenders with a disability. Ross does note that some workers of BtG found themselves dealing with clients so disadvantaged, by issues of mental disorder or a lifetime of institutionalisation, that they felt unable to effectively respond to these client's needs through the current framework of BtG (2003). Hence, a framework for BtG for offenders with cognitive disabilities must allow for the issues these workers encountered. This can be achieved by providing appropriate training and support for workers dealing with such issues.

*Recommendation 9 - That Bridging Services have a multi-dimensional or holistic focus for service provision, and that they be developed with an awareness that offenders may have one or many needs to be addressed.*

### **3.6 - Need for a Co-ordinated Response**

What is problematic for BtG is the way in which the Housing Pathways Pilot is running concurrently as a separate pilot, when in fact the two bridging services need to be coordinated as part of an overall bridging service, with 'housing' existing as a discrete service response, such as Ward describes (2001). A large function of BtG has emerged as being seeking appropriate accommodation for their clients. However, this often results in BtG being in competition with other correctional and non-correctional agencies for access to services and resources (Ross, 2003).

Currently, the program is demonstrating positive short-term outcomes for this client group. These outcomes have been achieved in terms of housing, family, and engagement with drug and alcohol programs, and a lower rate of re-offending than non-participants while clients of the BtG service (Ross, 2003). In general, participants have not made much progress in relation to employment, and it is presently unclear if the benefits noted will be maintained long-term (Ross, 2003).

The other clearly positive aspect to BtG is the way in which releasees receive support in negotiating the often complex and 'precisely targeted' service system (Ross, 2003). The mainstream prison population may have enough difficulty with this process, however this process may be far more difficult for those with a cognitive disability. This is reflected in the target group for BtG being offenders who lack the necessary knowledge, skills and motivation to make correct choices in terms of approaching appropriate services (2003). As Ross concludes, 'a primary requirement for transitional support programs is that they need to be delivered as part of an integrated package of services designed around the needs and capabilities of released prisoners' (12: 2003).

Ward proposes that BtG needs to sit in a framework of integrated case management, with single focused response services available as 'discrete service types' (42: 2001). Hence, BtG needs to have a flexible framework in order to take into account the individual needs of the offender. An example of such a framework includes integrated case management, with areas such as

housing, employment, drug and alcohol issues, and personal support as discrete service sections (Ward, 41: 2001). This allows for an offender to utilise just one, or several elements of this service design, depending on individual need.

### 3.7 - Statutory Programs

These programs include parole, 'temporary leave', 'community based supervision', and 'residential supervision' (Ward, 2001). The nature of these statutory programs is a focus on community reintegration during the final stages of an offender's sentence, and can be seen as a process where there is a 'de-escalation of external controls' (Ward, 37: 2001). While statutory programs are clearly important in the process of providing a successful transition from custody to the community, they are not the focus of this paper. It has been noted that there is correspondence between a lack of community responses and services to people with a cognitive disability, and their involvement with the criminal justice system. This paper seeks to examine how a lack of service provision at the 'front door' of the CJS can be corrected at the 'back door' of the CJS, in an attempt to prevent the cyclical nature of criminal activity.

Ward regards parole as being the 'ultimate form of transitional support' (9: 2001), due to its both regulatory and rehabilitative function, and its focus on reintegration into the community. However, many offenders may never be eligible for parole due to the short length of their sentence, or the fact they have served their full sentence. For offenders with a cognitive disability, obtaining parole may be difficult due to such factors as not having suitable accommodation upon release or a lack of support services. There would also be marked differences in the way in which a registered client, with an assigned disability support worker, and a non-registered client would deal with parole requirements. The assistance of a worker has the benefit of enhancing the client's chances of successfully completing parole. Those who are non-registered, or have another type of cognitive disability that is not recognised by service providers, face far more challenges. Indeed, a solicitor in Queensland has stated:

*Even the most educated of our clients have problems negotiating the parole system's red tape; those with literacy problems, intellectual disabilities, and mental illness have no hope' (Fletcher, 2: 2000).'*

The other forms of statutory programs have potential in assisting the transition from custody to the community. In particular, Ward notes that a community based/temporary leave reintegration program is suited to dealing with the needs of offenders with a shorter sentence, provided by an NGO (2003). This option would also be appropriate for offenders with a cognitive disability serving a shorter sentence, as NCOSS discuss, offenders with an ID on a shorter sentence are more suited a non-custodial setting (Fact sheet seven, 2003).

This paper has focused on what is occurring for offenders who have completed their sentence in the prison, and are preparing to exit prison without conditions attached to their release. This is opposed to services that are a mandated requirement of a sentence, or a means of leaving prison at the earliest possible

stage. Though TAP and BtG begin 6-8 weeks prior to leaving the prison environment, they have a specific focus on community supports and services; hence they have been examined in detail. There is also the difference in the voluntary nature of the TAP and BtG, as opposed to a mandated requirement to participate in a program, such as parole. There is a need for further research into offenders with cognitive disabilities utilising statutory programs as transitional supports

*Recommendation 10 - That statutory programs (eg. Parole, community based supervision) are reviewed as to their effectiveness for an offender with a cognitive disability. Appropriate changes, should be made to suit the needs of specific offender groups, such as offenders with a cognitive disability.*

*Recommendation 11 - That consideration be given to the application of other transitional support services to this group (undertaking statutory programs), such as involvement with a Bridging the Gap service.*

## **4 - Framework for the Release Process**

### **4.1 - Framework for Reducing Re-Offending**

Currently in Victoria, there is evidence of substantial efforts on the part of Corrections to improve the delivery of transitional support services. The implementation of the Victorian Corrections Long Term Management Strategy (CLTMS) represents a strategic attempt to reduce the cycle of re-offending through the development of improved rehabilitation services, and importantly, improving transitional support services. From 2001/2002, the strategy proposes to spend \$10.3 million on the improvement transitional support services, with a focus on release preparation programs, such as TAP, and the provision of housing and employment services (CLTMS, Department of Justice website, 2003).

The CLTMS represents the foundations for a long-term framework in the management of offending behaviour, with a focus on reducing the number of offenders involved in the CJS. Corrections Victoria has detailed an approach that highlights the three areas of *diversion, rehabilitation and transitional supports* as crucial in dealing effectively with offending behaviour. It is a framework that can broadly address the needs and direction of Corrections Victoria and private prison providers. Importantly, it is a framework that can be adapted to include strategies to address the needs of prisoner sub-groups. The ideas, services and funding are in place to create this framework over the next few years.

Therefore, Corrections Victoria and the private prison providers do not need to create a whole new, expensive, and separate framework to adequately respond to the needs of offenders with a cognitive disability. The framework is in existence and now there is need to develop this broad framework to include strategies for dealing effectively with the various offender sub-groups. Importantly, this method would allow for strategies targeting not just offenders

with a cognitive disability, but also sub-groups such as remandees, or indigenous offenders.

Recommendation 12 - That the programs relating to release that are initiatives within the CLTMS (Corrections Long Term Management Strategy) be expanded. This existing framework be developed to target the needs of significant offender sub-groups, including offenders with a cognitive disability.

## 4.2 - Reducing Re-Offending: Diversion, Rehabilitation, and Transitional Support Services

### ***Diversion from Prison***

The strategy of diversion has not been examined in this paper, due to the focus on transitional supports. However, the use of community corrections is considered beneficial for those offenders with a cognitive disability serving shorter sentences. NCOSS state that offenders with cognitive disabilities serving 6 months or less are best suited to receiving community-based sentencing options (Fact sheet seven, 2003).

The use of community correction is not only appropriate for this group, but also a significantly less expensive option than a prison based sentence. The cost of housing 1 offender per day in a prison is \$148.10, as opposed to just \$11.43 per day per offender in community-based corrections. The average cost of a housing just 1 prisoner per year in Victoria is \$54,056, or \$27,028 for 6 months. In contrast, community corrections cost \$4172 on average, per offender, per year, or \$2086 per 6 months (Report on Government Services, 2003). There are currently 25 registered clients of DisAbility Services serving 6 months or less. Housing them in a prison is costing approximately \$675, 706, as opposed to \$52,150 for community corrections. There are considerable savings to be made through the improvement and increased use of community based sentencing options.

### **CHART - Cost Comparisons for Prison and Community Corrections**

	<b>Per Day, Per Offender</b>	<b>Per 6 Months, Per Offender</b>	<b>Per Year, Per Offender</b>
Offenders in Community Corrections	\$11.43	\$2086.00	\$4171.95
Offenders in Prison	\$148.10	\$27,028.25	\$54,056.50

April 2003 - 61 registered clients of DisAbility Services in prison.

<b>Type of Sentence</b>	<b>Number</b>
Serving sentences of 6 months or less	25
Serving sentences of 12 months plus	26

	<b>Prison</b>	<b>Community Corrections</b>
26 Clients 1 Year	\$1,405,469.00	\$108,470.70
25 Clients 6 months or less	\$675,706.25	\$52,150.00

And this is just offenders who have an ID and are registered clients of DisAbility Services, therefore excluding the comparative costs of those offenders with a mental illness, or ABI, or ASD, or dementia for example.

*Recommendation 13 - That further research be undertaken concerning the possible increased use of community based orders for offenders with a cognitive disability.*

The use of specialist court services is also an area for further consideration. Between June 1997 and June 1999, there were 590 referrals to the Disability Service at Melbourne Magistrates Court. (Condon, 1999: 5). This appears to reflect a significant number of offenders with a mental illness or ID entering the criminal justice system. Such a service has been operating in South Australia since 1999, for offenders with an intellectual or mental impairment. This service aims to provide early assessment and intervention, facilitate treatment and support needs, and reduce offending behaviour (Court Administration Authority, South Australia, 2003). The use of specialist court services contribute to criminal justice personnel having a greater understanding of the factors associated with being an offender with a cognitive disability. They also allow for a more 'streamlined' and simplified court process, assisting the offender's understanding of court processes (Court Administration Authority, South Australia, 2003).

*Recommendation 14 - That further research be undertaken in relation to the use of specialist courts for offenders with a cognitive disability.*

### **Rehabilitation**

As has been identified, it is essential that upon entering the prison system, the offender with a cognitive disability is correctly identified in order to adequately respond to both the needs of the offender and the needs of the system. This requires a reliable and thorough assessment process. This refers to negotiating the entire prison process, from reception, through the sentence, and how the use of various forms of transitional support may be appropriate.

The provision of appropriate rehabilitative services, designed to address the learning needs of an offender with a cognitive disability, is essential in increasing the chances of the offender successfully re-entering the community, and to reduce the chances of re-offending. Offenders with an ID have a 78% higher rate of reimprisonment than the total prison population (The Framework Report, 2003). In relation to rehabilitation for offenders with a cognitive disability, it has been noted that rehabilitative services do reduce the chances of this group re-offending (Endicott, 1991). However, the rehabilitation process must be designed specifically to address the needs of offenders with a cognitive

disability (Endicott, 1991). Ultimately, the rehabilitation process will complement the transitional support process.

*Recommendation 15 - That disability specific rehabilitation programs be developed and linked in with case management and transitional support services, within the prison.*

#### **4.4 - Proposed Framework for Transitional Support Services**

In order to deal effectively with the needs of an offender in custody with a cognitive disability, the identification of such offenders is paramount. This requires an accurate assessment process in order to inform the workers of the presence of a disability. This information can then be utilised in two ways: it will serve to inform the choice of appropriate rehabilitation methods (as research notes the need for offenders with a disability to have rehabilitation methods designed for their given disability), and this information to be passed onto the individual offender's case manager. The case manager, assigned upon entry to the prison, is then informed to ensure that they treat the offender in an appropriate manner, and that appropriate forms of rehabilitation are being utilised. The case manager may also receive information from case managers who had been working with the offender prior to their incarceration. The case management role would form the central point of contact, and the point to which any information relating to a given offender will flow back to. An example of this may be if any issues arise during rehabilitation for the offender. The case manager should be informed and have input into the offender's progress through the various prison processes.

A protocol detailing the case management process for offenders with a cognitive disability will assist in a standardised delivery of services across the Victorian prison system, both public and privately operated. This protocol should be broad enough to capture the needs of various forms of disability. The current interim protocol between correctional services and DisAbility services is specifically targeted at registered clients of the service. This is at the exclusion of offenders who have been found ineligible for services, or offenders with a disability that is not an ID. This protocol should be reflective of the Treatment Community Approach, whereby pro-social behaviours and attitudes are promoted through the worker's interactions with the given client. Case managers should also receive training in relation to cognitive disabilities.

The case management role is central to the release process. This model requires the case manager to track their clients so that adequate time frames are allowed in order to plan the offender's release. It is considered that more than the current two weeks should be allowed for this to occur. The case manager is then required to ensure their client is aware of any parole/statutory requirements central to their release; or that their client is aware of the TAP program, encouraging their client to attend. The case management role is proactive in this stage, due to a recognition that a written invitation for TAP, for example, may not be an appropriate method to encourage participation for their client. The case manager is also well placed to be able to inform TAP

facilitators or community corrections workers of any special needs the offender may have, such as those that arise from a history of drug and/or alcohol abuse.

It is envisaged that the case manager from the custodial setting would inform the offender about the BtG service, and what it entails. The case manager would ideally provide all necessary information to the offender, in an accessible form, assisting the offender making an informed decision.

The case manager can then liaise with the BtG service in order to establish eligibility for this service, any special requirements the offender may have, and any necessary information that will allow the BtG worker to better address the offender's needs. The case manager can then arrange for the BtG worker to meet with the given client, approximately six-eight weeks before release.

The Bridging the Gap program would be central in the release phase. However, in this model, BtG would be formed essentially as a brokerage service, providing clear pathways into other community services. It is envisaged that BtG would be constructed around an integrative case management service, where the case manager from the prison/custodial phase would inform the BtG worker of any necessary information, such as the presence of a disability. The provision of this service could occur as either a correctional service, or from an 'outside' service agency.

As the current pilot details, it is considered that the offender may be client of BtG for at least six months upon release, beginning with intensive engagement, before slowly ceasing contact. During this time, the worker may link in with one or many services. These would most likely include: drug & alcohol services; employment services; mental health/disability services, housing services, and personal support. BtG will have established pathways into these agencies, in various statewide locations. The cost of providing such a service needs to be shared by the various stakeholders; such as corrections, Department of Human Services, and possibly at a Commonwealth level in terms of employment. The cost of providing a BtG service could be high if delivered to every offender in custody, therefore it should be targeted at high risk/need clients. Offenders with a cognitive disability should be in this group, as research suggests they are of high risk and need. Even where the offender with a disability has received a shorter sentence for a 'minor' crime (such as a traffic offence, as opposed to arson for example), there should be consideration that this offender is still in need of the BtG service. Offenders found to have a cognitive disability in the assessment process should be treated as a discrete category whereby the presence of a disability results in eligibility for BtG services, despite the nature of their offence. As previously noted, offender's with a cognitive disability are more likely to re-offend and return to custody.

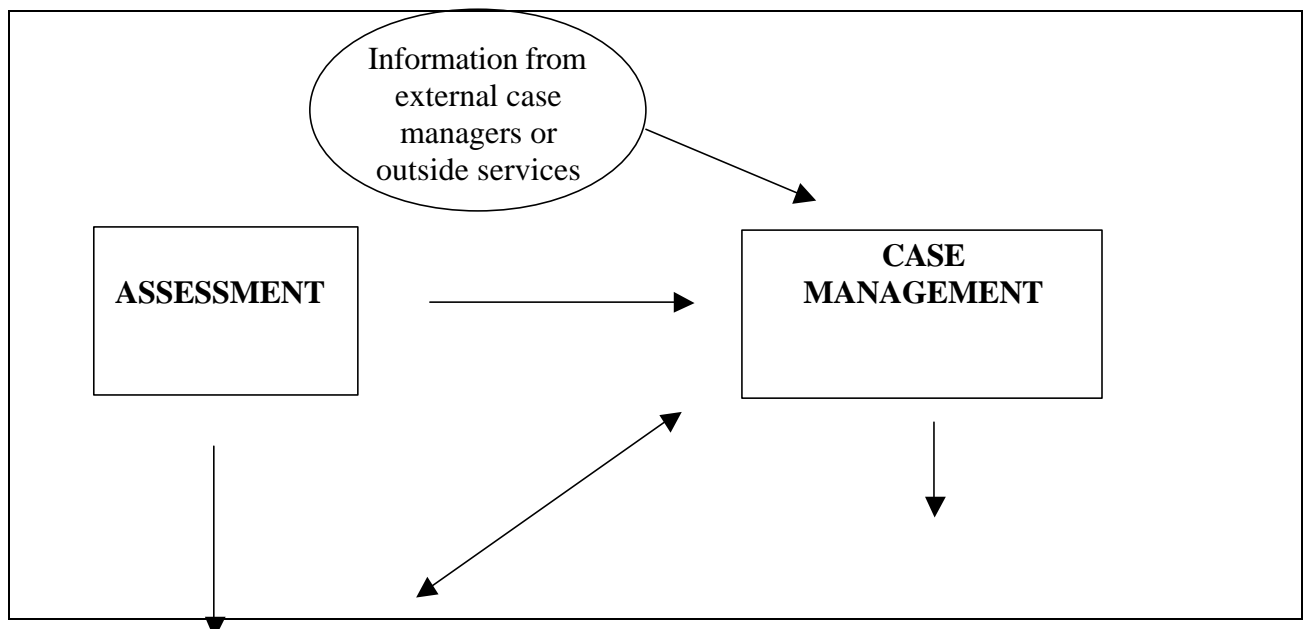
Consideration needs to be given to the length of sentence in terms of the various forms of transitional support assistance. It appears that an offender with a cognitive disability, who receives a sentence of two weeks in prison, is unlikely to warrant a great deal of transitional assistance. By the same token, exactly when the BtG service would be terminated, also requires further consideration. There is an expectation that such decisions should be made on the assessment of the individual needs of a given offender.

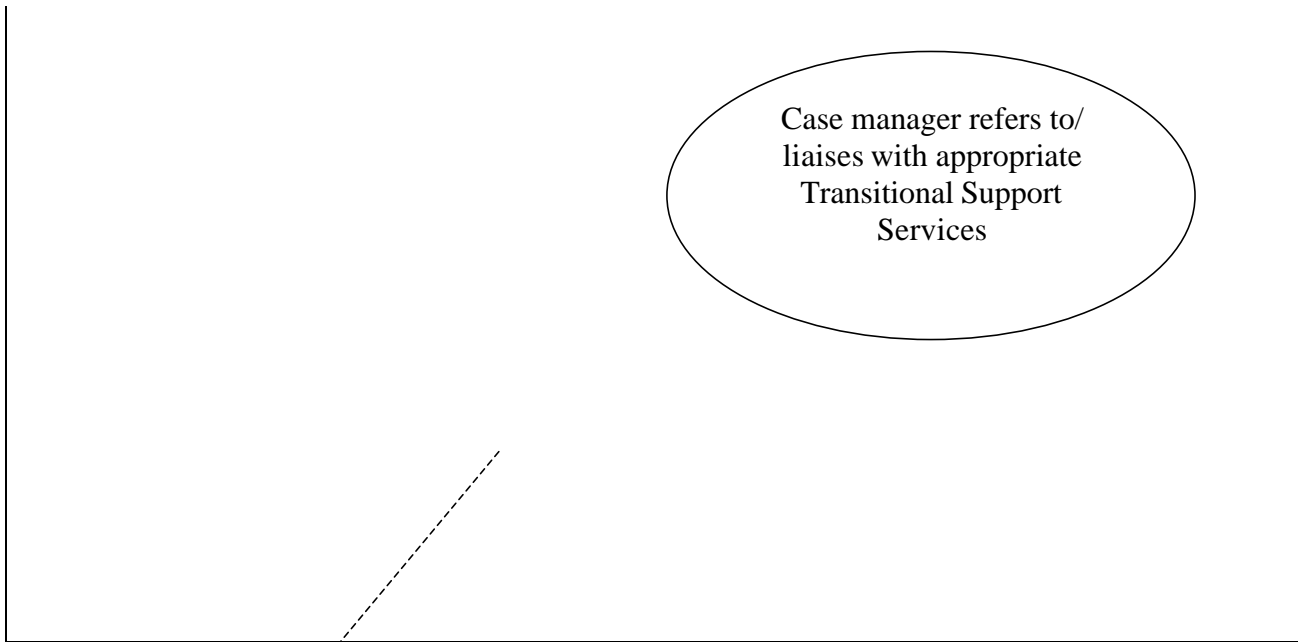
This model can be used for a variety of offender sub-groups, such as offenders with a cognitive disability, female offenders and Aboriginal offenders for example. It is the central case management role that occurs in custody that will allow an appropriate information flow to advise the BtG case manager of the 'special' needs of the given offender. The service can have a generic quality, excluding the need for several separate and expensive service types to be developed to suit the needs of various offender groups. However, the initial assessment process upon entering custody, and the tracking of that client by the given case manager while in custody allows for the offenders individual needs to be addressed.

In terms of the use of community corrections, it is envisaged that they, too, could link in with BtG if necessary. The custodial case management process would also allow for a flow of necessary information to the case manager based in community corrections. By necessary information, this refers to information that is required in order to deal appropriately with a given offender. However, this has not been the focus of this paper, and such a proposal requires further consideration.

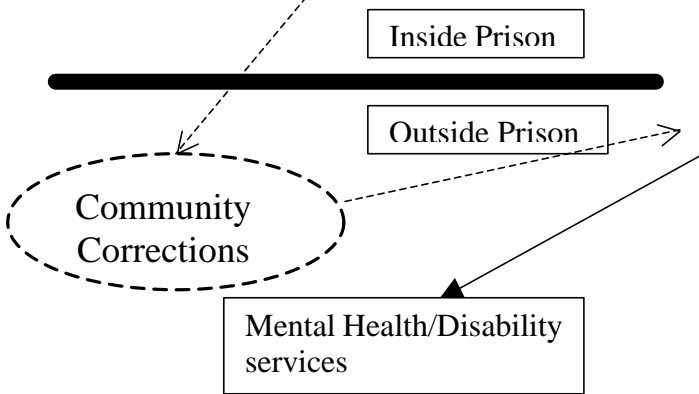
#### 4.5 - Vision for Proposed Framework

### Integrated correctional response process Treatment community approach





Case manager refers to/  
liaises with appropriate  
Transitional Support  
Services

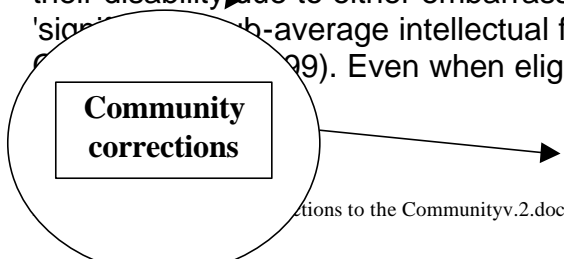


**5 - Future Considerations**

**5.1 - Areas for Further Consideration**

In Victoria, there is a clear need to establish a prevalence rate for those offenders within prison with a cognitive disability. While both national and international research suggests there is evidence of over-representation for this group of offenders, it is currently a relative 'unknown' in Victoria. There is strong evidence to suggest the issue could be larger than is currently suspected in Victorian prisons. The reliance on identification of a disability via registration with a community service is inadequate. Improved screening and assessment mechanisms, as are currently being developed in Victoria, will possibly assist with this issue.

The issue of borderline ID is an area that requires further examination. Evidence suggests this group is not eligible for services, are skilled in masking their disability due to either embarrassment or fear, and yet still experience 'significant below-average intellectual functioning' (Glaser & Deane, 1999: 345, 346). Even when eligible for services, it has been found that



those in the borderline range are sometimes unwilling to be involved in disability specific services when it is voluntary participation (Lambrick, 2003). However, this group is more likely to utilise a service that is also used by the 'mainstream' population, such as BtG (Lambrick, 2003). In this case, an offender with a borderline ID may utilise BtG, with a particular focus on the 'personal support' aspect for example, as opposed to the employment BtG service.

*Recommendation 16 - That the issue of borderline ID is given further consideration. Particularly in reference to eligibility for services, or the way in which this group may be unwilling to be involved in a disability specific service on a voluntary basis.*

The issue of remandees with cognitive disabilities is also critical to consider. As 'Rachel's' case highlighted, not being eligible for services can have serious consequences, such as spending over 200 days on remand, experiencing 23 out of 24 hours in 'lock-down'. One can only imagine what may have happened to her had she either been found not guilty of her offence, or found ineligible for DisAbility Services. The issue of offenders on remand with a cognitive disability certainly warrants further investigation. There is a consideration that TAP could be modified to address the needs of remandees, (TAP - program description, 2003). However, the use of bridging services may also be useful, particularly if the remand time is reasonably lengthy, such as 'Rachel' experienced.

*Recommendation 17 - The issue of offenders with a cognitive disability who are on remand requires further consideration, particularly in terms of service provision.*

The issue of dealing effectively with offenders who have received a shorter sentence is also problematic. As Ward notes, this group, 'is notoriously hard to reach and there is little in the literature to inform service design' (2001: 50). Those serving a sentence of 12 months or less are not eligible for parole services. Those serving 3 months or less are not currently eligible for TAP. Currently, many offenders in this group would be performing a 'straight release'. This is certainly an area that warrants further investigation, and should be subject to on-going review by corrections, and other relevant service providers.

*Recommendation 18 - The issue of dealing effectively with offenders who have received shorter sentences requires further research. There are clear problems for this group in accessing transitional support services.*

Finally, it may appear that the issue of indigenous offenders with a cognitive disability has not been addressed in this paper. Much work is needed in this area, and it seems inappropriate to attempt to address such an important and complex issue in the context of this paper. A detailed examination into this area is desperately needed, as there is a severe lack of information in relation to indigenous offenders with cognitive disabilities. International research suggests that indigenous cultures are at most risk of not only becoming involved with the criminal justice system, but also of being over-represented in any given prison population (Linhorst et al. 2003; Petersilia, 1997). Hence the need for an urgent review of this issue in Australia.

Recommendation 19 - A detailed examination of what of what is happening to offenders with a cognitive disability, who identify as being Aboriginal or Torres Strait Islander, is urgently required.

## 5.2 - Summary

The current complex, fragmented, and single focused nature of community services has significantly reflected the capacity of the service system to respond effectively to the support needs of people with a cognitive disability. One consequence of this for some people with a cognitive disability is to commit an offence, resulting in imprisonment.

Whilst this reflects a need for improvement in the way in which community services support people with a cognitive disability, there is also a need to improve the way in which our justice system responds.

There are currently some excellent initiatives being undertaken in corrections in the use of assessment and rehabilitation and in the use of the Treatment Community Approach. However, unless a co-ordinated system of services is implemented across corrections, which includes transitional support services, then these efforts will have limited impact on reducing recidivism and in improving support to these offender's.

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