The Hopkins Centre

Research for Rehabilitation and Resilience

SYNAPSE
AUSTRALIA'S BRAIN INJURY ORGANISATION

Assessing the Disability Needs of Indigenous Prisoners (ADNIP)

ADNIP Final Summary Report
June 2021

Cultural Acknowledgement

We respectfully acknowledge the traditional owners of the land on which this work was undertaken, and pay our respects to Elders past, present and emerging. In our methods, we acknowledge the damage and hurt caused by past generations and commit to doing no further harm through our research. Instead, we seek to always work in ways that contribute to healing and reconciliation by taking advice and guidance at every step.

We are committed to the principle that research must have significant input from First Peoples at all levels, including design, methods, processes, analysis and dissemination. Our project includes Indigenous people at every level including our Reference Committee, our Consultation Group, our Research Team, our Cultural Stewards and our Community Researchers. More importantly, we endorse the foundation principles of The Maiam nayri Wingara Indigenous Data Sovereignty Collective that First Peoples have the right to Data Sovereignty and Governance. This refers to the right of First Peoples to exercise ownership over data in terms of its creation, collection, access, analysis, interpretation, management, dissemination, and use. First Peoples also have the right to autonomously decide what, how and why data are collected, accessed, and used to ensure that data on or about First Peoples reflects the appropriate priorities, values, cultures, worldviews and diversity.

The importance of this project to First Peoples cannot be overlooked. It has the potential to make a real difference to how First Peoples with complex disabilities are identified, assessed, and supported during and following incarceration in Australia. These issues are fundamental to cultural, social, emotional, and economic wellbeing in our communities.

A Note on Terminology

Many different terms are used to refer to the first people of Australia, including Aboriginal and Torres Strait Islander people, Indigenous people, First Australians, First Nations people, or they are named according to their relevant tribal affiliations or state of origin. The project team acknowledge the distinct history and culture of Aboriginal and Torres Strait Islander people. In this report the term First Peoples is respectfully used to collectively refer to Peoples who are descendants of the original inhabitants of Australia, while recognising the heterogeneous nature of Aboriginal and Torres Strait Islander clans and communities. When citing research participants and material produced by others, we use the terms they have used.

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The Impact of COVID-19

Recruitment, data collection and analysis for phases 2 and 3 of the ADNIP project were progressing until the COVID-19 restrictions forced the postponement of the project. COVID-19 related disruptions continued throughout 2020 and 2021 and impacted on the project in multiple ways. The details of how we managed these impacts are contained in our Impact Mitigation Table below. We applied the CONSERVE-CONSORT checklist (Orkin et al., 2021) as a guide to develop and monitor the impact of our methodological strategies to mitigate for the extenuating circumstances of COVID-19 on this study. Specifically, we described each circumstance, the mitigating strategies that were applied and why they were important and we then explored all the possible impacts of these strategies on the quality and integrity of the study.

Table 1 COVID-19 Impact Mitigation Table

Circumstances	Mitigation Strategy	Potential Impact	Outcome
COVID-19 closures and lockdowns were announced in March 2020 during the peak of data collection for the jurisdictional fieldwork phase of the study and the beginning of the community consultation phase.	We cancelled all travel but continued jurisdictional telephone interviews where possible between April and August (depending on the agency and jurisdiction).	Lack of personal contact with communities could reduce the quality and depth of data in the community consultations. Distraction for jurisdictional staff could reduce quality of telephone interviews.	Considerable time was spent engaging with participants over email and ensuring they were well briefed about the study prior to telephone interview with materials to follow during the call. Follow-up interviews were conducted if questions arose about content. There was evidence that the telephone interviews were well received and participants were forthcoming with information.
Meetings of institutional review boards were delayed or cancelled.	Negotiations were conducted with ethical clearance authorities about how data would be collected.	Clearance was not available in all jurisdictions for some time, delaying the ability to begin even telephone interviews.	Ethics clearances were revised to include telephone interviews. Approval was granted by all authorities. This has also complicated the Ethics reporting process and doubled the amount of ethics reporting required from the team.
Aboriginal communities closed borders to external travellers.	Negotiations for community consultations were delayed.	Travel to Aboriginal communities was no longer possible so local co-investigators were appointed. These co-investigators were difficult to identify and train from a distance. Management of the data collection process	Links to the local community assisted with organisation and engagement, but data collection for the community consultations could still not progress. Once a new method was developed, data collection was conducted in the closest manner possible to that

		was less controlled and consistent across regions.	recommended by local elders and leaders.
All jurisdictions suspended research activity during the first half of 2020 in order to focus on the development and implementation of COVID-19 strategies in prisons.	Telephone interviews were ceased and analysis of initial data was commenced. An analysis was conducted to identify specific gaps in recruitment.	Sponsors were no longer available to the team as many had been diverted to COVID-19 related activity. Key staff members were unable to assist with recruitment and many staff who had agreed to be interviewed were refocused to COVID-19 related tasks.	Extension was sought from DSS and Ethics authorities to allow more time for data collection. An extension was granted, which was essential. However, little was achieved during this period as no contact could be made with potential participants. Staff members were on contractual appointments and had to be redeployed.
Subsequent lockdowns and outbreaks occurred in Melbourne, Sydney, Brisbane.	Local COVID-19 lockdowns in specific prisons also changed workplace priorities, and different working arrangements slowed the data collection.	Community consultations scheduled for these areas were cancelled at the last minute. Staff appointed to the project were on contracts and funds were expended, but work could not be completed.	Momentum was lost and recruitment became even more difficult. The method was modified to allow online community consultations to occur. We worked with our cultural advisors and local elders to approve this method. There is evidence that the method was well tolerated and successful, but only with significant cultural support.
COVID-19 lockdowns and outbreaks continued but data collection was approved to begin again.	Recruitment for the jurisdictional fieldwork was extremely slow during the final months of 2020, with only six interviews between August and December.	Targeted recruitment was needed to address gaps in the participant profile. We relied on recommendations to ensure we could reach a reasonable and appropriate sample size. When recruitment began again, different sponsors were appointed in many jurisdictions.	The remaining interviews were completed by end of March 2021, but this delayed the analysis of data and final reporting. Although recruitment did not reach the planned size, our data analysis showed evidence of saturation of the data. The level of engagement of sponsors was variable and some jurisdictions were no longer available. This change of sponsors impacted on our recruitment process and the prison sites that were included. All jurisdictions were well represented, as well as different security levels and regional and urban localities.
COVID-19 delays altered the nature of the overall design of the study.	Community consultations were intended to address specifically the barriers and challenges identified in the Jurisdictional fieldwork. Only preliminary analysis was available at the time of initiating the consultations.	Fieldwork findings were intended to inform the community consultations but final analysis of the jurisdictional fieldwork was not available at the beginning of the consultations. Preliminary analysis was reasonably representative of the challenges.	The proposed method would have enabled all gaps and barriers identified in the jurisdictional fieldwork to be addressed specifically by the community. This was no longer possible, but we used prompts drawn from the preliminary analysis.

Executive Summary

The ADNIP Project (Assessing the Disability Needs of Indigenous Prisoners) arose from the Council of Australian Government (COAG) Prison to Work Report (COAG, 2016) which concluded that better identification of prisoners' needs at intake would help support the development of pathways to employment upon release. The ADNIP project was funded under The Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability (Commonwealth of Australia, 2011), which sits under the National Disability Strategy's Second Implementation Plan 2015-2018 (Commonwealth of Australia, 2016).

The project examined how disability is identified and assessed in adult (over 18 years) First Peoples prisoners and ex-prisoners. The focus was on those who have disabling conditions that often remain unidentified such as hearing loss, cognitive impairments (Foetal Alcohol Spectrum Disorder (FASD) or Acquired Brain Injury (ABI) and related disabilities. The project also examined processes used to link First Peoples prisoners with disability to rehabilitation and other supports in prison and post release.

The project involved three stages including a literature review of peer reviewed and grey literature, jurisdictional fieldwork (interviews with prison and associated staff), and consultations with First Peoples community members, elders and organisations. Findings from the literature review indicated a lack of research examining prison processes for managing First Peoples with disabilities. The review showed that issues relating to non-disclosure (exacerbated by the reliance on the system on self-report), non-diagnosis, lack of sensitivity in assessment tools, lack of cultural relevance and cultural safety in both assessments and responses, and lack of specialised disability knowledge in the criminal justice system all contribute to the continued over-representation of First Peoples with disabilities in prison populations. These findings were reflected in the jurisdictional fieldwork interviews which highlighted the gaps and tension points in the journey of a First Peoples prisoner with disability through the system. Major challenges were experienced in the early entry and assessment phase due to lack of training in disability identification, time pressure and a lack of cultural staff. During incarceration, the challenges were complicated by the lack of modified programs, a strong focus on criminogenic rather than rehabilitative concerns, confusion around the NDIS and its interface with corrective services and the lack of comprehensive and early transition planning. Implementation of policy was particularly problematic as was the lack of disability specific services.

The community consultations revealed 182 solutions which were clustered into seven broad themes including i) culturally safe support in prison, ii) assessment and identification of disability iii) reintegration support, iv) disability support in prison. v) transition planning, vi) systemic change, and vii) training programmes. Solutions recommended by First Peoples community members underscored the importance of culturally safe and appropriate assessment processes, and the need for culturally developed and culturally delivered programmes throughout the prison pathway. A greater understanding among the non-Indigenous workforce in relation to both cultural and complex disability needs of this population was also prioritised. Specific strategies are included in the reports.

Background

Disabling conditions such as hearing loss, brain injury, cognitive impairments, and related disabilities are thought to be high in First Peoples prisoners. These conditions often remain unidentified for people engaged in the criminal justice system. Improving the identification of disabilities in prison and linking people with appropriate support, including the National Disability Insurance Scheme (NDIS), at release could improve outcomes for this group when they are returning to the community. Although there is a body of research focussed on disability prevalence and comorbidities in prison contexts, currently little is known about the tools and processes used to identify and support First Peoples prisoners with disabilities in Australia.

Increased risk of both criminal justice system contact and recidivism is most likely to occur at the intersection of race and disability (Moore, Indig, & Haysom, 2014). It is well documented that people with intellectual disability, hearing impairment, mental illness, acquired brain injury, and other cognitive impairments are overrepresented in the Australian criminal justice system. For instance, a recent survey of prison populations revealed that 50 percent of all prisoners had a recognised disability (Human Rights Watch, 2018). Similarly, race plays a significant role in incarceration. Despite being only 3.3 percent of the Australian population, First Peoples represent 28 percent of prisoners (Human Rights Watch, 2018). This overrepresentation appears to be increasing, both in Australia and across the world (Barnfield & Leathem, 1998; Segrave, Spivakovsky, & Eriksson, 2017). The high rate of imprisonment can be attributed in part to the high frequency of First Peoples offenders returning to prison (Snowball & Weatherburn, 2007). First Peoples re-imprisonment rates have been found to be as high as 74 percent, compared with 52 percent for non-First Peoples prisoners (Weatherburn et al., 2009). The relationship between disability and re-offending is also significant, indicating the

importance of targeting these individuals and ensuring appropriate and adequate service delivery during the course of their first incarceration. This process is complicated when the most prevalent disabilities may be less obvious, and may manifest in consequences not typically associated with a disability (e.g., impairments of cognitive and perceptual ability, communication, language and literacy, mood, hearing and social behaviour).

Research Aims and Objectives

The ADNIP project examined how disability is identified and assessed in adult (over 18 years) First Peoples prisoners and ex-prisoners, and the processes used to link First Peoples prisoners with disability to rehabilitation and other supports in prison and post release. Specifically, the project aimed to:

1. Identify the methods, processes and current gaps, to improve the identification and assessment of First Peoples prisoners with disability and/or impairment.

2. Investigate and identify services and processes to support the needs of First Peoples prisoners and formerly incarcerated persons with disability and/or impairment to better enable transition back into the community and to reduce potential barriers to employment.

The project is solution-focussed with recommendations arising from consultation with First Peoples community members. Recommendations arising from the project have been communicated to the Department of Social Services (DSS), potentially influencing policy and practice reform in disability and criminal justice contexts. The findings will be used to:

- Improve the identification and assessment of disability and/or impairment for First Peoples prisoners and formerly incarcerated persons though culturally safe and appropriate methods;

- Improve the support and rehabilitation services for First Peoples prisoners and formerly incarcerated persons;

- Develop options for more effective assessment tool(s) and processes.

Project Components

The project consisted of three major phases as shown in Figure 1 below. Each phase revealed important findings. The similarities among these different findings give confidence that there are common areas for attention within the system and that these are perhaps international issues. A summary of the findings from each phase are presented below (more methodological detail is available in the Detailed Method Report, the Jurisdictional Fieldwork Report, and the Community Consultations Report).
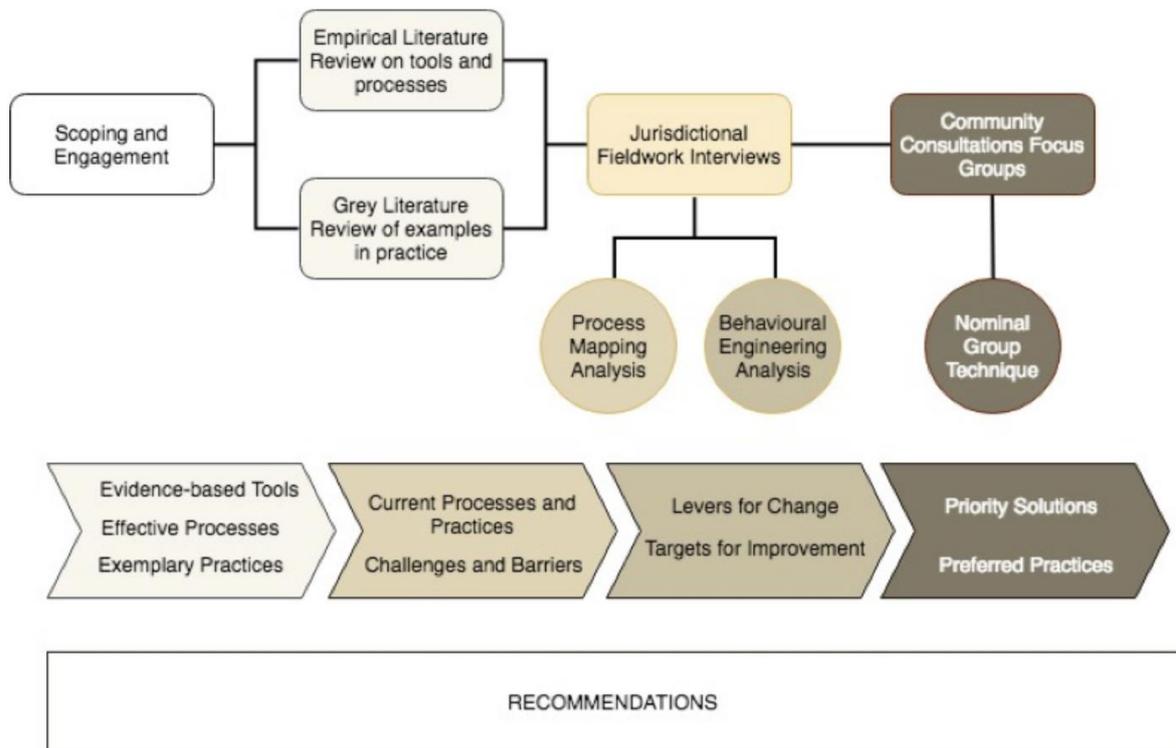
Figure 1 ADNIP Project Components

Study 1: Literature Reviews

Purpose

The literature review aimed to systematically synthesise and critically evaluate international and national research articles and reports relating to:

1. Tools and processes currently being used to identify and assess disability among First Peoples prisoners and ex-prisoners; and

2. Approaches currently being used to link First Peoples prisoners and ex-prisoners with disability to tailored rehabilitation, treatment and healthcare, disability services and other social programs or supports to return to independent living and employment in the community.

Scientific literature was reviewed to examine tools and processes used to identify and manage disability among First Peoples prisoners or ex-prisoners. Scientific literature was also reviewed to examine methods and processes used to link First Peoples prisoners and ex-prisoners to services and supports. Grey literature (evaluation reports) was reviewed to examine the types of programs being run to support First Peoples prisoners and ex-prisoners. Publicly available websites were reviewed to examine the types of information that were made available to First Peoples prisoners and ex-prisoners.

Summary of Findings

Identification, Diagnosis and Assessment

- A general lack of research has investigated disability identification tools and processes in prisons (both for First Peoples and non-First Peoples prisoners).

- No evidence that cultural relevance of assessment tools is considered in prison, exacerbated by the general lack of culturally validated tools.

- Identification of disability in prison is reliant on self-report, which does not match cultural ways and is prevented by the likelihood of apparent or potential discrimination.

- Assessment for disabilities on entry to prison is usually limited to 'visible' disabilities, resulting in an under-diagnosis of more hidden disabilities, particularly if they are not self-reported or unknown.

- Mental health and intellectual disability are more likely to be assessed and referred for services than other disability types.

- Different types of cognitive impairment are poorly differentiated.

- Knowledge about Foetal Alcohol Spectrum Disorder (FASD) and hearing loss focus on paediatric populations so they are even more "hidden" and are poorly recognised in adults in the prison setting.

- There is a lack of time, resources and training for staff to conduct a proper assessment in terms of disability, mental illness and cultural sensitivity.

Management of Prisoners with Disability

- There is little evidence that corrective services processes give any consideration to the complex, co-occurring health needs that typically occur for First Peoples prisoners with disability.

- There is a general lack of culturally appropriate processes in the corrective services system including support for prisoners, training for staff and health assessments.

- Entry assessments, in-prison programs and transitional programs vary from state to state and prison to prison.

- There is a lack of continuity of care for prisoners with complex needs during their custodial sentence, on release and post release, which places them at risk of re-offending.

- Transition programs are often externally funded and delivered in the community with little information on correctional services websites.

- There are often multiple agencies involved and First Peoples with disability find this complex system difficult to access.

Implementation Issues

- Few prisons have a focus on, or an explicit inclusion of, culturally appropriate services.

- Information provided on corrective services websites and in documents from these websites rarely mentions disability.

- There is a large gap between policy and guidelines and actual procedures, which has been a persistent problem over many years.

The recommendations contained in the literature are similar to previous recommendations and have been repeated over the years, but the issues are enduring.

Study 2: Jurisdictional Fieldwork

The jurisdictional fieldwork phase of the ADNIP project started in October 2019. The following report and findings are based on the information garnered from semi-structured telephone interviews conducted with each participant.

Purpose

- To map the current tools, methods, processes and practices of identification, assessment, treatment and transition support for First Peoples prisoners and ex-prisoners with disability.
- To review the effectiveness of these tools, methods, processes and practices and identify gaps and barriers.

Method

Interviews were conducted with participants who could provide relevant information across different levels of the organisation (Policy, Governance, and Service Delivery) in the different sectors that operate in this field (First Peoples, Disability, Health, and Corrections). The interview schedule was structured around the model prison journey and aimed to gather sufficient data to describe the process in each jurisdiction from reception to community reintegration. These methods are described in more detail in the ADNIP Detailed Project Plan. Descriptions and process maps were constructed for each jurisdiction to understand the journey (see the Jurisdictional Fieldwork Final Report for details). From this we identified the main challenges, gaps, and tension points, and subjected them to a Behavioural Engineering (BEM) analysis. The BEM facilitates a focus on the key driving and restraining factors that underpin barriers and success at both the individual and environmental levels.

Participants

A total of 55 interviews were conducted, which was slightly less than anticipated but still sufficient to develop saturation in the description of prison journeys.

Table *2*2 shows the number of participants in each level and sector for each jurisdiction. The largest number of interviews were conducted with participants from New South Wales (including the Australian Capital Territory) (25%) followed by Victoria (22%), the Northern Territory (20%), and South Australia and Queensland (both 16%). There were equal proportions of participants working in service delivery positions, and in policy positions. The majority of participants (42%) worked in the disability or health sector, 35% worked in corrections, and 24% worked in the First Peoples sector.

Table 2 Participants by Sector and Level for Each Jurisdiction

	NSW & ACT[1]	Vic	Qld	SA	NT	Total
Disability or Health Sector						
Policy	3	3	1	1	4	12
Service Delivery	2	2	2	2	3	11
Total Disability/Health	5	5	3	3	7	23
Corrective Justice Sector						
Policy	3	2	1	2	2	10
Service Delivery	3	2	1	2	1	9
Total Corrections	6	4	2	4	3	19
First Peoples Sector						
Policy	1	1	2	1	1	6
Service Delivery	2	2	2	1	0	7
Total First Peoples	3	3	4	2	1	13
Totals						
Policy	7	6	4	4	7	28
Service Delivery	7	6	5	5	4	27
Total n **%**	14 25%	12 22%	9 16%	9 16%	11 20%	55 100%

Summary of Findings

The analysis revealed several key factors that impacted on the delivery of services and supports to First Peoples prisoners with disability. By examining the pressure points identified in this study through the lens of the Behavioural Engineering Model, it became apparent that the solution might be best focused on the development of a workforce with adequate knowledge and skills about disability and experience of culture, and sufficient capacity to deliver an individualised response. To support the workforce, the system must provide a more integrated and systematic approach to timely information management and access to appropriate resources to support this practice. Below is a summary of the driving and restraining forces, followed by the gaps, challenges, and tension points. For more details, see the Jurisdictional Fieldwork Final Report.

Driving and Restraining Forces (Levers for Change)

At the level of the individuals working in the system, it was clear that a major driving force that facilitated good practice was knowledge of others in the system, personal connections, and the skills to collaborate. Many successful practices were based on

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[1] NSW and ACT have been combined to reduce the potential for identification of participants in the smaller jurisdiction.

serendipitous connections between participants working in the corrections and health/disability sectors or across organisational boundaries. This set of skills enabled links to be made internally and externally that benefited the prisoners. This conclusion implies the need to engineer deliberate attempts to engage corrective services staff with health and disability staff, to link organisations and make connections that cross boundaries. It also implies the need to establish stronger relationships between policy makers and those who implement the policy in practice.

Another key driving force that appeared to underpin the ability to collaborate for the benefit of prisoners was the empathy and passion that many participants expressed about disability, culture and the importance of humanitarian approaches within a challenging environment. This motivation was strong and clear amongst the participants and, in many cases, overcame significant barriers to good practice. This conclusion provides an important insight into the degree to which those employed in the system are an asset that is yet to be realised. A passionate and committed workforce can usually deliver workable solutions if provided with the opportunity to co-design solutions. The motivation to find solutions was a strong feature of all the interviews at all levels of the system and, although this may reflect a bias in those who agreed to participate, it is a significant resource on which to draw. Indeed, many participants commented on the absence, or at least the low visibility, of process improvement strategies and indicated that they would engage in such processes.

Linked to this high level of motivation was the need for a recruitment approach that ensured the workforce contained the skills to manage the complexity of the prison environment with the added overlay of culture and disability. Participants in most jurisdictions noted that the challenges could only be solved through targeted recruitment campaigns that deliberately sought to recruit the talent needed to accommodate culture, respond to hidden disability and manage complexity. Participants described the need for staff to be capable of managing the balance between a primary focus on security and humanitarian individualised responses. The high proportion of First Peoples in prison also necessitated a cultural recruitment campaign.

Several key restraining forces that prevented this shift towards a responsive workforce were based in the broader policy environment. For instance, it was noted across jurisdictions that there were no policy responses to address the need for disability or cultural expertise in the workforce. The lack of workforce strategies (or perhaps the implementation of existing workforce recruitment strategies) was noted in most jurisdictions as a challenge, particularly around the recruitment of First Peoples. As a

result, the workforce remained both insufficient and unqualified to address the complex needs at the nexus of trauma, disability, and culture.

Within the existing workforce, a restraining force across most jurisdictions was the failure to build capacity in disability, especially the more complex hidden disabilities such as brain injury, FASD, and mental health concerns. Training appeared to be typically delivered as short induction programs but not repeated or developed in any other way during the course of employment in corrective services. Complex neurological conditions such as brain injury and FASD, or mental illness particularly associated with trauma, and subtle hearing difficulties manifest in unexpected ways, particularly in a setting such as a prison.

The likelihood of self-disclosure of disability in the prison system is limited which means identification can often rely on the observational skills of corrective services staff or their interactions with health staff. In a prison context, responses to disability-related behaviour is likely to be rapid and unplanned and can quickly escalate. Training and practice in responding to disability is essential, but staff also required support to manage the increasing complexity of the prison population at the nexus of cultural, health, and disability issues. Participants also highlighted the important role played by specialist staff and specialised units, but these had limited capacity to respond.

Participants described a system that was replete with tools, procedures and protocols that pertained to health and disability, but was devoid of useful information that could inform practice or the appropriate application of any results gained from using these tools. As a result, participants believed there was just confusion and inability to effectively use information.

Participants noted that confusion regarding the NDIS and its intersection with the prison system, and reported that this was causing blockages and delays in the way prisoners with disability were supported. Participants were unable to follow the information about the NDIS and there was a limited focus on ensuring NDIS registration for participants prior to release. Some participants commented that they were unable to even make contact with NDIS prior to release. However, since the completion of the interviews, NDIS has made policy changes (as discussed previously) that might address some of these issues.

The result of this is a lack of incentives to address disability until such time as there is a critical incident of some kind (e.g., complaint, suicide risk, behaviour of concern). Participants described how these critical events were important triggers for the

recognition of disability and the delivery of assessment and services, but could be avoided with more appropriate and timely interventions and more suitably trained staff.

A final cluster of factors involved the links between the prison the community through a network of services, systems and people who could build a seamless transition. Participants discussed the need for a review of links with family and how family and cultural connections are maintained during incarceration. They also discussed the need for improvements to the case management approach to provide continuous intensive and individualised support that began on entry and followed prisoners back into the community.

Gaps, Challenges and Tension Points

Frameworks, Policies, and Procedure

- An ongoing commitment is required to an improvement redesign process, co-designed with staff and First Peoples prisoners who have disability.
- Although excellent policies, frameworks and models of care exist for First Peoples prisoners with a disability, these frameworks were not always understood or known by participants, and they were not consistently implemented in practice.
- The RNR model that currently underpins reception processes is deficit-focussed. Strengths-based models are increasingly being used in offender development, but they are not yet implemented in the early stages of the prison journey.
- There is an increased disadvantage for First Peoples with disabilities as they might be less likely to apply for parole and, therefore, spend longer in prison removed from community connections and supports.

Specialist Units

- Specialist units offer a valuable opportunity for kin to join prisoners, learn caregiving skills and build a cultural environment that supports transferrable skill acquisition, but it is not clear how these units currently support and/or respond to disability or culture.
- Specialist units require a model of care that aligns with Access and Inclusion Policies and legislative requirements.
- Specialist units that provide disability support are limited in size and number, so access to a unit may not be possible, or may mean travelling away from community and family.
- It is not always clear how decisions are made about referral to a specialist unit and it might be dependent on critical incidents or behaviours of concern rather than informed assessment of disability-related needs.

<u>Gaps in Cultural Support</u>

- Cultural programs and activities within prison are sporadic and dependent on funding, availability and interest.
- The delivery of cultural in-reach programs is highly vulnerable to continuity threats such as pandemic, funding shortages, the capability and willingness of the local community services and volunteers.
- Cultural support officers (or other name given to the role) are vital to all parties (First Peoples prisoners and staff serving those prisoners) but they are overloaded.
- Early engagement of cultural support staff (and kin if relevant) is not consistently managed and is dependent on availability and resourcing.
- The presence of Cultural Support Officers provided an opportunity for other staff to assume that cultural issues were not their concern.

<u>Case Management</u>

- An intensive case management system should operate from the community through incarceration and back into community to enable similar levels of service as would be received in the community and strong linkages back to family and community. Where possible, case managers and counsellors should be drawn from First Peoples.
- In facilities where a case manager has the dual role of a supporter and a monitor of compliance, there were challenges around trust. This makes it a complex role that requires considerable skill to manage.

<u>Collaboration and Information Sharing</u>

- Knowledge about others in the system, personal connections and the skills to collaborate was recognised as a set of skills that enabled links to be made internally and externally for the benefit of prisoners.
- Linkages between the prison and community sectors were restricted and difficult to manage, resulting in limited in-reach.
- A deliberate networking strategy in each facility is required to ensure communication and collaboration across boundaries and to facilitate understanding of staff from different sectors around the topics of culture and disability.
- Diagnostic information is not easily obtained by staff from corrections as it is held in health department records to preserve confidentiality.
- During the early screening processes, there is a need to gather information (including indicators of a disability) from a diverse range of sources, but this is time

consuming and can rely on the personal relationships between individuals. It is also necessary to advise a large number of organisations about incarceration. There are some automated processes that could be expanded and emulated to provide a more consistent and timely way to gather information.

- The roles of Cultural Liaison Officer and Cultural Wellbeing Officer were well regarded and thought to be one that could be extended from the community through prison and back to the community to support ex-prisoners with disability and also prevent recidivism.

Assessment and the Provision of Disability Services

- A review is needed of the extensive list of assessment tools that are used in the system.
- A parsimonious set of culturally appropriate questions that can provide the easiest delivery and the most accurate identification of triggers for further intervention, is needed.
- During incarceration, there is variable access to assistive equipment other than simple walking aids or glasses. More expensive equipment such as hearing aids may not always be available, particularly to those on sentences less than 12 months and those on remand.
- The ability of the system to manage worsening disability needs is minimal and often results in transfer to a health facility or a prison that may not be near family or community.
- The practice of drawing carers from the prison population received mixed reviews but was generally viewed as an innovative way of supporting prisoners with disability. This program and similar programs focused on mentoring by other prisoners may require clear guidelines, training, and monitoring processes.

NDIS

- NDIS eligibility needs to be addressed as part of a structured transition program, and given priority to ensure it is completed and in place as much as possible prior to release into the community. There are some jurisdictions where this is starting to occur, but it is not yet consistent.
- NDIS plans were difficult to establish in the timeframe required due to the lack of responsiveness from NDIS and Local Area Coordinators, although it was believed that Justice Liaison Officers might address this challenge.
- NDIS requires a distinction between disability-related needs and criminogenic needs, resulting in confusion about how to refer to challenges faced by prisoners and difficulty distinguishing subtle symptoms.

- The process of re-enrolling in NDIS and/or re-engaging an existing NDIS plan during transition planning was unclear and confusing and needed to be simplified.
- There is considerable confusion around NDIS and how it will interface with the prison system, which is complicated by different models of service delivery across jurisdictions.
- Regular information sessions are needed to demystify the NDIS and simplifying the application process for prisoners who are within six months of release.

Recruitment, Training, and Knowledge of Staff

- All agencies should aim for a workforce selected for empathy and passion to support disability, culture and the importance of humanitarian approaches within a challenging environment.
- Most jurisdictions do not employ disability trained professionals within prisons, so access to expertise is limited for other corrections staff.
- Recruitment needs to ensure that staff have the skills and capacity to manage the complexity of the prison environment with the added overlay of culture and disability.
- There has been a failure to build capacity of the workforce in disability, especially the more complex disabilities such as brain injury, FASD, and mental health concerns.
- First Peoples Parole Officers need training in disability support to ensure that they can manage the impacts of disability on capacity to reintegrate successfully.
- Access to specialist expertise within the prison is limited, particularly around complex trauma, alcohol and drug dependency and other co-morbidities that can complicate the presentation of disability.
- Awareness about disability is limited among corrections staff and access to training is typically sporadic beyond the induction period.
- Access to advanced disability and cultural training is needed for corrective services staff with a focus on trauma-informed practice, ability to observe and respond to disability in helpful ways and show respect for culture.
- Corrections should instigate a talent acquisition strategy to improve the capacity and quality of the prison workforce and ensure adequate representation of workers from cultural backgrounds.
- Training is not delivered by providers with strong disability knowledge or cultural knowledge, which leads to a checkbox approach to learning for participants rather than deep engagement with new knowledge.

Training and Education Programs for Prisoners

- Early assessment to determine access to courses and training focuses on identifying challenges with literacy and numeracy, but it is not clear how courses are modified or supports are utilised to address these challenges.
- It is not clear what assessments are used to determine literacy, numeracy or vocational training pathways or opportunities.
- The capability of external training providers to address the needs of prisoners with learning disability was limited, which resulted in failure or withdrawal.
- There is no easy method for locating programs or courses suitable for First Peoples prisoners with disability and their availability – the nature of courses offered was a localised issue dependent on resources and interest.
- Transitional work-skill training campuses may not be considered for prisoners with disabilities due to assumptions about their employability. However, these settings could offer a significant rehabilitative opportunity and a supportive environment in which to address disability-related needs.

Transition and Community integration

- Among participants who engaged with prisoners during the incarceration period, there was minimal knowledge about what happens in the post-release period.
- Housing is the most fundamental challenge for ex-prisoners with disability who are often unable to return to their community or family because of parole requirements, overcrowding, or lack of support.
- Maintaining prisoner responsibilities and property in the community is not a routine activity and may depend on prisoner family or volunteer organisations, but this is an important link to the community and a source of anxiety if not maintained.
- Stigma in the community was a particularly challenging barrier for First Peoples ex-prisoners with disability who were seeking employment or other services. Some participants commented on the fact that prisoners received services that appeared to be of a lesser quality.
- The closure of several state-wide disability services specific to prisoners and ex-prisoners has reduced the availability of services during transition and after return to community.
- Transition planning for First Peoples prisoners with disability requires many services and agencies to facility a successful reintegration to the community. Co-ordination of the varying agencies is challenging.
- Corrections should pursue the establishment of strong agreements with a network of community services to ensure adequate pathways for First Peoples prisoners

with disabilities into employment services and housing. Participants described how these pathways could be linked to step-down specialised units focused on work training and community preparation.
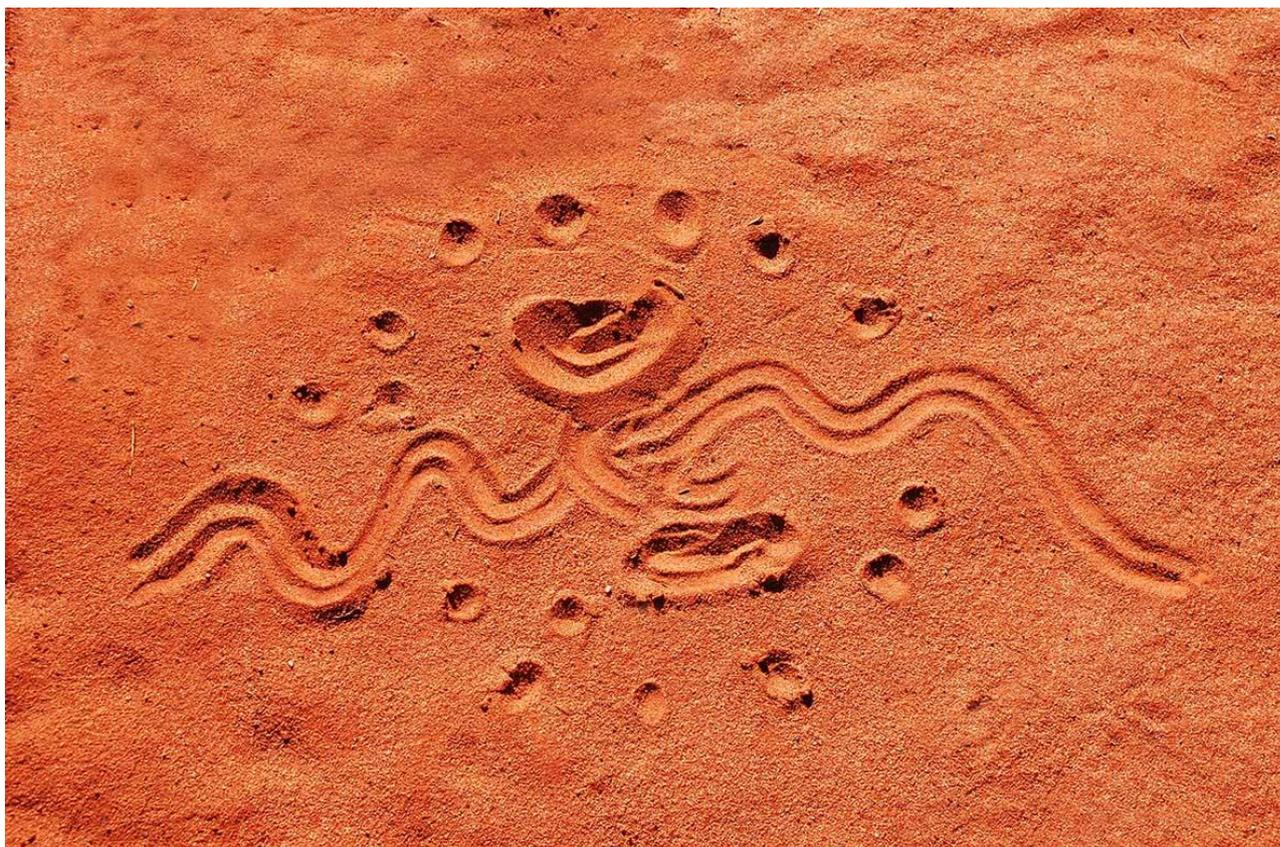
Study 3: Community Consultations

Purpose

The purpose of the community consultations phase of the ADNIP project was to identify and develop consensus about priority solutions that would deliver more effective ways of identifying and responding to the needs of First Peoples prisoners with disability and those who were formerly incarcerated.

Method

The community consultations involved structured focus groups with First Peoples community members (n = 84; M51; F33) at selected locations. Participants were Elders, Traditional Owners, community advocates and individuals with lived experience of incarceration and/or disability and their family members. A total of 11 consultations were undertaken including Brisbane x 2, Cairns, Brewarrina, Sydney, Western Sydney, Port Augusta, Alice Springs, Darwin, Melbourne, and Canberra.

The inclusion of First Peoples knowledge and preferences in the ADNIP recommendations is a crucial component of the project. Despite extensive research and Government interventions, the health and wellbeing of Australia's First Peoples continues to lag well behind the non-Indigenous population. This can be attributed in part to the failure of research to represent the needs of First Peoples communities (Kendall et al., 2011). Western scientific research methods have been described as the "embodiment of colonial power imbalances" (Maar et al., 2011, p. 748), and are tied to histories of colonisation (Humphery, 2001; Rigney., 1997). Historically, research has been conducted about, rather than with, First Peoples and is typically carried out through a lens of Western knowledge and ways of knowing, failing to represent the knowledge, practices, values and interests of First Peoples (Hall, 2014; Martin & Mirraboopa, 2003; Tuhiwai Smith, 1999). Indeed, the manner in which knowledge is acquired "may be as critical for eliminating health disparities as the actual knowledge that is gained" (Cochran et al., 2008, p.22).

Non-Indigenous research practices have been exploitative of First Peoples and have marginalised Indigenous knowledge (Bainbridge et al., 2015; Laycock, et al., 2011). Research has typically been beneficial to researchers rather than First Peoples, while reinforcing negative stereotypes in ways that harm Indigenous communities (Maar et al., 2011; Tuhiwai Smith, 1999). Researchers have a responsibility to cause no harm, but even well-intentioned research has been a source of distress for First Peoples because of its implications, methods, and lack of responsiveness to the community and its concerns. In order to address these harms research must be perceived as beneficial by the communities involved and undertaken in ways which are determined by First Peoples.

Innovative models for research involving First Peoples highlight the need for methods which "respect local Indigenous ways of knowing and adopt participatory approaches whereby knowledge remains under the control of the community (Kendall et al., 2011, p.1719). As a result, the community consultations were undertaken in culturally respectful ways, according to the direction and wishes of the cultural advisors, the community consultation group (CCG), and the cultural advisors or Elders in each location. The principles for community engagement are described below and in our First Peoples research policy.

Participants

Participants were First Peoples community members in identified geographical locations, including Elders, community advocates, people working in disability and/or criminal justice contexts, and people with lived experience of disability and/or incarceration and their family members. The Table below summarises participants' demographic details.

Table 3 Participant Demographics Community Consultations

Location (Group)	Participants	Prison experience	Disability experience	Family member with prison experience and/or disability
Brisbane 1, Qld	3 (2M,1F)	0 (0%)	2 (67%)	2 (67%)
Brisbane 2 Qld	12 (9M,3F)	2 (17%)	5 (42%)	9 (75%)
Cairns, Qld	12 (8M, 4F)	10 (83%)	10 (83%)	12 (100%)
Alice Springs, NT	3 (2M, 1F)	1 (33%)	3 (100%)	3 (100%)
Darwin, NT	11 (2M, 9F)	0 (0%)	2 (18%)	8 (73%)
Melbourne, Vic	5 (5M)	5 (100%)	4 (80%)	2 (40%)
Port Augusta, SA	8 (3m, 5F)	1 (13%)	5 (63%)	8 (100%)
Canberra, ACT	4 (3M,1F)	0 (0%)	4 (100%)	4 (100%)
Brewarrina, NSW	15 (15M)	12 (80%)	3 (20%)	12 (80%)
Sydney, NSW	4 (4F)	2 (50%)	0 (0%)	4 (100%)
Western Sydney, NSW	7 (2m, 5F)	2 (29%)	5 (71%)	4 (57%)
	84 (51M; 33F)	35 (42%)	43 (51%)	68 (81%)

In total, 84 community members participated in 11 consultations - 51 male (61%) and 33 female (39%). Most participants identified as Aboriginal (n=75; 89%), both Aboriginal and Torres Strait Islander (n=4; 5%), Torres Strait Islander only (n=3; 4%), and two did not disclose (2%). A large number of participants (n=35; 42%) reported having lived experience of prison (either as adults or in the juvenile justice system) and most (n=68; 81%) had family member/s with prison experience and/or disabilities. Actual prison experience was most common in Melbourne, Cairns and Brewarrina. Half the participants (n=43; 51%) identified as having some form of disability themselves including physical (n=5), hearing impairment (n=2), mental health condition (n=21), Intellectual disability (n=3), acquired brain injury (n=3), and vision impairment (n=9; three participants specified this related to prescription glasses). The experience of disability was most common in Canberra, Cairns, Alice Springs and Melbourne. The prevalence of family members of people with either (or both) prison experience and disability was high across all the groups

Summary of Findings

- The majority of solutions related to the prison context (64% of solutions; 73% of points).
- The majority of solutions focused on culture (45% of solutions; 55% of points).
- The most important theme was Culturally Safe Support in Prison (11 groups; 23% of solutions; 32% of priority scores; 32% of all points).

Most high priority solutions related to culturally appropriate disability assessment and support including:

- Need for more First Peoples in the prison workforce (across all types of positions within the prison and following release).
- Increased access to cultural activities in prison (including connection to culture through Elders programs and yarning circles; cultural activities).
- Better connection to family for prisoners (in prison and in preparation for release)
- Culturally appropriate assessment methods (including more cultural support during assessments; holistic assessments inclusive of persons history and family knowledge).
- First Peoples-led reintegration supports (coordinated cultural and reintegration supports).

Table 4 Solution Themes and Categories across Groups by Priority and Frequency

	Group Frequency (N=11)	Ranked Priority Score (%)	Number Solutions (N=182)	Points Allocated (% of 1053)
Theme 1: Culturally Safe Support in Prison	**11**	**51 (31%)**	**42 (23%)**	**333 (32%)**
1a) More First Peoples in prison workforce	7	19 (12%)	17	129 (12%)
1b) Access to cultural activities	7	16 (10%)	14	98 (9%)
1c) Connection to family	7	8 (5%)	8	70 (7%)
1d) Staff cultural sensitivity	3	8 (5%)	3	36 (3%)
Theme 2: Assessment & Identification of Disability	**9**	**38 (23%)**	**25 (14%)**	**195 (19%)**
2a) Effective use of disability information	5	19 (12%)	10	103 (10%)
2b) Culturally appropriate assessment	5	12 (7%)	8	57 (5%)
2c) Thorough disability assessment	6	7 (4%)	7	35 (3%)
Theme 3: Reintegration Support	**11**	**30 (18%)**	**39 (21%)**	**174 (17%)**
3a) First Peoples- led support	6	10 (6%)	10	45 (4%)
3b) Better connection to supports	6	8 (5%)	7	44 (4%)
3c) Improved community housing options	6	4 (2%)	6	32 (3%)
3d) Peer support	2	4 (2%)	2	20 (2%)
3e) Return to location of choice	4	4 (2%)	4	18 (2%)
3f) Transport assistance	2		2	10 (1%)
3g) Employment support	4		5	4 (0%)
3h) Financial management support	2		3	1 (0%)
Theme 4: Disability Support in Prison	**9**	**17 (10%)**	**32 (18%)**	**126 (12%)**
4a) Increased staff disability training	7	12 (7%)	11	61 (6%)
4b) More responsive to individual needs	7	5 (3%)	15	60 (6%)
4c) Disability education (self-management)	3		3	2 (0%)
4d) Disability advocacy	1		1	2 (0%)
4e) More disability accommodation in prison	1		1	1 (0%)
4f) NDIS awareness and preparation	1		1	0 (0%)
Theme 5: Transition Planning	**9**	**17 (10%)**	**14 (8%)**	**85 (8%)**
5a) Improved timely transition planning	7	11 (7%)	9	58 (6%)
5b) Disability assessments at transition	3	3 (2%)	3	15 (1%)
5c) Culturally appropriate transition supports	2	3 (2%)	2	12 (1%)
Theme 6: Systemic Change	**6**	**6 (4%)**	**16 (9%)**	**73 (7%)**
6a) First Peoples self-determination	4	5 (3%)	7	43 (4%)
6b) Corrections system accountability	1	1 (1%)	2	19 (2%)
6c) Continued funding	3		3	5 (0%)
6d) Better focus on regional/remote areas	2		2	3 (0%)
6e) Other systemic change	1		2	3 (0%)
Theme 7: Training Programs	**9**	**6 (4%)**	**14 (8%)**	**67 (6%)**
7a) Vocational training	5	6 (4%)	6	42 (4%)
7b) Life skills training	3		6	15 (1%)
7c) Training options for short term prisoners	2		2	10 (1%)
Combined Totals			**182**	**1053**

Other important solutions related to:

- Disability assessment (including more effective use of disability information, and more thorough assessments including family information, case histories, and assessments of needs and capabilities).
- Disability supports (including increased staff disability training; individualised responses).
- Transition and reintegration pathways (improved timely transition planning; better connection to community supports; improved community housing options).

Table 5 Highest Priority Solution Categories across Groups

Solution category	Code*	Group Frequency (N=11)	Ranked Priority Score (%)	Number Solutions (N=182)	Points Allocated (% of 1053)
More First Peoples in prison workforce	1a	7	19 (12%)	17	129 (12%)
More effective use of disability information	2a	5	19 (12%)	10	103 (10%)
Access to cultural activities in prison	1b	7	16 (10%)	14	98 (9%)
Increased disability training for prison staff	4a	7	12 (7%)	11	61 (6%)
Culturally appropriate assessment	2b	5	12 (7%)	8	57 (5%)
Improved timely transition planning	5a	7	11 (7%)	9	58 (5%)
First Peoples-led reintegration supports	3a	6	10 (6%)	10	45 (4%)

See previous table for reference to codes

Recommendations

Recommendations were developed based on the community solutions and preferences and in the context of knowledge about the gaps, challenges and tension points generated through the fieldwork about prison processes. The following recommendations were examined by the Community Consultation Group who provided feedback and endorsement. A summary is provided in Table 6.

Assessment and Identification of Disability

- Increased cultural safety for assessment processes through inclusion of First Peoples staff at all assessments (eg Aboriginal Health worker/Practitioner; Aboriginal Liaison Officer).

- Process to ensure all disability/health information is accessible at reception (and included in case file throughout pathway), with inclusion of family/community knowledge.

- Holistic, culturally safe and appropriate assessment to be done at orientation phase including physical and mental health; cognitive screen; hearing test; vision test; and culturally relevant needs assessment, inclusive of historical factors and family/community knowledge. The needs assessment will identify reasonable adjustments, which can facilitate engagement in rehabilitation, education, or training programs. First Peoples staff should facilitate the assessments.

- Processes ensuring that assessment information is shared, and adjustments are implemented are needed.

- Screening for hearing using visiting audiologists or audiology trained Aboriginal Health Practitioners be implemented in all jurisdictions where this is not already occurring.

- More First Peoples led research is needed to develop culturally validated assessment tools and screens with utility in offender populations.

Supports for Prisoners with Disabilities

- The practice of assigning carers who are prisoners supposedly without disabilities, needs to be examined – they are not skilled healthcare providers and there is potential for abuse and exploitation. Nevertheless, there is merit in this practice that could be refined.

- NDIS pathway needs to be available to people in prison from arrival, not just in the six months before release, so people can receive the treatment and support they need to prepare for release.

- More disability-specific prison accommodation options.

- In-prison advocacy for people with disability, preferably from appropriate cultural backgrounds.

Prisoner Education & Training

- Education and training programs designed to improve the literacy, numeracy, and functioning of prisoners with a disability.

- Culturally relevant training programs such as art-based or Indigenous cooking. There is a need for more cultural activities and opportunities in prison that have relevance to post-prison life.

Staff Training

- All staff who work with First Peoples prisoners need comprehensive training in disability, including recognising and managing complex disability.

- Cultural Competency training must include information about the importance of First Peoples culture (e.g., art, music and spiritualty) to wellbeing as well as the impacts of colonisation, stolen generations, deaths in custody, racism and discrimination.

- Local First Peoples community members should be engaged to inform the development of training materials and processes to capture the nuances of local cultures.

Culturally Safe Workforce

- Need to recruit more First Peoples workers in health, disability, and justice through a targeted talent acquisition program that address the key characteristics required for empathic responses to disability and culture in prison.

- More First Peoples support workers are required in all jurisdictions, including identified positions in corrections, parole officers, counsellors and case managers.

Transition

- Transition planning for prisoners on short sentences, including remandees.

- Need better co-ordination between prisons and agencies around release conditions, particularly housing, mental health care and drug and alcohol rehabilitation services.

- Need to engage key stakeholders early in transition planning.

- Clarity is needed around NDIS access processes and JLO roles (both features were in development when these data were collected, meaning that considerable confusion was still evident).

Reintegration

- Community Hub: A First Peoples led holistic support place in community providing access to multiple services and supports as needed (e.g., transport; accommodation; Centrelink; financial management; legal matters, medical, mental health, family and other social supports).

- In-reach services to ensure continuity of care following release.

- More First Peoples parole officers/community correctional officers in relevant communities.

System/Policy

- All States and Territories need a forensic disability service that provides assessments; supports; staff training; advocacy; transition planning.

- All States and Territories need a well-resourced First Peoples Cultural Service. To be effective the Service should report to a Deputy Commissioner and be a critical policy and decision maker.

Improved Inter- and Intra-agency Communication

- Staff need to be provided with regular updated information on the inter- and intra-governmental relationships involved.

- Staff need to be provided with regular and updated information about the systems and resources available to them (e.g., NDIS responsibilities and access processes).

Table 6 Recommendation Summary

GAPS/TENSIONS	LEVERS FOR CHANGE	PRIORITY SOLUTIONS	RECOMMENDATIONS
Cultural Gaps	Workforce Recruitment Strategies	Culturally Safe Support in Prison	Create a Culturally Safe Workforce
The delivery of cultural in-reach programs is highly vulnerable to continuity threats such as pandemic, funding shortages, the capability and willingness of the local community services and volunteers.	A workforce selected for empathy and passion to support disability, culture and the importance of humanitarian approaches within a challenging environment.	1a) More First Peoples in prison workforce	Need to recruit more First Peoples workers in health, disability, and justice through a targeted talent acquisition program that address the key characteristics required for empathic responses to disability and culture in prison.
Cultural programs and activities within prison are sporadic and dependent on funding, availability and interest.	The need for a recruitment approach that ensured the skills to manage the complexity of the prison environment with the added overlay of culture and disability.	1b) Access to cultural activities in prison	More First Peoples support workers are required in all jurisdictions, including identified positions in corrections, parole officers, counsellors and case managers.
Cultural Support Officers (or other name given to the role) are vital to all parties (First Peoples prisoners and staff serving those prisoners) but they are overloaded.	No policy responses that address workforce and disability expertise and a lack of workforce strategies (or at least the implementation of workforce recruitment strategies), particularly around the recruitment of First Peoples and people with skills in the disability sector.	1c) Better connection to family	Corrections should instigate a talent acquisition strategy to improve the capacity and quality of the prison workforce and ensure adequate representation of workers from cultural backgrounds.
The presence of Cultural Support Officers provided an opportunity for other staff to assume that cultural issues were not their concern.	A workforce that is both insufficient and unqualified to address the complex needs at the nexus of disability and culture.	1d) Staff cultural sensitivity in the ways culture is valued, enacted and addressed throughout the prison and reintegration journey	

Assessment and Identification of Disability	Need for Integrated Information	Assessment and Identification of Disability	Improving Assessment and Identification of Disability
The RNR model that currently underpins entry to prison is based on a deficit-focus but strengths-based models are not yet implemented in the early stages of a prison journey.	A system replete with tools, procedures and protocols, but limited in access to useful integrated information that could influence practice.	2a) Effective use of disability information from a range of sources including family	Increased cultural safety for assessment processes through inclusion of First Peoples staff at all assessments (eg Aboriginal Health worker/Practitioner; Aboriginal Liaison Officer).
A review is needed of the extensive list of assessment tools that are used in the system and development of a parsimonious set of culturally appropriate questions that can provide the easiest delivery and the most accurate identification of triggers for further intervention.	Lack of reliance on informal yet important sources of knowledge such as family and community.	2b) Culturally appropriate assessment, culturally specific assessment tools and solutions led by First Peoples.	Process to ensure all disability/health information is accessible at reception (and included in case file throughout pathway), with inclusion of family/community knowledge.
Early engagement of cultural support staff (and kin if relevant) is not consistently managed and is dependent on availability and resourcing.			Holistic, culturally safe and appropriate assessment to be done at orientation phase including physical and mental health; cognitive screen; hearing test; vision test; and culturally relevant needs assessment, inclusive of historical factors and family/community knowledge. The needs assessment will identify reasonable adjustments, which can facilitate engagement in rehabilitation, education, or training programs. First Peoples staff should facilitate the assessments.
During the early screening process, there is a need to gather information (including indicators of a disability) from a diverse range of sources, but this is time consuming and is not consistently conducted. It is also necessary to advise a large number of organisations about incarceration. These processes could			Processes ensuring that assessment information is shared, and adjustments are implemented are needed.

become more automated to ensure consistency.			
Diagnostic information is not easily obtained and is held in health department records for security. Information available from more informal channels is often not pursued due to time constraints.			Screening for hearing using visiting audiologists or audiology trained Aboriginal Health Practitioners be implemented in all jurisdictions where this is not already occurring.
Early assessment to determine access to courses and training focuses on identifying challenges with literacy and numeracy, but it is not clear how courses are modified or supports are utilised to address these challenges.			More First Peoples led research is needed to develop culturally validated assessment tools and screens with utility in offender populations.
It is not clear what assessments are used to determine literacy, numeracy or vocational training pathways or opportunities – there is no evidence of a vocational rehabilitation framework to support employment goals of prisoners.			
Integration Challenges		**Reintegration Support**	**Improvements to the Reintegration Process**
Among participants who engaged with prisoners during the incarceration period, there was minimal knowledge about what happens in the post-release period.		3a) First Peoples- led reintegration supports	Establish a Community Hub - A First Peoples led holistic support place in community providing access to multiple services and supports as needed (e.g., transport; accommodation; Centrelink; financial management; legal matters, medical, mental health, family and other social supports).
There in an increased disadvantage for First Peoples with disabilities as they might be less likely to apply for parole and, therefore, spend		3b) Better connection to supports	In-reach services to ensure continuity of care following release.

longer in prison removed from community connections and supports.			
First Peoples Parole Officers need training in disability support to ensure that they can manage the impacts of disability on capacity to reintegrate successfully.		3c) Improved community housing options	More First Peoples parole officers/community correctional officers in relevant communities.
Housing is the most fundamental challenge for ex-prisoners with disability who are often unable to return to their community or family because of parole requirements, overcrowding or lack of support.		3d) Peer support in the community	
Stigma in the community was a particularly challenging barrier for First Peoples ex-prisoners with disability who were seeking employment or other services – some participants commented on the fact that prisoners received services that appeared to be of a lesser quality.		3e) Return to location of choice	
An intensive case management system should operate from the community through incarceration and back into community to enable similar levels of service as would be received in the community and strong linkages back to family and community. Where possible, case managers and counsellors should be drawn from First Peoples.		3f) Transport assistance	
The role of Cultural Liaison Officer was thought to be one that could be extended from the community through prison and back		3g) Employment support	

to the community to support ex-prisoners with disability and also prevent recidivism.			
Corrections should pursue the establishment of strong agreements with a network of community services to ensure adequate pathways for First Peoples prisoners with disabilities into employment services and housing – Participants described how these pathways could be linked to step-down specialised units focused on work training and community preparation.		3h) Financial management support	
Disability Support	**Accessible Information**	**Disability Support in Prison**	**Supports for Prisoners with Disabilities**
During incarceration, there is variable access to assistive equipment other than simple walking aids or glasses – more complicated equipment such as hearing aids may not always be available.	Confusing information about NDIS that was causing blockages and delays in the way prisoners with disability were supported. A tendency to not use schemes effectively to support prisoner wellbeing.	4a) Increased staff disability training	The practice of assigning carers who are prisoners supposedly without disabilities, needs to be examined – they are not skilled healthcare providers and there is potential for abuse and exploitation. Nevertheless, there is merit in this practice that could be refined.
The practice of drawing carers from the prison population received mixed reviews but was generally viewed as an innovative way of supporting prisoners with disability. This program and similar programs focused on mentoring by other prisoners may require clear guidelines, training and monitoring processes.		4b) More responsive to individual needs	NDIS pathway needs to be available to people in prison from arrival, not just in the six months before release, so people can receive the treatment and support they need to prepare for release.
The ability of the system to manage worsening disability needs is minimal and often results in transfer to a health facility or a prison that may not be near family or community.		4c) Disability training (self-management)	More disability-specific prison accommodation options.

Specialist units that provide disability support are so limited in size and number that access to a unit may not be possible, or may mean travelling away from community and family - it is not clear how decisions are made about referral to a specialist unit and this might be dependent on critical incidents or behaviours of concern rather than informed assessment of disability-related needs.		4d) Disability advocacy	In-prison advocacy for people with disability, preferably from advocates with appropriate cultural backgrounds.
Specialist units offer a valuable opportunity for kin to join prisoners, learn caregiving skills and build a cultural environment that supports transferrable skill acquisition, but it is not clear how these units currently support and/or respond to disability or culture. They require a model of care that aligns with Access and Inclusion Policies and legislative requirements.		4e) More disability accommodation in prison	
Transitional work-skill training campuses may not be considered for prisoners with disabilities due to assumptions about their employability. However, these settings could offer a significant rehabilitative opportunity and a supportive environment in which to address disability-related needs.		4f) NDIS awareness and preparation	
Lack of Transition Planning		**Transition Planning**	**Improve the Focus on Transition**
Transition planning is more complicated for prisoners with disability because more people are involved in the process and co-ordination becomes challenging.		5a) Improved and more comprehensive transition planning delivered early and in a timely way	Transition planning for prisoners on short sentences, including remandees.
The dual role of the case manager as a supporter and a monitor of compliance can		5b) More thorough disability assessments at transition	Need better co-ordination between prisons and agencies around release conditions, particularly

create trust challenges for prisoners and makes it a complex role that requires considerable skill to manage.			housing, mental health care and drug and alcohol rehabilitation services.
Regular information sessions are needed to demystify the NDIS and simplifying the application process for prisoners who are within six months of release.		5c) Culturally appropriate transition supports and cultural sensitivity during the transition process	Need to engage key stakeholders early in transition planning.
There is considerable confusion around NDIS and how it will interface with the prison system, which is complicated by different models of service delivery across jurisdictions.			Clarity is needed around NDIS access processes and JLO roles (both features were in development when these data were collected, meaning that considerable confusion was still evident).
NDIS eligibility needs to be addressed as part of a structured transition program, and given priority to ensure it is completed and in place as much as possible prior to release into the community.			
NDIS requires a distinction between disability-related needs and criminogenic needs, resulting in confusion about how to refer to challenges faced by prisoners and difficulty distinguishing subtle symptoms.			
NDIS plans were difficult to establish in the timeframe required due to the lack of responsiveness from NDIS and Local Area Coordinators, although it was believed that Justice Liaison Officers might address this challenge.			

The process of re-enrolling in NDIS and/or re-engaging an existing NDIS plan during transition planning was unclear and confusing and needed to be simplified.			
There was little evidence that transition planning took into consideration the possibility of returning to remote communities, other than one reference to a bulk prescription of medication to accommodate distances and limited capacity of remote community pharmacies.			
Maintaining prisoner responsibilities and property in the community is not a routine activity and may depend on prisoner family or volunteer organisations but this is an important link to the community and a source of anxiety if not maintained.			
Policy Challenges and System Cooperation	**Systemic Opportunities**	**Systemic Change**	**System/Policy Changes and Inter-Agency Communication**
An ongoing commitment is required to an improvement redesign process, co-designed with staff and First Peoples prisoners who have disability.	A lack of incentives to address disability until such time as there was a critical incident of some kind (e.g., complaint, suicide risk, behaviour of concern).	6a) First Peoples self-determination	All States and Territories need a forensic disability service that provides assessments; supports; staff training; advocacy; transition planning.
It was difficult to distinguish pathways or specific models of care for prisoners with disability, or First Peoples prisoners although excellent policies, frameworks and models of care do exist – these frameworks were not always understood or even known by participants were not well implemented in practice.	A reactive system that addresses problems rather than promotes positive pathways and quality improvement.	6b) System accountability	All States and Territories need a well-resourced First Peoples Cultural Service. To be effective the Service should report to a Deputy Commissioner and be a critical policy and decision maker.

Corrections requires a deliberate networking strategy in each prison to ensure communication and collaboration across boundaries and facilitate understanding of different sectors around the topics of culture and disability.	A system complicated by sporadic funding and discontinued programs.	6c) Continuous funding for cross-sectoral initiatives	Staff need to be provided with regular updated information on the inter- and intra-governmental relationships involved.
After the introduction of NDIS has been the closure of several state-wide disability services specific to prisoners and ex-prisoners which has impacted on their access to services during transition and after return to community.	Knowledge about others in the system, personal connections and the skills to collaborate was recognised as a set of skills that enabled links to be made internally and externally for the benefit of prisoners. Linkages between the prison and community sectors were restricted and difficult to manage, resulting in limited in-reach.	6d) Better focus on regional/remote areas	Staff need to be provided with regular and updated information about the systems and resources available to them (e.g., NDIS responsibilities and access processes).
Prisoner Education		**Training Programs**	**Improve Access to Prisoner Education**
Training is not delivered by providers with strong disability knowledge or cultural knowledge, which leads to a checkbox approach to learning for participants rather than deep engagement with new knowledge .		7a) Vocational training	Education and training programs designed to improve the literacy, numeracy, and functioning of prisoners with a disability.
Programs focused on education, vocational training or rehabilitation and behaviour support are rarely modified for prisoners with cognitive impairment (or even any other impairment).		7b) Life skills training	Culturally relevant training programs such as art-based or Indigenous cooking. There is a need for more cultural activities and opportunities in prison that have relevance to post-prison life.
There is no easy method for locating programs or courses suitable for First Peoples prisoners with disability and their availability – the nature of courses offered was a localised issue dependent on resources and interest.		7c) Training options for short term prisoners	

The capability of external training providers to address the needs of prisoners with learning disability was limited, which resulted in failure or withdrawal.			
Lack of Staff Knowledge	**Training Opportunities**	**Staff Training**	**Staff Training on Culture and Disability**
Awareness about disability is limited among corrections staff and access to training is typically sporadic beyond the induction period. Access to advanced disability and cultural training is needed for corrective services staff with a focus on trauma-informed practice, ability to observe and respond to disability in helpful ways and show respect for culture.	The failure to build capacity of the workforce in disability, especially the more complex disabilities such as brain injury, FASD, and mental health concerns.	Improved access to staff training in how to recognise, assess and respond to disability	All staff who work with First Peoples prisoners need comprehensive training in disability, including recognising and managing complex disability.
Access to specialist expertise within the prison is limited, particularly around complex trauma, alcohol and drug dependency and other co-morbidities that can complicate the presentation of disability.			Cultural Competency training must include information about the importance of First Peoples culture (e.g., art, music and spiritualty) to wellbeing as well as the impacts of colonisation, stolen generations, deaths in custody, racism and discrimination.
Most jurisdictions do not employ disability trained professionals within prisons, so access to expertise is limited for other corrections staff.			Local First Peoples community members should be engaged to inform the development of training materials and processes to capture the nuances of local cultures.

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