

Transitioning From Prison to Community: Reflections from an NDIS OT

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Forensic Disability

- Typically refers to a client with an intellectual or cognitive disability who is in contact with the justice system
- The evidence is overwhelming that people with disability, particularly those with cognitive disability, are disproportionately represented in criminal justice settings in Australia
- Up to 12% of the Australian prison population has an IQ of less than 70, placing them in the range of intellectual disability (Baldry et al, 2013).
- The majority of forensic disability clients experience multiple and intense forms of disadvantage, comprising mental illness, having more than one form of disability, homelessness, substance use disorder, low levels of literacy and numeracy, poor health, and exclusion from the labour market (Baldry et al, 2013; Rowe et al, 2020).

Baldry, E., Clarence, M., Dowse, L., & Trollor, J. (2013). Reducing Vulnerability to Harm in Adults With Cognitive Disabilities in the Australian Criminal Justice System. *Journal of Policy & Practice in Intellectual Disabilities*, 10(3), 222–229.

Rowe, S., Dowse, L., Newton, D., McGillivray, J., & Baldry, E. (2020). Addressing Education, Training, and Employment Supports for Prisoners With Cognitive Disability: Insights from an Australian Programme. *Journal of Policy & Practice in Intellectual Disabilities*, 17(1), 43–50.

- An Australian study of forensic disability clients highlighted that most individuals do not receive preparation for community re-entry and are thus left to flounder with securing and maintaining accommodation, connecting with their community, and engaging in meaningful activities (Ellem, 2012).
- In the absence of adequate disability support, these individuals cycle in and out of prison more frequently compared to those without a disability (Rowe et al, 2020). Within an Australian context, almost 50% of all people who've been to prison return to custody in the two years following release, but for those with an intellectual disability, this statistic jumps to **72%** (Trofimovs et al, 2022).

Ellem, K. (2012). Experiences of leaving prison for people with intellectual disability. *Journal of Learning Disabilities and Offending Behaviour*, 3(3), 127–138.

Rowe, S., Dowse, L., Newton, D., McGillivray, J., & Baldry, E. (2020). Addressing Education, Training, and Employment Supports for Prisoners With Cognitive Disability: Insights from an Australian Programme. *Journal of Policy & Practice in Intellectual Disabilities*, 17(1), 43–50.

Trofimovs, J., Srasuebku, P., Trollor, J. N., & Dowse, L. (2022). Disability support and reincarceration after a first adult prison custody episode for people with intellectual disability in New South Wales, Australia. *JOURNAL OF CRIMINOLOGY*.

Role of NDIS OT in Forensic Disability

**What do you actually
do?**

Economic
engagement!

Health
and
fitness!

Wake at 7am

Have shower, get dressed

Have breakfast, make coffee

Take medication

Attend work

Socialize on break

Finish work early to attend GP
appointment

Have lunch, make sandwich

Attend literacy class

Shop for some food for the week

Training in gym

Phone family

Have dinner

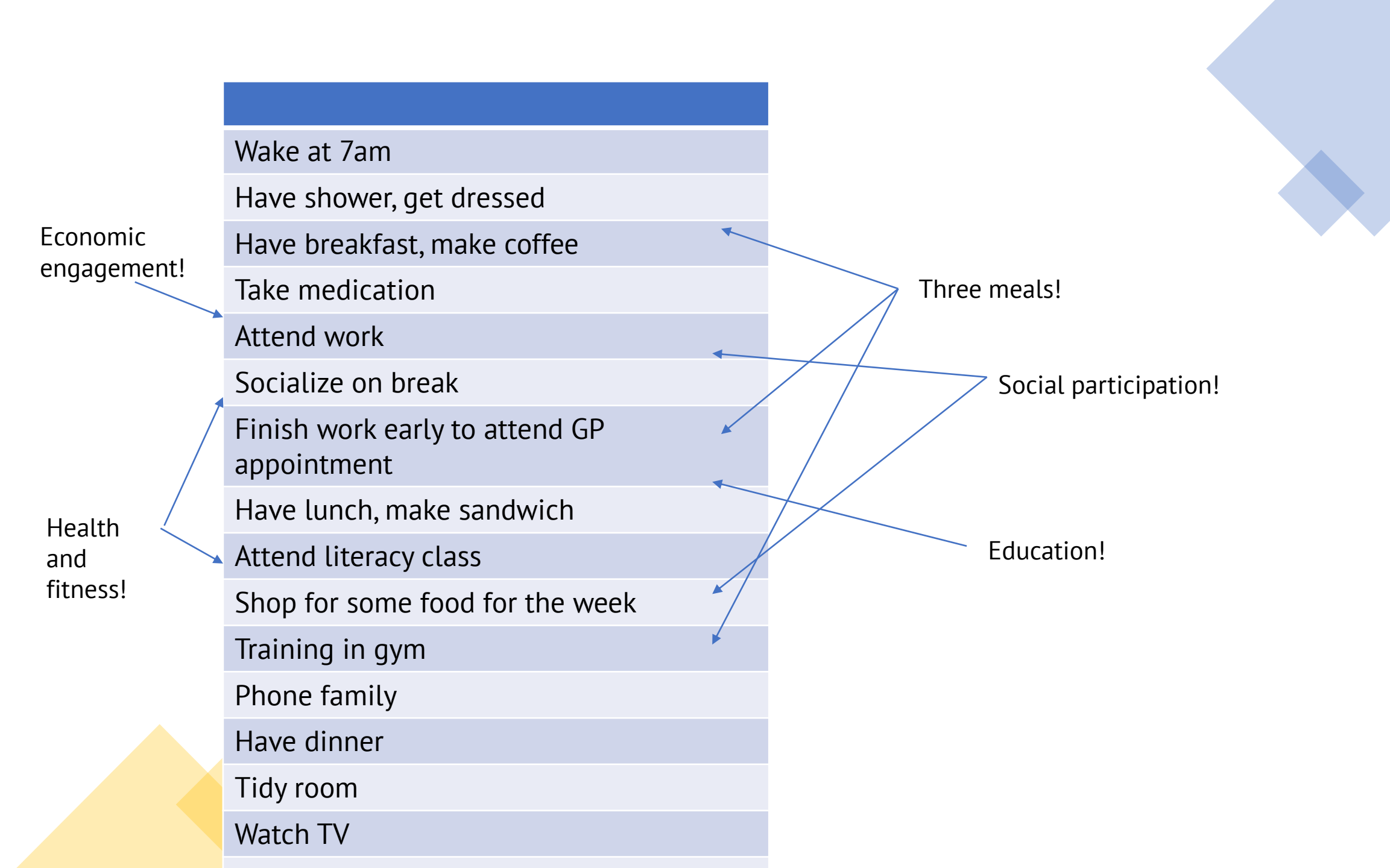
Tidy room

Watch TV

Three meals!

Social participation!

Education!



OT Theory Detour

- Activity analysis – breaking activities down into parts.

Activity

Tasks

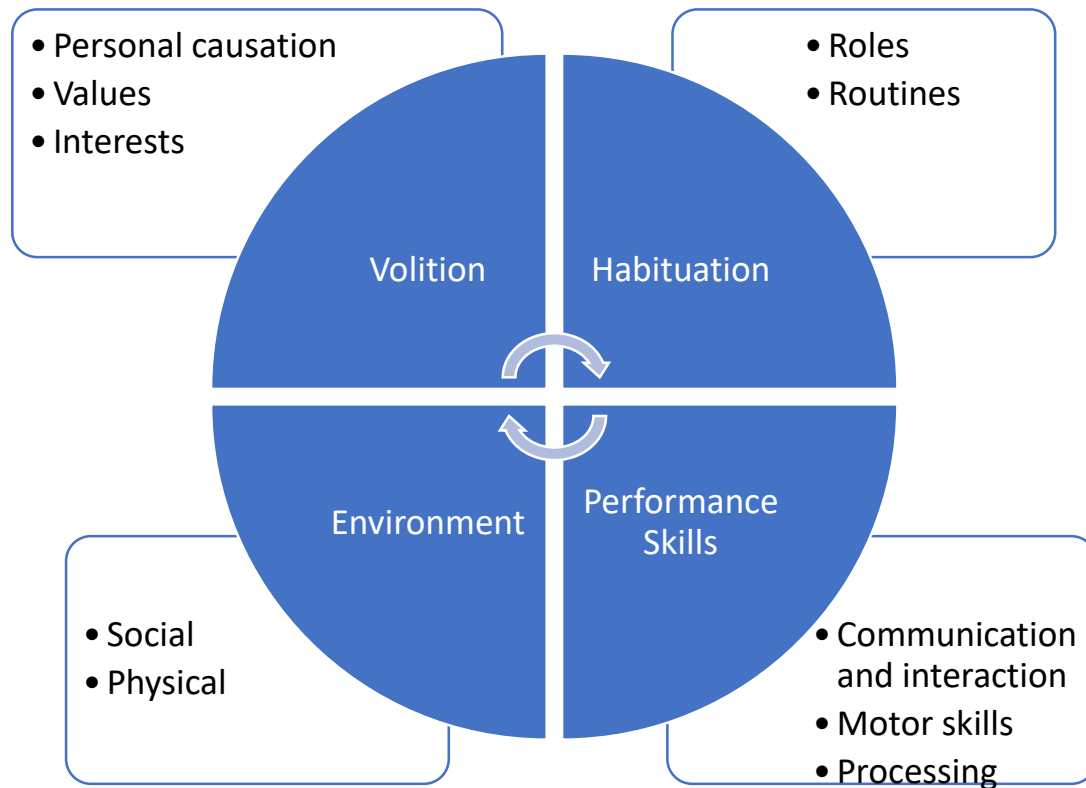
Task
components



- Activity/occupation - Laundry

- Tasks – identifying need to do laundry, putting washing in the machine, operating the machine, *returning to get the washing out when completed*, etc.
- Task components – motor demands of UL and LL strength and movement, functional cognition in sequencing, delayed recall, etc.

OT Theory Detour

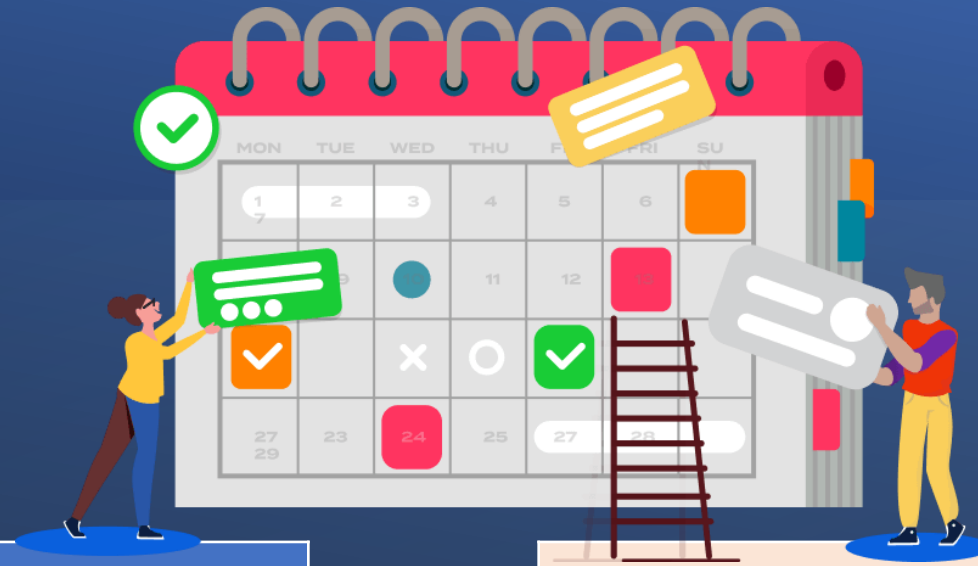


- **Environment**

- Social
- Physical

- **Person**

- Motivated to engage in an activity
- Valuing the activity
- Interested in the activity



Wake at 7am

Have shower, get dressed

Have breakfast, make coffee

Take medication

Woken by count / noise from others

Shower is next to bed, limited outfit choice

Breakfast provided, coffee in room

Nurse provides medication, call on speaker

Attend work

Socialize on break

Finish work early to attend GP appointment

Have lunch, make sandwich

Attend literacy class

Prompted to work, walking distance

Surrounded by other people

Called up for GP appointment, booked by staff

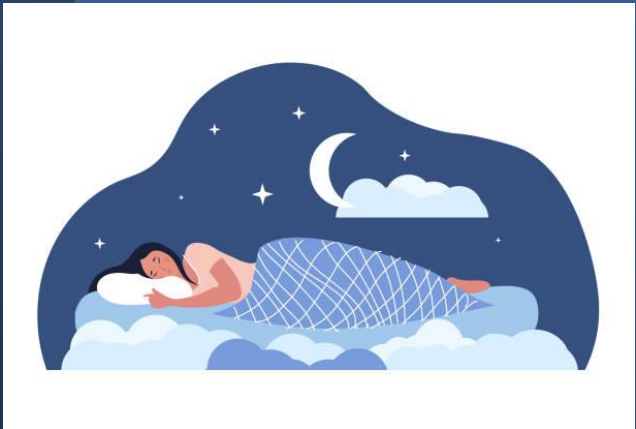
Provided lunch, bread available on bench

Easily available, walking distance, verbal reminder

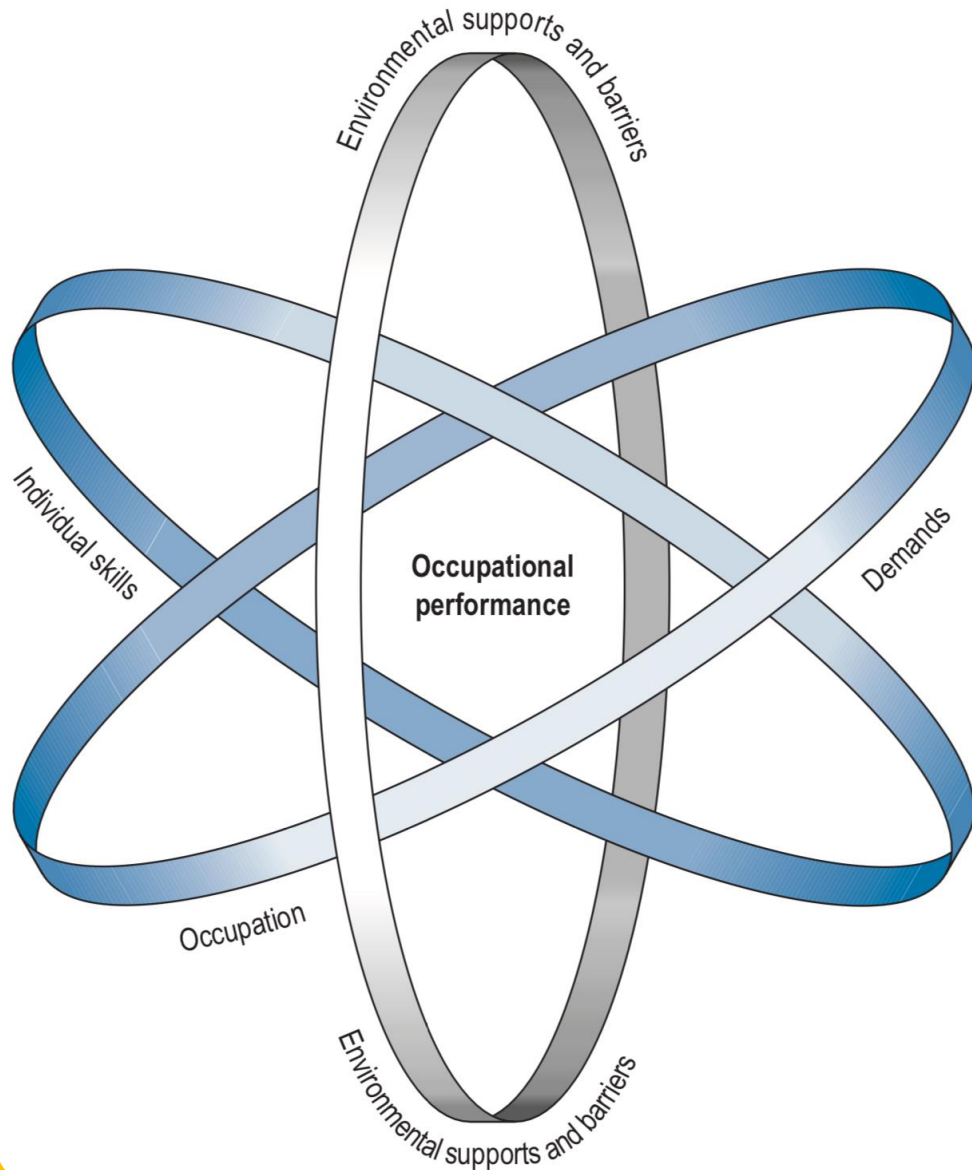


Shop for some food for the week
Training in gym
Phone family
Have dinner
Tidy room
Watch TV
Sleep

Browse and order from limited canteen list
Equipment visible from room, others training
Phone in unit as prompt
Dinner provided
Locked in cell, no other activities
Locked in cell, no other activities
Sleep



Assessing Function in Prison



- In order to assess function, need to understand the environment and activity demands of prison
- Understand current function and how they present within a highly structured environment
- Recognize prison is not an adaptive environment
- Seek information about occupational history

Case Study

- 26-year-old male
- Diagnoses of intellectual disability, PTSD
- In custody for past three years, has been in prison multiple times before this
- Left school at 14, left home at 16
- Has been homeless / couch surfing between periods in custody
- In sporadic contact with mother, no relationship with father
- No employment history
- Heavy substance use over the year prior to recent incarceration, using substances since adolescence



Does this person
have daily living
skills?

- Has not had opportunity for stable housing
- Has not had consistent access to kitchen facilities to learn to cook
- Has not been able to engage in long-term thinking and planning
- Has not had a routine
- Has not gained Learner's or driver's license (although may be driving anyway)



Even if someone is displaying some engagement in the prison environment, does this mean they can generalize skills to the community that they haven't had in that context before?

- Having to call a GP and book an appointment themselves, attend on time
- Eat three meals per day
- Complete shopping and manage expenses
- Access and utilize gym
- Access and attend education
- Maintain home environment
- Stay in contact with family
- Engage in employment



Further questions

- Can they structure a day when it is not structured for them?
- Can they say no to antisocial contacts and find new social outlets?
- Can they develop and implement new coping strategies?
- Can they manage their money?



Assessments of functional capacity

At Public hearing 15, the Victorian Government said NDIS assessments of functional capacity for the purposes of pre-release planning do not always accurately indicate what supports a person requires to live independently in the community. This can occur because the assessment is effectively limited to the person's functioning and needs in a secure, regimented environment. An assessment completed in these circumstances may not be of great benefit to a person with complex support needs who requires funding from the NDIS to meet those needs upon release.¹¹⁷ An assessment of a person's functional capacity and support needs should take account of their likely circumstances and functioning when they are living in the community.

- P 223, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report, Volume 8 Criminal Justice and People with Disability, September 2023. Commonwealth of Australia.



Engagement with NDIS Services

- May or may not have had access to NDIS prior to entering prison
- May have been supported to access NDIS by prison services
- May have had NDIS in community but not utilized this – can now engage because not substance affected, in stable location, wanting to participate
- Engagement with other services
- May not have engaged in intervention that is separate from justice
- Can have limited plans meaning OT may be the only specialist involved
- This makes the OT role critical in providing assessment and advocacy!
- (in case there was any doubt – NDIS will fund support for those in prison)



Do OTs need experience to work in the area?

- Recommended to have a good understanding of NDIS if new to forensic disability, as you're otherwise learning multiple systems at once
- Recommended to have skills in working with people with ID
- Recommended to have access to a mentor who is experienced with forensic disability
- Recommended to have cultural literacy to work with Aboriginal and Torres Strait Islander clients

Return to Case Study

/What do you actually do?

- 26-year-old male
- Diagnoses of intellectual disability, PTSD
- In custody for past three years, has been in prison multiple times before this
- Left school at 14, left home at 16
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How This Plays Out

- Assessment over a few sessions
 - Interviews and observations with client

Process



Complete assessments as indicated



Liaise with any existing supports, review available documentation



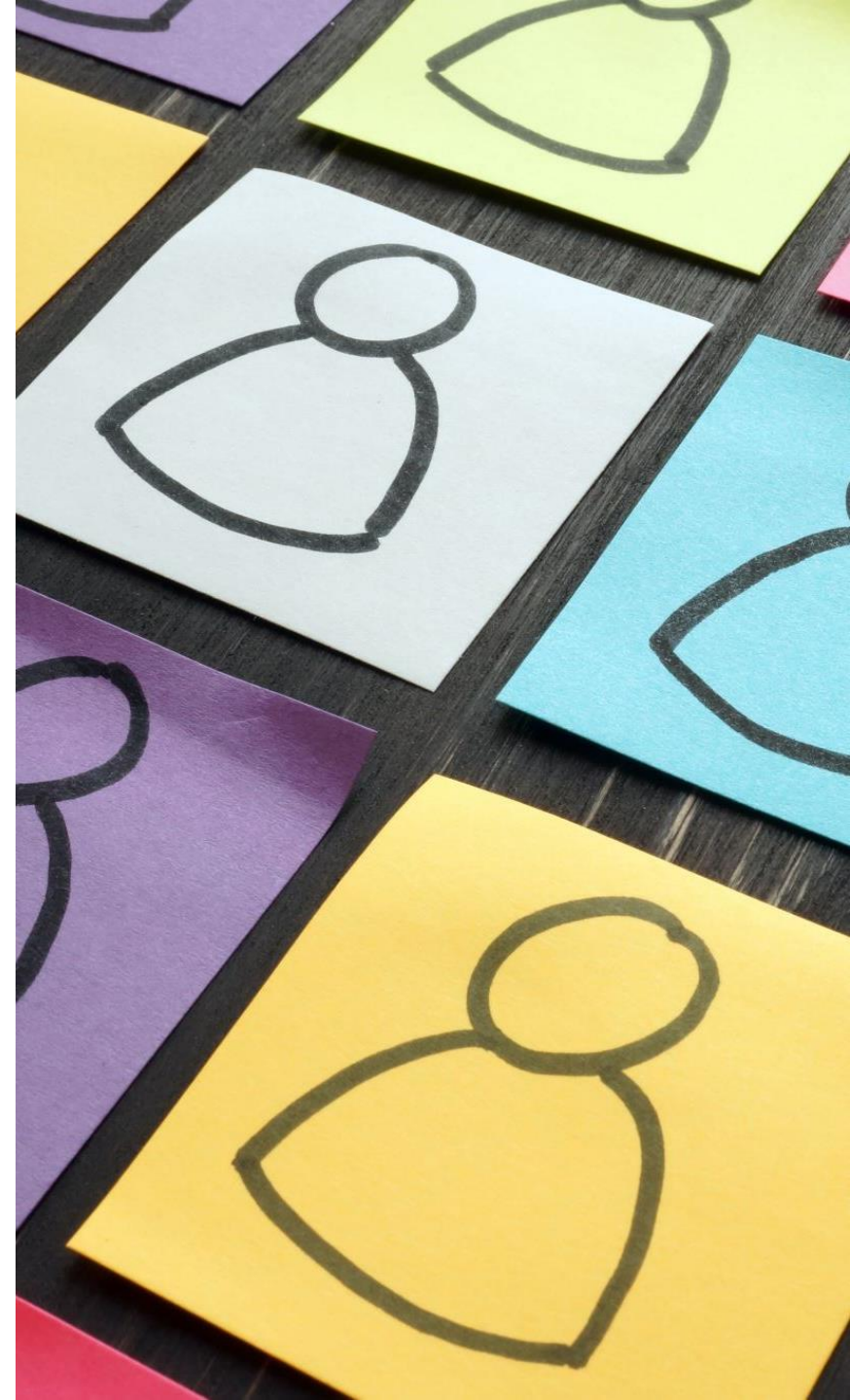
Identify intensity of support required in community



Complete FCA / plan review

Process

- Deliver training to support workers
 - Support workers commence regular engagement to build relationship
- Intervention to facilitate transition
 - Developing activity schedules
 - Exploring interests to identify new community activities
 - Training in living skills, i.e., budgeting, menu planning
 - Education and implementation of self-management strategies



Post Release

- Intensive sessions post release
- Baseline assessments in community, particularly of skills that couldn't be assessed in prison environment
- Develop therapy plans for support workers to implement (e.g., for meal preparation, grocery shopping)
- Consider activity tolerance – goodness of fit
- Monitor presentation and liaise with multidisciplinary team
- May be able to reduce support hours after initial period as individual stabilizes in community
- Continue OT input as needed



But...

- Sometimes these individuals return to prison
- Try again

Thank you

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