

The Winston Churchill Memorial Trust of Australia

Report by:

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**To learn new ways to manage intellectually disabled offenders in prisons including transition to the community.**

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*Signed: Michelle Enbom*

*Dated: August 2017*

**It is no use saying, “We are doing our best.” You have got to succeed on doing what is necessary.**

**Winston Churchill**

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## Introduction

The Churchill fellowship has given me the opportunity to look and learn from some amazing passionate and extraordinary people who work within prisons and the community with people with Intellectual disabilities. It enabled me to travel to different countries throughout the world where I visited prisons, universities, community projects and specialised services so I could look to formulate what might work best for the forensic population in Victoria. I would like to also say that I am not an academic and do not write this report from an academic point of view but one from a lived experience of working with offenders with an Intellectual Disability in the Victorian prison system.

I am the Disability Coordinator at the maximum security Port Phillip Prison, one of two private prisons in Victoria, Australia, operated by G4S Custodial Services on behalf of the Justice Department. I was given the role of Disability Coordinator back in 2007 where I was to manage a 35 bed unit for offenders with an Intellectual Disability. It was developed as a tripartite relationship between Disability forensic Assessment and Treatment Services (Department of Health and Human Services), Corrections Victoria (Department of Justice) and Port Phillip Prison, (G4S Custodial Services). The unit has as its main focus to manage and provide effective services for offenders with Intellectual Disabilities. It has been developed as a therapeutic community. Prisoners with Intellectual Disabilities that come into contact with the justice system and end up being incarcerated are vulnerable within that system. They are often open to exploitation by other prisoners, are unable to navigate the system, unable to understand the black and white rules which are often punitive, unable to have a voice and often unable to participate in programs or daily activities provided. They tend to end up with more incidents in the system and often end up in management units. Prisoners with Intellectual Disabilities tend to have much higher recidivism rates than those prisoners without Intellectual Disabilities. Correctional staff often are not appropriately trained to work with this cohort.

The focus of my fellowship was to look at other jurisdictions to see how they manage prisoners with Intellectual Disabilities and what works for them once in the community. I have seen numerous men with Intellectual Disabilities come into our unit where they have improved their social skills, learnt daily living skills, participated in education and learning, participated in treatment programs and groups but have not been able to successfully integrate or participate in the community once released.

I would like to take this opportunity to firstly thank the Churchill Memorial Trust that afforded me this opportunity. There is some amazing people within this organisation that encouraged me, supported me through some tough times and made this opportunity possible for myself. I would also like to thank the management at Port Phillip Prison and G4S with a special mention to Mr Dennis Roach. Mr Roach has encouraged and supported me in my work for many years now and supported my application and gave me the time and assistance to undertake my fellowship. Secondly I would like to thank all the amazing people that I met and spoke to during my preparations for and during my travels. They took time out from their busy schedules to arrange

meetings, show presentations, organise travel, provide me with materials and mostly make myself feel supported and comfortable. I have made some good networks throughout the world that work in my field and will be positive networks for the future. Lastly there is two people that I would like to specifically thank as this journey would not be possible without them. Firstly Ms Anne Hooker, Youth Development Officer at Port Phillip Prison and currently the 2017 President of the Victorian Churchill Group. This would never have happened without your encouragement to firstly apply and then continued support and encouragement throughout the process. Thank you for your support and friendship. Also I would like to thank my amazing partner Ms Helen Petcos, Senior Prison Officer, Dame Phyllis Frost Centre. Helen not only gives me courage and support in all that I do but she organised all our travel arrangements, travelled with me and kept me positive and proactive during our travels. Thank you.

## **Executive Summary**

Churchill fellowship Topic: **To learn new ways to manage intellectually disabled offenders in prisons including transition to the community.**

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People with Intellectual Disabilities that come in contact with the justice system are an extremely vulnerable group within that system. They are vulnerable to others, do not understand the processes and often have higher rates of incarceration than the mainstream prison populations. They also tend to have higher rates of incidents in prison than the mainstream population and find it more difficult to transition into the community successfully. I have worked in prisons with persons with an Intellectual Disability for ten years now and have personally witnessed the vulnerabilities of this cohort. I have witnessed the numbers increase with more and more being incarcerated. I have also witnessed a large number of these people come back into the system time and time again. When talking with these prisoners I always get comments like “it got too hard out there”, “I just want to live in here”, “I have no friends out there”, “I was bored”, to all manner of comments why the community did not work for them and why it often is easier in prison.

From my travels I have learnt that what we are doing here in Victorian prisons is on the right track. Although we are on the right track we are extremely under resourced and under staffed to work with the emerging numbers that are now hitting the Victorian prison system. It is also becoming increasingly expensive to incarcerate any prisoner now let alone those with special needs. There now needs to be a large focus on the community, how we step them successfully into the community and how we can provide that much needed community for this group of men. On conclusion I feel that, as like Denmark, no person with an Intellectual Disability should be incarcerated in prisons. Prisons are not the place to socialise people, they often further traumatise people. It is often because of their disability and their inability to fit into our world that they offend. There should be better ways to manage them in the community in places that promote the ideals of community. These could be in the form of secure facilities for those that require it through to gated or lifestyle communities. Excellent examples of this are Kofoedsminde in Denmark, The Delancey Project in San Francisco and The Centre for Discovery in Monticello, New York.

### **Key Highlights:**

I visited a number of jurisdictions throughout the world and looked at some amazing programs and met some amazing passionate people. Most places I visited had similar programs, research and worked under similar models to what we do here in Victoria, Australia. There were some notable programs that I visited:

Kofoedsminde, A secure facility in Denmark, Mr Soren Holst.

The Delancey Project, San Francisco, Chad & Albert.

The Tizard Centre, University of Kent, Professor Glynis Murphy.

Prison Reform Trust, UK, Ms Jenny Talbot OBE.

Department of Corrections and Community Supervision, New York, Assistant Commissioner Mr Bryan Hilton.

**Dissemination:**

The information presented in this report will be disseminated in the following ways:

Presentations to Corrections Victoria

Presentations to local community groups.

Talks with local radio and TV stations and newspapers.

Presentations to Department of Health & Human Services

Continued lobbying and presenting to community groups and organisations that partner with Port Phillip Prison

## Churchill Fellowship Program

I visited prisons and services throughout Germany, Netherlands, Denmark, UK and USA during June and July of 2017. The people I met and spoke with shared their knowledge, resources and were very generous with their time. My focus was on visiting prisons that either managed Intellectually Disabled offenders or offered alternative programs that would assist this population in prisons and in the community.

### **Munich, Germany**

Spoke with Dr Herbert Steinbock, Chief Doctor, Clinic for Forensic Psychotherapy, Forensic Hospital Mental Disability. Spoke with a number of staff that had worked there for a large number of years.

Met with Ms Veronica Bauer, Psychologist, "Socialtherapie" unit at Stadelheim Prison in Munich

### **Amsterdam, Netherlands**

I visited the Ministry of Justice in The Hague and met with Mr Reiner Sepers, Senior Advisor, Management Policy and Management support, Department of Policy, Department of Justice.

I visited Dordrecht Prison and spoke with Mr Torvald Blokland who took myself on a tour of the prison and its units and programs. Spoke with transition staff at the prison.

### **Copenhagen, Denmark**

I met with Mr Soren Holst, Masters of social Work, Researcher and Consultant at the secured forensic disability facility, Kofoedsminde.

Spoke with Miss Dorte Lystrup, Master of Arts and Education, and taken on a tour of the Kofoedsminde facility

I visited Herstedvester Prison in Ablertslund, and met with their Governor, Ms Hanne Hoegh Rasmussen.

I met with Mr Norten Gudmand-Hoyer, Manager of Social Rehabilitation at the Department of Prison and Probation Service, Denmark.

## **London, England**

I visited HMP Parc Prison in Bridgend, Wales and met with Manager Hayley Morris who took us on a tour of the prison and showed us through their family program.

I visited HMP rye Hill Prison in Rugby, England and had a presentation and tour organised by General Manager Mr Pete Small. Spoke with numerous correctional and programs staff.

I visited The University of Kent and spoke with Professor Glynis Murphy. Professor Murphy is a chartered clinical and forensic psychologist, HCPC member and fellow of the British Psychological Society. She was President of the IASSIDD from 2008-2012 and co-editor of the Journal of Applied Research in Intellectual Disabilities until the end of 2014.

We spoke with Ms Jenny Talbot OBE, Prison Reform Trust. Director, Care Not Custody programme.

I travelled to Bristol, England and met with Ms Wendy Goodman, Mental Health Nurse, Avon Forensic Community Learning Disability Team, National Health Service Trust at the Petherton Resource Centre, Bristol.

## **New York, USA**

I was extremely fortunate that Mr Bryan Hilton, Assistance Commissioner, New York State Department of Corrections and Community Supervision organised meetings and tours of prisons with Special Needs units in New York State. I visited Woodbourne Correctional Facility and looked at special needs units. I also had a tour of the CAR (Correctional Alternative Rehabilitation) unit which is located at Sullivan correctional Facility.

Visited Sullivan Correctional Facility and spoke with staff and inmates.

Visited Bedford Hills Correctional Facility and spoke with staff and inmates.

Spoke with Professor Michael Perlin who is an American Lawyer and professor at the New York Law School. He is an internationally recognized expert on "mental Disability law". I was extremely fortunate that meeting Professor Perlin via my Churchill fellowship that he visited Australia recently where I was able to give him a tour of Port Philip Prison and the work that I do.

Spoke with Mr Stephan Short, Staff Attorney, Disability Rights, New York.

I was most unfortunate that I could not get in to look at The Centre for Discovery at Monticello, New York but was able to talk with Ms Helen Leroux who has provided me with a large amount of material and also an ongoing network.

## **San Francisco, USA**

I visited the Dalancey Street Project which was organised by Mr Roger Monteiro. I was shown around by two participants in the project, Chad and Albert.

## Description of Services Visited

### Munich Germany

Forensic Hospital for Mental Disability – is a secure facility in Munich, Germany. I was privileged to meet with Dr Herbert Stienbock, Chief Physician. We met in his office at the facility. At the time I visited they housed 400 inpatients. Of the 400 patients, 70% present with schizophrenia, 20% have cognitive deficits. Two have been diagnosed with Autism. There is quite a large number with arson charges. Of the 400 half of these would have drug related issues mainly from the use of cocaine or synthetic cannabis. Most patients are on unfit to plea orders due to severity of crimes, eg. Murder, manslaughter, aggravated burglary. All orders are open to go back to courts for rulings to be able to move onto the next community. These court decisions rely on the ongoing reports and prognosis from treating medical staff. It was stated that the funding for the facility came via the government at an approximate cost of \$250 Euro per patient per day.

Dr Stienbock spoke about how in Germany there was not a great distinction between those with intellectual disabilities and those with mental health issues. He spoke of how in Germany the term “mental Disability” was used and covered both meanings.

There was an emphasis on staff training. Training was provided to staff twice per month. Sometimes with providers from other services that specialise in specific behaviours. There was a large emphasis on de-escalation training which is required when working with this type of client.

Release- We spoke about being released to the community. The patients that have had drug addiction issues will usually be paroled to private accommodation in the community. This is arranged prior to release. Often this cohort are supervised in the community for up to five years. They must return to attend regular meeting and to monitor progress. They are urine screened for drug use and also to monitor levels of their prescribed medications. If they are found to be using illicit drugs or have not taken prescribed medications their parole period will be extended or revoked. Those patients with psychiatric diagnosis most will go to supported accommodation in the community. Appointments are maintained at the Forensic hospital for long periods to monitor their progress.

After having discussions with Dr Stienbock we were taken on a tour of the facility by one of his staff members. We entered through a high security area. I was told that there was 25 patients per high security unit which was staffed by four nurses and five security staff. Staff were all carrying security keys and radios with response buttons. All staff we met with presented as very relaxed and friendly. The patients were locked in their rooms at 8pm and unlocked at 6.30am with one nurse on duty overnight. There was a full response team available at all times. There was an eerie quiet about the facility. It had lots of corridors, white stark rooms and corridors. The accommodation rooms were sparse with a single bed without much other furniture. All accommodation rooms had a full length window which looked out over a court yard or central open air area. The court yard had a small amount of grassed area but with nothing much else. The patients in this area mostly were being treated for schizophrenia.

We then toured another facility close by which was for those convicted of sex offences. It was a medium security facility which from the outside looked more like a very large home set into a landscape of trees. When we entered this facility it was a stark contrast to the last. The walls were colourful full of paintings and pictures. It was immediately inviting with a homely feel and appearance. It had open areas for relaxing, reading, watching TV etc. There was the opportunity for those to participate in skill development and education. Outside educators were employed to deliver different programs. We visited a carpentry area that had the most intricate furniture and different craft projects being built. At this facility approximately one third of patients were on medications to reduce their sex drive.

For reintegration into the community there was four tiered levels of integration. Level A was where you could go outside but still in the grounds with a staff member. Level B you could go outside on your own but still in the grounds. Level C was you could go outside to the city and Level D was that you could stay overnight in the city. Before a patient was allocated a level risk assessments were presented to courts for court decisions only.

When talking with Dr Stienbock I asked what would be a wish list of his. He spoke of more resources as in services and ability for more involved assessments, identification and screening for Intellectual Disabilities and to have only a maximum of 10 patients per unit.

We visited Stadelheimerstr prison in Munich. We visited this as it was a "Social Therapy" unit for violent offenders. This was a separate unit from the rest of the prison which housed sixteen offenders undergoing treatment. The program was facilitated by psychologists who run two weekly groups of participants. Participants were all first time violent offenders. The program was established in 2009 and it was stated to us that they had only one person return to custody after participating. We met with clinical staff and prison staff. Clinical staff were dressed in casual clothing whereas the prison staff were dressed in the usual neat and distinctive security uniform.

Our main focus here was on the "Social Therapy" aspect of the unit. On touring the unit it was very quiet and even though it was an old building it was freshly painted and presented very clean. The rooms were quite small with a single bed, desk and chair with a computer, Television and some cupboard space. Even though small they presented larger and more homely than the cells I am used to here in Victoria. There was a main laundry area, shower block and gym room that was shared by all offenders. Cells were locked at 9pm and unlocked at 6.30am. Prisoners work from 0700hrs to 1600hrs in different jobs throughout the prison with the rest of the prison population. Carpentry, mechanics, plumbing, construction were some of the areas they could apply to work in. They are able to gain skills and education certificates to assist with employment in the community. They participate in recreation often with officers participating in the sports with them.

There was a strong participation with families of the offenders within the program. Families were involved in the treatment process. This was done throughout the program and especially towards the end of the program when the prisoner was preparing and planning for release. This was seen as a very important part of the treatment process and essential to successful transition to the community.

It was noticed that there was a good relationship and mutual respect between officers and clinicians. Officers participated in programs with clinicians and often ran smaller social skills

groups. Clinicians were seen to participate in activities on the units. There was a continued flow of information between families, clinicians and officers working together to best support the program participants.

## **New York, USA**

We spent some time in New York where we visited a number of prisons which specialised in “Special Needs Units” (SNU). These were referred to by staff as SNU’s. On entering Sullivan prison it was like any other prison with fences, razor wire and security staff greeting you at the door. After introduction and discussion around the prison we were taken on a tour of firstly the Corrections Alternative Rehabilitation Program (CAR). This program was established in 2014 and came about as part from a recent settlement agreement in a case called Peoples v. Fischer, handled by the New York Civil Liberties Union. This area was quite cold and uninviting but again it was designed that way to manage inmates who have been diagnosed with developmental disabilities who are presenting with difficult behaviours and have received confinement sanctions of 30 days or more. The cells were specially designed with reinforced cells and televisions. The program provides different groups and support from professional staff that targets their cognitive and behavioural difficulties. There is three levels to the program: orientation, Rehabilitation I and Rehabilitation II. Inmates work their way through the levels and then will be reintegrated back into the SNU’s. There is a review committee consisting of clinical staff, medical staff, correctional and security staff, program staff, supervisors and managers. We were fortunate enough to sit in on their meeting. From an outsiders view all staff showed empathy and a genuine care for the inmates. They all had involvement with inmates re progress on, behaviour, group participation, medical and mental health needs, communication, and concerns in general. From this decisions were made re the inmate’s progression or not to the next level.

There has been some question from groups whether prison is the right place for those with Developmental Disabilities. The CAR Report, 2015 by New York Disability rights (NYDR) group looked at the CAR program and has outlined a large number of recommendations. One being to look at the use of force policies which was revised and implemented in 2016, and another to make crisis intervention training mandatory for all staff. The crisis intervention training has now been implemented and happening since 2014.

Over the next few days we visited a number of SNU’s in Sullivan Correctional Facility, Woodford Correctional Facility and Bedford Correctional Facility in New York State. Sullivan correctional facility had four 64 bed units that catered for those with disabilities. The CAR program, an Intermediate Care Program (ICP) accommodates Intellectual Disability and Mental Health, a Special Needs Unit (SNU) and a Sensorial Disabled Program (SDP). The SDP unit was equipped with visual strobe notification signals, closed caption televisions and headphone jacks to cater for those prisoners with sensory disabilities. The purpose of SNU and CAR units is to assist inmates with intellectual disabilities and deficits in adaptive skills that are extremely vulnerable in a prison setting to be in an environment that is supported and safe and also where they can learn new skills to transfer into the community. To be eligible to be placed in one of the units the inmate must have an IQ score of 75 (the usual 70 points IQ was increased to 75 based on Disability Rights New

York recommendations in 2016) or less and adaptive skill deficits. Also inmates that have had a previous history with the Office for People with Development Disabilities (OPWDD) can be considered for the units. Inmates that present in the borderline IQ range and that have significant impaired functioning in general population can also be referred to the program. It was discussed that every prisoner that enters the correctional system in New York State is subject to a screening assessment for developmental disabilities. If there is an indication of developmental disabilities they are then referred on to undergo the full WAIS IQ assessment. This assessment is then repeated in two years.

There was a number of programs and different groups provided in these units. They are all tailored to the needs and functional level of the inmates. The programs provided were daily living skills, calendar awareness, socialisation, coping skills, decision making, communication skills, problem solving, current events and recreation. We were invited to sit in on one of the communication programs in the unit. The program was extremely engaging and well received by the inmates.

What was interesting in these units was that the programs provided were all aimed at social skill development and addressed their social skill deficits. This was considered important to their ability to function successfully both in the prison system and the community after release.

In 2003 there was an Inmate to Citizen Project developed. The project was to use person-centred practices to develop a system of services and supports to assist this cohort to transition to the community. Tools and resources were developed to assist the inmate to focus on finding and building on these strengths. Each inmate completes different workbooks as well as a mapping process which is used in the case planning of each inmate.

The buildings themselves were somewhat old and adapted to the current needs. The accommodation environment was possibly not the best. Although it was like one large dormitory with shared showering facilities it was clean and neat. There was a bed and metal cabinet which was partitioned off from others. There was no clothes or belongings visible in the vestibules. I assumed they were all neatly folded and packed away for the day in the cabinets. This showed a degree of routine, organisation and structure present within the units. We met a lot of staff during our tour, both security and programs staff. All staff appeared to have a good working relationship. They presented as friendly and happy and enjoyed their jobs working with this cohort. From my observation there did not seem to be an issue of understaffing.

### **San Francisco, USA**

In San Francisco we visited The Delancey Street Foundation. The project began in 1971 with 4 people who vowed to build a model that turned around the lives of ex-prisoners and homeless people by “empowering the people with the problems to become the solution”.

We had a tour of the facility by two men who met us at the side entrance on the water front. The building was a four storey complex painted a rich terracotta colour spanning an entire block. Along the ground level was a number of different businesses including a restaurant and outside café and dining area which we ate at after the tour.

Chad & Albert spoke to us of their personal experiences. Both had experienced disrupted and often traumatic childhoods with one joining a gang at a young age and the other going on to be a drug

addict with both having violent and assaultive lives. Both had spent long periods of time in prisons. One said he had spent most of his life in and out of prison. They both now are part of the Delancey family. They spoke to us with pride of their community and especially about one of its founding members and now the CEO Dr Mimi Halper Silbert and about her vision. She had a vision of instead of following traditional models of supported accommodation and services she was going to follow the model of a traditional family. Everyone had something to contribute to the family. Those that worked could and contributed their salary. Those that had talents like cooking became head chefs and those that could build did. Those that could read taught others. Ms Silbert also contributed her salary. Everyone contributed to the community. Chad and Albert spoke of resident's skilling up other residents. He said they live by the philosophy of "take one give one" which was about those that learn skills are responsible to pass those onto others. They spoke of their Delancey street family and of a positive community that they had never experienced. They spoke of being independent of any government assistance which built self-determination and self-esteem. During the interview I asked why they think this model has been successful. Chad spoke of never being taught how to be a friend, never been shown how to look after others and always thinking only of himself. He stated that Delancey Street for the first time has provided him with these tools and a positive community.

"Delancey Street functions as an extended family, a community in which every member helps the others with no staff or experts, no "program approach". Everyone is both a giver and a receiver in an each-one-teach-one process" (Delancey Street Foundation). The first home they bought was the former Russian consulate in Pacific Heights which housed 80 residents. The project has faced many obstacles and barriers over the years but today has expanded to many other cities and won numerous awards.

### **Amsterdam, Netherlands**

We travelled to The Hague where we visited the Department of Justice and interviewed Mr Reiner Sepers. There is a lot of information on prisons being closed down in the Netherlands due to not enough prisoners to fill them. Five prisons were marked for closure in 2016 which followed eight closures of prisons in 2009 and 19 in 2014. Factors such as relaxed drug laws, a focus on rehabilitation over punishment and use of an electronic ankle monitoring system that allows people to remain in the community and re-enter the workforce are some of the factors that contributing to reduced number of prisoners. The ankle bracelet monitoring system is one that has reduced the recidivism rates substantially compared to normal incarceration. Instead of being in a prison costing the system large amounts of money they are able to remain in the community and given the opportunity to contribute. Another reason that numbers are reducing in prison is alternate sentencing options.

Intellectually Disabled offenders in the Netherlands correctional system remain mixed in amongst the general population. The idea is that when they are released into the community they will have to mix so they are managed amongst the general population. They seem to believe by not segregating the ID from the other inmates, it forces them to survive as they would in the community. It seems that the community are dealing with a lot of ex-prisoners without realizing the massive impact it has on the average person. It also seems that a lot of minor crimes go without any reporting resulting in some sort of ignorance and the typical not wanting to know attitude. The

community's attitude seems to have a high tolerance of intellectually disabled persons minor offending simply because they have to.

It was suggested from staff that due to this cohort being mixed and when compared to mainstream populations they were receiving higher rates of incidents, are punished more due to bad behaviour, more times in management units and vulnerable to standovers and assaults. This is quite typical and very similar outcome to research conducted by Corrections Victoria 2007.

One of the more interesting conversations was around confidentiality. For the use and disclosure of personal information there is quite strict guidelines as outlined in the Privacy and Data Protection Act 2014 in Victoria Australia. Sometimes confidentiality and privacy is over interpreted to the detriment of the client's welfare. This was seen to be one issue with prisoners with Intellectual Disabilities coming into the prison system in the Netherlands. There was no information received for community groups thus those entering the system are not appropriately identified leading to other underlying issues. The Justice Department in the Netherlands has developed a screening tool to identify those with an Intellectual Disability which Mr Sepers says is accurate 9 times out of 10. This is expected to be trailed throughout 2018.

Programs that are provided to prisoners in Netherlands are all very similar to other jurisdictions. With a philosophy of rehabilitation there are many different programs provided. In most jurisdictions there are programs that are only allowed if a prisoner is sentenced. Due to time spent on remand, court being busy, alternatives for community orders a large number of prisoners were missing out on or not eligible to participate in these programs. In The Netherlands now all rehabilitation programs are available to all inmates, not just sentenced prisoners.

We also visited Dordrecht Prison where they had a number of men with intellectual disabilities serving two year sentences. The Prison presented as extremely clean with stark white walls. It was a typical prison with two tiers, railings, bars and cell doors lined the walls of both tiers. It was also designed to maximise number of prisoners being viewed by one central area with up to three wings off a central control area managed by security staff. The security staff sat in a central control area opening and closing gates and monitoring camera screens. They did not go onto the wings or mix with the prisoners. On the wings there were small offices where two staff to 24 inmates worked. These staff managed the day to day running on the wings and dealt with requests and issues faced by the prisoners. Prisoners maintained structured days. Work was half days where they could participate in small construction, wood working, nuts & bolts, and other skill based programs. They are paid up to 24 euro per week and get to spend this at a weekly canteen. They can participate in recreation, eg gym and different sporting teams. Education is available all directed towards release, eg, learning English, budgeting, and employment skills. When motivated (wanting to rehabilitate) they receive extra privileges eg, access to Library and computers (no internet access). Prisoners make an appointment to speak with specialised staff in library area via request forms. Staff there assist with their inquiries, e.g. use external phones free to call professional agencies.

There was a case management team that worked upstairs in offices. Each had a case load of up to 50 prisoners. Release planning starts the minute a prisoner arrives in the prison. These case managers must have a strong transition plan in place before a prisoner is released. This plan will

include, accommodation, employment, medical, family or any other needs that are not met. Case managers meet with external agencies to establish relationships and arrange case conferencing with these agencies and the prisoner. Every opportunity to reintegrate is afforded the prisoner. Once released from prison there is no further involvement from prison case managers.

Staff stated that over time the government has introduced a philosophy of people being responsible for themselves. When released, prisoners have to go back to their place of origin before being incarcerated and the local governments are responsible to manage them in their communities. Responsibility has moved from central governments to now local governments. When talking with prison staff they stated that this philosophy is not working for those prisoner with intellectual disabilities as they are unable to manage themselves both in prison and in the community. One staff member estimated that approximately 70% return to prison as they are unable to manage on the community.

Security staff undergo a 6 months off site training course. Wing staff undergo 22 months of training. Ongoing yearly training for first aid, fire awareness and tactical options. To obtain any further training it must be applied for and was difficult to obtain.

### **Copenhagen, Denmark**

In Danish law there are three laws pertaining to adult criminals. The Danish Penal code, psychiatric Act and the Consolidation Act on Social Services. When a person is convicted of a criminal offence under the Penal Code they are transferred to the prison and probation service. If a mentally ill person commits a crime, this person is not punishable but is referred for treatment under provisions of the Psychiatric Act. If a person with a learning Disability commits a crime he is also not punishable but is placed in a residential unit according to the provision of the Consolidation Act on social services.

People with Learning Disabilities in Denmark who commit crimes are subject to other measures designed to prevent them from committing further offences. There are five types of sentences that apply to individuals with Learning Disabilities:

1. Placement in a secure facility.
2. Placement in a residential facility with the possibility of being transferred to a secure unit if the municipality deems it appropriate
3. Placement in a residential unit.
4. Supervision by the municipality with the possibility of transferring to a residential unit.
5. Supervision by the municipality, an arrangement according to which the offender shall comply with the supervisor authority's provision on matters relating to residence and work.

Numbers 2 and 4 are also combination sentences. In these sentences it is possible to tighten up the sentence if the offender is not compliant. In the same instance if the offender is compliant the sentence can be moderated. After an offenders maximum sentence has elapsed the offender can apply to return to court have their sentence moderated.

We travelled to Region Zealand in Denmark and visited Kofodsminde. Kofodsminde is the only secure unit intended for offenders with learning disabilities that are deemed to be dangerous. Generally no maximum period of detention is stipulated in these cases. It houses 60 residents with

approximately 300 staff. Staff that work with this cohort must complete a 3 1/2 year degree and are well paid.

The facility had numerous multi story brick buildings surrounded by a high fence for security. In each of the buildings was apartments housing residents. The apartments were very spacious with nice furniture, a generous kitchen and very clean and inviting. There was plenty of garden area with lush green lawns. There was an area for a soccer pitch and bocce area. There were also buildings that housed different industries.

The treatment provided in the facility was described to me as “social therapy”. Every resident worked to their capacity. Provided was education, carpentry, mechanics, fire wood cutting, plus others. A structured day was provided that made residents feel like they were participating in a normal life as you and I would. It was explained that socialisation was most important with this cohort as if they had appropriate intellect and adaptive skills they would not have offended in the first place.

We also visited the Department of Prisons and Probation Service in Denmark. Danish prisons has one of the lowest imprisonment rates per 100,000 inhabitants in the world. The Department has six guiding principles; normalisation, openness, responsibility, security, least possible intervention and optimum use of resources. This in relation to prison regimes means normalisation of life, least possible intervention, openness (open prisons, visits, leaves), single cells, individual sentence plans, focus on adding skills (education, vocational training, etc.) and treatment programs. The Danish Prison and Probation service have many alternatives to custodial sentences; suspended sentences, community service orders, electronic monitoring, treatment sentences (drunk drivers, sex offenders and mentally disturbed), Youth sanctions and contracts and release on parole. They use these alternative measures as rehabilitation works better in society than in prisons, the sentence person may continue work, education or family support, it prevents influencing from other prisoners, alternatives are cheaper than putting someone in prison and recidivism rates are lower for alternative measures.

In Denmark we also visited one of their prisons, Herstedvester in Albertslund. After getting off the train at Albertslund we attempted to find which direction we needed to proceed by foot. It was not as easy as anticipated and after asking a few people do you understand English we finally came across a wonderful woman on a pushbike who walked us all the way there. On the 20 minute walk to the prison the Danish woman spoke to us of the attitude of the Danish people. She stated they are a happy laid back culture and there is no fear of the prisons or prisoners. She stated that she visited a market out the front of a prison in Denmark that once a year sells arts and crafts they make inside. She said this market was well received by locals. She stated there was not a lot of crime and people are generally supportive of prisons and programs provided to support offenders.

We arrived at Herstedvester prison at 10am in front of a big green fence with no one to be seen. A voice came from nowhere saying “I assume you are from Australia, come in”. We were greeted at the door by a pleasant man who was laughing saying you looked lost. After being processed through the reception area we were greeted by the governor, Ms Hanne Rasmussen who escorted us to her office where we were introduced to a uniformed officer and a psychologist who both work in the prison.

The prison houses 158 inmates and has 230 staff members. The staff include uniformed staff, psychologists, psychiatrists and trade skilled staff. The inmates are 50% sex offenders, rest are serious violent offenders with sentences over 6 years. They also accommodated 10 women in their prison. Most of these offenders have serious mental health issues. One staff member estimated that there was only approximately 7% recidivism rate from this program. In the induction unit all new prisoners spend six weeks which is a period of intensive assessments. Depending on the outcome of the assessments, offenders can be transferred to other prisons. There was a new prison being build beside Herstedvester which will house 250 inmates. It is due to be opened in 2018.

It was explained that minor offenders can remain in the community under ankle bracelets with other restrictions placed on them eg. Urine and medication screening and program participation. Courts can for serious offenders put a life time sentence which can be bought back before the courts for review after a number of assessments and risk assessments. If deemed no longer a risk to the community they can be released to the community. For serious sex offenders in some circumstances they are offered chemical castration and if they refuse they are not released. The psychologists stated that some become concerned of the side effects this medication has and others say it works well as for the first time in their lives they are able to think about something besides sex. When released they will have a life time of checks to make sure they are compliant with medications. They are also placed on a medication which prevents the use of testosterone.

After discussions in the Governor's office we were taken on a tour of the prison. The prison did not look like a traditional prison. Throughout the grounds there was a number of buildings. One building housed ten inmates with no uniformed staff. It was a unit were the inmates where getting close to release and provided some independent living which emulated as close as it could to "normal" living in the community. The bed rooms where spacious, well maintained with lots of personal effects evident. There was a large kitchen with individual fridges, a library, a garden with a pond which was home to a duck and her ducklings. Whilst we were there the phone rang in the hall way which was answered by an inmate. It was an appointment for another inmate. The psychologists stated that these men have conversations regularly with different professionals who were preparing them for release.

On entering another unit which was for those that presented with extreme mental health issues. It was more like a traditional prison with the cells lined up on one wall with a heavy steel door and a small trap at eye level for viewing. The rooms however sparse presented with neutral colours and quite large with good light and ventilation.

We then entered a work area which presented with different options for work and gaining skills. These included electrician, plumbing, education, computers, and carpentry. Some of the industries made products which they sold to the public at a market the set up in front of the prison.

The offence specific and related programs included, violence, sex offending, anger management and making choices. Monthly a case conference is held for each prisoner which includes every person and service that is involved in working with this prisoner. Reflective conversations are held to future plan for the prisoner. All stake holders, including uniformed staff had open communication and there did not appear to be any issues with communication across disciplines.

The psychologists stated that they regularly have conversations with uniform staff and will discuss prisoners to get the best results.

Initial Staff training is a three year course. Nine months is in a class room environment then the rest is on the job training. Department of justice recruits four times per year for the whole country.

### **London, England**

Whilst in England we hired a car to travel to our appointments as they were in Bridgend Whales, Rugby, Kent and Bristol. It was an experience and a half driving in a city such as London, one that I will never forget.

We visited HMP Parc Prison first. Parc prison is a 1600 bed medium security sentenced prison. Although mostly sentenced there was a number of prisoners still on remand. It has a youth unit of 15 to 18 year olds. The visit to HMP Parc was to look at The Invisible Walls Whales( IWW) program. This program was set up in 2012. It has been established in partnership with a number of community groups, local council and the Welsh Centre for Crime and Social Justice. The IWW project team work closely with prisoners, their families and their children during the custodial sentence and for 6 months post release. Support is offered to the whole family through a package of interventions which include specialist parenting and relationship program, advice about family debt, training and education, housing advice and support, substance misuse, physical health and fitness and support in moving into employment.

The prison was well presented with green lawns, magnificent vege gardens and colourful murals on walls, all of which have been created or maintained by the prisoners.

We met at the visitor's centre which was run by an external agency called Barnardo's. The centre was extremely inviting with tea & coffee facilities, play areas for children, brochures and pamphlets, colourful murals on walls, and a clothes and toy section to assist those families with clothes and other material items for babies and young children. There was three friendly staff up for a chat and willing to assist with information or further supports if required.

We entered a number of units. All units looked the same with light cream coloured walls and pale blue railings. The units were three tier high and housed up to 90 prisoners, mostly double cells but with some single. The acoustics in the units were not the best with all the units we visited very loud and noisy with sound bouncing around everywhere. We visited the family intervention unit which housed 64 inmates. This unit had the walls adorned with many colourful messages of information, motivational and messages from past participants. On one wall was a painted six foot tall tree with cut outs of leaves blue tacked onto the painted tree with messages from inmate's children. This was a very impressive tree that held a special place for all inmates. What was most impressive in this unit was the mixing of staff with inmates and the involvement the staff had in running the family intervention programs. On speaking with one of the staff he showed a positive and genuine investment in the programs that he was involved in.

We visited the family visitors centre. It was extremely warm and inviting with different play areas for kids, comfortable couches, books and learning areas. This is an area where families learn and

play together. In this area they held family days, parent/teacher evenings, family man program, learning together club and much more. Since 2012 265 men have gained their qualifications within the family program.

Of interest was the induction unit. When inmates first arrive they go to an induction unit where a number of different assessments were conducted. The education providers conduct assessments where each inmate is assigned a different level. This level dictates what education levels they participate in and what type of work they are able to do. These levels change as the inmates improve their education and work skills.

We visited HMP Rye Hill is a 1600 bed "B" rated prison for serious sex offenders sentenced to 4 years or more. There was a number of prisoners with Learning Disabilities and a large number of prisoners with aging disabilities. After being processed through the front gates of the prison we entered the prison. The prison was a very typical prison with high brick walls and fencing with razor wire on the top of all fences. When taken into the units they presented as a typical two tier prison unit with the heavy steel doors, steel railings and acoustics that a muso would be proud of but not the best to live in. The units housed up to 95 inmates with some cells accommodating two inmates. The cells were quite spacious and reasonably comfortable.

Walking through the grounds was beautiful gardens with numerous colourful flowers and shrubs. There were poly tunnels where veges and flowering seedlings were grown. Throughout the gardens were the most unusual looking bee hives mounted upon a post. These bee hives were not honey bees but bees to assist with pollination which was very evident with the abundance of veges growing. The bee hives were managed by a voluntary group from the community. We entered the veges garden area where there was an abundance of veges growing. There was a number of inmates working throughout the gardens performing numerous tasks. One staff member was working alongside the inmates. The staff said that the veges are sold to staff members for a reduced price. On speaking with the inmates they said this program was extremely important to them as it gave them a sense of achievement and it was an area that was calming and inviting. The prison offered a number of programs. These programs ranged from Garden as Therapy, to offence specific programs, recreation to colouring in and painting. They catered for those with physical disability, Learning Disability and Aged related disabilities. The staff we met at HMP Rye Hill were most impressive. We met three who had taken on portfolios of Disability, LGBT and Foreign Affairs Portfolios. Staff were not paid extra for these positions and picked up these positions whilst completing their normal duties. The staff presented as very resilient and passionate about their jobs.

We visited the Avon Forensic Community Learning Disabilities Team in Bristol. They are a small team led by Wendy Goodman which was created to work with adults with Learning Disabilities who are at risk of committing offences. It also includes those who have been convicted. Prior to this service being developed there was limited options to offer the courts for people with Learning Disabilities, there were few links between the criminal justice system and Learning Disability services, limited awareness of issues and needs and very limited identification of persons with Learning Disabilities. The service now provides risk assessments, consultancy and advice, individual and group therapies aimed at reducing offending, liaison work with the criminal justice system, prisons and courts, referrals to the community and research, teaching and training. They provide inpatient and

outpatient supports also. They develop Positive Behaviour Support Plans and conduct risk management planning for courts if asked to report. They use “Circles of support” and work under the framework of the good lives model. Clients can be referred by courts, prisons, and police or self-referred. This service was quite an amazing service that now provides much needed services to prisons and community.

Some of the difficulties that the service faced was around not enough social care resources, managing expectations of being able to fix everything, capturing outcomes with this cohort and those falling through the cracks and not receiving services.

We visited the Tizard Centre at the University of Kent and met with Professor Glynis Murphy. Professor Murphy is a chartered clinical and forensic psychologist, HCPC member and fellow of the British Psychological Society. For many years, she has had research interests in challenging behaviour, autism, sexuality, abuse, forensic issues, mental capacity and the law in intellectual disabilities. We also spoke with Jenny Talbot OBE. Jenny Talbot joined the Prison Reform Trust in 2006 to manage the No One Knows programme, which explored the prevalence and experiences of adult offenders with learning disabilities and difficulties. Both Glynis and Jenny are two most impressive, passionate and amazing women who have through their work been able to influence the treatment of persons with Intellectual Disabilities in English prisons. In 2009 The Bradley report was released. This made a number of recommendations within the prison system which most have been implemented to date. This report informs prison services when working with persons with and Intellectual Disability. From the Bradley report 2009 came “Liaison and diversion Services”. Those with Learning Disabilities now should be picked up on first contact with police and if not then they should be identified at the court stage. Police officers now work with a mental health nurse on the beat to recognise and identify those with LD and or mental health and can refer to appropriate services. Also which has had an influence on UK prisons and how they manage offenders is the “Care Act 2014”. The main purpose of the act was to overhaul the existing 60-year-old legislation regarding social care in England. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life and to promote wellbeing and inclusion.

It was evident that there was a large number of services involved with the prison system for release planning. The relationships and partnerships with the community was commendable. Even though these services are now in place we still where hearing comments from staff and others that a large number of offenders with intellectual disabilities tended to come back in contact with the criminal justice system, some at alarming rates. Murphy 2017 showed that once in the community the men had very little to do and most where not working. They had very limited structured activities, had limited social networks and some were even being ostracised from their local communities due to their offending histories.

## Discussion

Every person I met in prisons, the community and other services were very passionate and committed people when working with persons with Intellectual Disabilities that had come in contact with the criminal justice system. They worked and still are working towards improving policy and processes, partnerships and relationships with other services and most of all are all genuinely care about the wellbeing of these individuals. Every country although managed persons with intellectual disabilities sometimes differently, all had the same good intentions of supporting them as best as their processes, environments and resources permitted.

In the prisons themselves for those with intellectual disabilities that were segregated out from the main population of offenders there was a large number of differing programs provided. These programs were mainly psychosocial programs to address social and adaptive skill deficits. There were also skill development programs where certificates were obtained, different recreation programs and educational programs and there were programs that involved families. They had all made friends with other inmates and had good relationships both with professional staff and other like inmates. Available to the inmates also was assistance to transition from the prison to the community.

In the community there was numerous different social support groups that assisted in the best way possible. There was assistance with accommodation. With the accommodation there was a noticeable difficulty in finding most types of accommodation with the main issues being cost and availability or shortage of. Most accommodation models were supported residential housing which was difficult to find places. Private accommodation was not affordable to this cohort and the wait for public housing was years. Over the years there has been a shift from institutional living to independent living. This has been great for those that are able to live independently or with minor supports. Those that come onto the prison system are a small minority and are often those that are unable to live independently and need more supports in the community than there currently is for this group.

I was very fortunate to talk with and meet Professor Michael Perlin from New York. Michael came out to Australia before I went on my Churchill tour and had a look at the Disability unit that I manage at Port Phillip Prison. Whilst I was talking with Michael he spoke to me of “normalisation” and how “normalising” an offender’s life is so important. He later wrote a blog commenting that the Disability Unit at Port Phillip Prison was a positive example of this and of a therapeutic community. Where there was special needs units within the prisons that I visited this was the case. The prisons provided the routine and structure throughout the day that you and I take for granted in our communities. They provided, work, recreation, friends, food and accommodation, learning, and most of all safety and predictability. They also had the social communities that was

allowing them to grow and develop emotionally and learn more appropriate ways of living. As one of research projects conducted in the UK it was found that once in the community those with Intellectual Disabilities often have limited networks, rarely work and have very few activities throughout the day. I have experienced this first hand as I have known a number of ex-offenders with intellectual disabilities who have reoffended or breached orders with the intention of coming back into the Disability Unit were they perceive life as normal.

I have had many conversations with these men and when asked about their goals in the community it is not dissimilar to what we expect from our lives, a job, a family, a house, a new car, a nice holiday, good friends, to have enough money or just to be happy. From my lived experience and study tour we need to recreate communities that focus on social therapies and focus on normalising their lives in the community.

We looked at two very interesting examples of these communities, the Delancy project in San Francisco and The Centre for Discovery in Monticello. The centre for Discovery is for people with Disabilities and their philosophy is grounded in the land where they find ways to shape their lives with meaning. The Delancy project was in the cities and its philosophy was grounded in back to basic good old family values and community. Both were extremely successful in providing a community for people that were disenfranchised.

My question to every person reading this report then is how we as a society in Australia provide a community or model of living that persons with an Intellectual disability are able to live a meaningful, happy and productive lives, one which we take for granted.

## **Recommendations**

As part of my Churchill travels I was provided with a large amount of information from different prisons, community groups, educational institutes and community services throughout the world. In Australia as in other countries there are some good services for persons with intellectual disabilities in the community and in some prisons. I make the following recommendations with the intentions of further advancing the discussions on improving the lives of persons with an Intellectual Disability in prisons and the community.

1. That every prison in Victoria have purpose built units for prisoners with an Intellectual Disability. The units should be purpose built taking into account the environmental needs of this group.
2. Persons with an Intellectual Disability must be segregated from mainstream populations.
3. The units need to be managed around therapeutic communities with the view to social therapies.
4. Every inmate with an Intellectual Disability has the opportunity to attend education classes designed specifically to meet there needs.
5. Every inmate with an Intellectual Disability has an assessment of needs to better inform the prisons system of what supports are required when incarcerated. From this assessment these inmates need to be accommodated in units that can meet these needs.
6. There needs to be substantial investment made into workforce development. Staff need to be equipped to work with this cohort.
7. There needs to be a standard form of easy read/pictorial information about the prison and individuals rights for those coming into the prison system.
8. There needs to be more multi agency collaboration and sharing of reports, assessments, risks and other pertinent information.
9. Alternatives to custody need to be considered. Prison is not always the right place for this cohort.
10. Alternative models to living in the community need to be researched and developed.
11. There needs to be greater connectivity between community groups and prisons and more collaborative work between these groups.

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