

Chapter 5

The provision and continuation of services for NDIS participants in receipt of forensic disability services

Introduction

5.1 The final chapter of this report deals with term of reference (h) the provision and continuation of services for NDIS participants in receipt of forensic disability services.

5.2 The vast majority of people with disabilities who come into contact with the criminal justice system have some form of cognitive disability, including intellectual disability; mild to borderline intellectual disability; acquired brain injury and foetal alcohol spectrum disorders.¹ The overwhelming majority of these individuals also experience a range of psychosocial disabilities related to mental health impairments. The combination of these issues impacts significantly upon the person's daily functioning, very often resulting in compounding social disadvantage and complex support needs.²

5.3 People with psychosocial disabilities are overrepresented in the criminal justice system. This is often directly related to the interacting factors of disability, disadvantage, discrimination, isolation and lack of appropriate supports available to this group. The continuing lack of access to appropriate service provision directly contributes to the criminalising of and disproportionate representation of people with cognitive disability in prison.³ For many, if they had received appropriate psychosocial and other disability supports earlier in their life they may never have come into contact with the criminal justice system. They are an exceptionally marginalised and vulnerable population who often end up cycling in and out of prison and may end up in indefinite detention.⁴

5.4 There is no reliable data to estimate the number of people with a cognitive impairment who are in the criminal justice system because each jurisdiction measures disability differently. Estimates provided to the committee suggest that somewhere between 20 per cent and 25 per cent of people in the criminal justice system have a cognitive impairment. This goes to over 50 per cent in the youth justice system.⁵

5.5 Aboriginal and Torres Strait Islander people in particular are significantly overrepresented amongst those in prison with complex disability support needs. For

1 Australians for Disability Justice, *Submission 121*, p. 7.

2 Australians for Disability Justice, *Submission 121*, p. 7.

3 Australians for Disability Justice, *Submission 121*, p. 12.

4 Australians for Disability Justice, *Submission 121*, p. 3.

5 Professor Leanne Dowse, Chair in Intellectual Disability, School of Social Sciences, University of New South Wales, *Committee Hansard*, 28 April 2017, p. 35.

example, in Queensland, 73 per cent of Aboriginal and Torres Strait Islander men and 86 per cent of Aboriginal and Torres Strait Islander women in Queensland jails have some form of mental impairment.⁶

5.6 There are two common pathways into detention for people with complex disability needs. The first one is a conviction for lesser crimes. Generally, their disabilities are not recognised or taken into account during the course of justice. This is often due to the lack of available expertise to identify the impairment; masking of the impairment or lawyers advising their client not to identify as a person with impairment due to the fear of indefinite detention.⁷

5.7 The second pathway into and out of detention is via state and territory Mental Impairment legislative processes. The Mental Impairment / Unfit to Plead pathway is an alternative pathway through the criminal justice system and is designed specifically for people who are assessed as mentally impaired and as a result are found unfit to plead. People who are deemed unfit to stand trial may become subject to a forensic or criminal order. The court, or mental health review tribunal, will assess that person's risk to themselves or others and the need for ongoing treatment, and can impose forensic orders to detain the person in a prison, hospital or mental health care facility. In some cases they may be allowed to live in the community in a designated location.⁸ An unintended but highly significant consequence of the Mental Impairment / Unfit to Plead pathway for people with complex disability support needs is indefinite detention.

5.8 Historically, people with disabilities who are in the criminal justice system have had mostly poor experiences or no contact with existing support systems. As described by Australians for Disability Justice, access to the NDIS may be an opportunity to decrease incarceration rates for people with a cognitive and psychosocial impairment, particularly for Aboriginal and Torres Strait Islander people who are overrepresented amongst those in prison with complex disability support needs.

5.9 To date, there is no data available on the number of people incarcerated who are NDIS participants or in the process of applying to become participants.

Access to NDIS services for NDIS participants in prison

5.10 The NDIS (Supports for Participants) Rules 2013 state that the NDIS in relation to a person in custody will be responsible for reasonable and necessary

6 Australians for Disability Justice, *Submission 121*, p. 34.

7 Australians for Disability Justice, *Submission 121*, p. 17.

8 Senate Community Affairs Committee, *Indefinite detention of people with cognitive and psychiatric impairment in Australia*, November 2016, p. 13.

supports other than the day-to-day care (including supervision, personal care and general supports). The NDIS will also be responsible for transition supports.⁹

5.11 In their submission, the NDIA stated:

For people in a custodial setting (including remand) the only supports funded by the NDIS are those required due to the impact of the person's impairment/s on their functional capacity and additional to reasonable adjustment, and are limited to:

- aids and equipment;
- allied health and other therapy directly related to a person's disability, including for people with disability who have complex challenging behaviours;
- disability specific capacity and skills building supports which relate to a person's ability to live in the community post-release;
- supports to enable people to successfully re-enter the community; and
- training for staff in custodial settings where this relates to an individual participant's needs.

Where a person is remanded in custody, NDIS funding for reasonable and necessary supports in the participant's plan will continue to be available to the person when they are released.¹⁰

5.12 As noted by the Office of the Public Advocate (VIC), given the relatively early stages of the NDIS rollout, it is difficult to fully assess the operations of the NDIA in relation to forensic services and their patients. At this stage, it is impossible to evaluate the impact of the Scheme on this cohort.¹¹ However, the NDIA reported that supports are currently being delivered within correctional facilities:

Whilst it is not possible to provide a national figure at this stage, the Vic West regional office in the Barwon region of Victoria confirm that there are at least 12 NDIS participants incarcerated within local facilities in the Vic West region. The NDIA funds reasonable and necessary supports to each participant based on their needs and in line with the COAG principles between the NDIS and mainstream service systems, particularly the mental health and justice sectors. Some supports are currently being delivered within correctional facilities while some participants who are on day release may have funded supports outside delivered outside the facility to enable successful transition into community life.¹²

9 The NDIS (Supports for Participants) Rules 2013, Section 7.24 and 7.25, https://www.legislation.gov.au/Details/F2013L01063/Html/Text#_Toc358793053 (accessed 6 July 2017).

10 NDIA, *Submission 102*, p. 9.

11 Office of the Public Advocate (VIC), *Submission 7*, p. 15.

12 Letter to Hon Kevin Andrews MP from Louise Clanville, Deputy CEO – Governance and Stakeholder Relations, NDIA, additional information received 14 June 2017, p. 1.

5.13 Nonetheless, there seems to be some lack of clarity and confusion around the supports the NDIA provides to NDIS participants in custody. The committee received evidence suggesting that the NDIA currently stops any individualised package upon an individual being taken into custody.¹³

5.14 For example, Ms Alison Churchill, CEO, Community Restorative Care, stated:

I am not aware of any jurisdiction where an NDIS package is currently following somebody into a correctional centre.¹⁴

5.15 Similarly, the Mental Health Commission of NSW reported:

The Commission understands that the NDIA currently stops any individualised package upon an individual taken into custody, and that the NDIA will only engage in planning for community based supports once the individual has a known release date, and is within 6 months of that date.¹⁵

NDIS participant and indefinite detention

5.16 The case of an NDIS participant in indefinite detention was also brought to the attention of the committee by Ms Pearce, the Public Advocate of Victoria at a public hearing in Melbourne on 28 April 2017. The following account of events raises important issues around the role and responsibility of the NDIA to provide reasonable and necessary supports and to ensure a provider of last resort service is allocated when no providers are prepared to work with a participant. Additionally, it raises the issue of NDIA's ability to be responsive and deal with complex issues in a timely and effective manner. Ms Pearce reported:

Ms Z has been on remand for over 12 months. She is being held in a prison mental health unit and is in lockdown 23 hours a day in part due to her distressing behaviours. While she has a diagnosis of autism, she has also spent time in mental health services in the community as well as in the Thomas Embling Hospital, which is a Victorian high-security mental health forensic service. Recently a jury found her unfit to stand trial and her charges are at the minor end of offending. The presiding judge has expressed concern about her lengthy incarceration in onerous conditions, that the systems are not meeting her needs and that she remains incarcerated. She is allowed out of her cell for one hour a day and, not surprisingly, she is extremely distressed. When she is returned to her locked cell she spends hours and hours just screaming, vocalising her distress. If she had accommodation and supports, it is absolutely clear, she would be released. No-one wants to prosecute this case but there are no options for her. Her basic care needs are difficult to meet in a prison setting.(...) She

13 See for example: Mental Health Carers NSW, *Submission 64*, p. 10; Royal Australian and New Zealand College of Psychiatrists (RANZCP), *Submission 18*, p.11; Mr James Condren, *Submission 128*, p. 1.

14 Ms Alison Churchill, CEO, Community Restorative Care, *Committee Hansard*, 28 April 2017, p. 47.

15 Mental Health Commission of NSW, *Submission 16*, p. 7.

urgently needs to be transitioned to a residential environment with appropriate, ongoing clinical and therapeutic supports. The inability to identify an appropriate service provider and her behavioural presentations make it very difficult to successfully transition her to an alternative, community based environment. (...) The really good news in terms of Ms Z's circumstances is that NDIS has cut through all of that. She is, in fact, an NDIS participant. However, there is a limit as to what can be implemented while she remains in prison, in part because of the NDIS rules and the interface with the justice system. Only support coordination has been funded thus far, and other funded supports will not be available until there is a release date. Multiple agencies have so far declined to accept a referral to provide support coordination for this complex client.(...) There are no choices when there are no providers prepared to work with her. In order to ensure people with complex presentations who are involved with the criminal justice system can participate in and benefit fully from the scheme, the NDIS must be more flexible and responsive in its approach.¹⁶

5.17 At a public hearing on 12 May 2017, the committee was provided with a progress update on Ms Z's case. Ms Pearce reported:

(...)We do believe we may now have a case planner, but they are looking to see whether their services match the needs of this individual. This is one of the issues for people in the criminal justice system who are eligible participants—many of them will have high and complex needs, but, in a market driven environment, service providers can choose who they wish to provide services to. The NDIS still is unwilling to engage in any kind of service planning (...) But, without the involvement of the NDIA in a more proactive way than simply writing to my office and saying, 'This is what we are prepared to fund,' we are just not getting the cooperative, coordinated working relationships that we need to ensure that there is a smooth transition from one service system to another.¹⁷

5.18 The committee invited Ms Pearce to provide a further update on 28 July 2017. Ms Pearce reported:

(...)In May we found an agency who was able to do that, and at the moment her plan includes funding for specialist support coordination, and as I said, this is now being provided. A proposal has also been developed for a plan that includes post-release supports. An NDIS funded provider has prepared a proposal for a staged transition from prison, which includes a detailed explanation of the types of supports Ms Z will require to safely transition from her current restrictive environment to independence within the community. The plan is quite substantive. (...)As I understand it, the proposal now sits with the NDIA. Since my last appearance before you, the NDIA has been more engaged. They were given the proposal in June and have informed me that it is still under consideration and that approval is yet to be confirmed. In the meantime we've mostly relied on the hard work and

16 Ms Pearce, Public Advocate (VIC), *Committee Hansard*, 28 April 2017, p. 48.

17 Ms Pearce, Public Advocate (VIC), *Committee Hansard*, 12 May 2017, p. 5.

goodwill of agencies like the one who prepared the proposal. For instance, a service provider included in the plan—the same agency that would provide the support for Ms Z in her house—is proactively collaborating with the prison. The prison has agreed to bend their protocols around transitioning in order to allow the agency to enter the prison and begin engaging with Ms Z in preparation for discharge. (...) As mentioned, we are very thankful for the attention you've paid to this case. It has certainly been a factor in the gains that have been made. However, despite recent progress, all parties are now at a standstill until the NDIA approves the plan. In other words, the case is progressing, but unfortunately not quickly enough to prompt her release from prison.¹⁸

Becoming an NDIS participant while in custody

5.19 While in custody, people can make an access request to the NDIS and engage in the planning process to develop a plan.

5.20 The committee received conflicting information regarding process, availability of planners and coordination for the implementation of plans in such circumstances.

5.21 The committee heard that it is the correctional centre staff who are currently holding the responsibility for completing access requests to the NDIS. However, when packages are developed and funded submitters reported that it remains unclear whose role it is to assist in the implementation of the plan for the individual in custody.¹⁹

5.22 The NDIA reported that during the Barwon trial, the NDIA staff worked collaboratively with Corrections Victoria, local Correctional facilities, Disability Liaison Officers and the Victorian Government Department of Health and Human Services to streamline access and planning processes for eligible NDIS participants who were incarcerated. This has included NDIS planning taking place inside the facility; funded supports with the aim of supporting a successful transition to the community; and maintaining engagement with existing support workers following incarceration.²⁰

Barriers to participation

5.23 As previously discussed in this report, one major barrier is that people may not see or wish to acknowledge their impairments. They are very unlikely to seek out NDIS support of their own initiative and will often initially be suspicious of suggestions to obtain NDIS assistance.²¹

5.24 Mr Simpson from the New South Wales Council for Intellectual Disability reported:

18 Ms Pearce, Public Advocate (VIC), *Committee Hansard*, 28 July 2017, p. 2.

19 Ms Churchill, CEO, Community Restorative Centre, *Committee Hansard*, 28 April 2017, p. 47.

20 Letter to Hon Kevin Andres MO from Louise Clanville, Deputy CEO – Governance and Stakeholder Relations, NDIA, additional information received 14 June 2017, p. 1.

21 Australians for Disability Justice, *Submission 121*, p. 26.

(...)this group is unlikely to seek out NDIS support of their own initiative. They are living isolated lives. They will not be aware of the NDIS. They will be initially suspicious.²²

5.25 Furthermore, many people with cognitive or psychiatric disability may not have the skills or the supports required to know about the NDIS, go through the process of becoming a participant and adequately represent their needs in a planning meeting. This brings up the importance of availability of trained staff and assertive outreach services being available in prison settings.

5.26 NDIA reported that staff have provided training to case managers and prison staff about the NDIS and have developed working arrangements with the Victorian Department of Justice.²³ However, submitters argue that relevant staff with specific skills are needed within the criminal justice system to effectively engage and work with people with complex disability support needs.²⁴

Proposal to establish an NDIA criminal justice unit

5.27 Following discussions at public hearing on 28 April 2017, the Australian for Disability Justice group and others have put forward the proposal of creating an NDIA criminal justice unit, which would:

- Provide expertise to the NDIA around the interface of criminal justice and disability
- Develop expertise in planning and funding for people with disabilities in the context of the interaction of the national disability system and the state and territory justice systems as well as other mainstream agencies with inter sectoral responsibilities
- Act as the NDIA point of contact for state and territory criminal justice systems in the context of people with disabilities
- Ensure people with disabilities in the criminal justice system have access to the full range of disability supports and protections provided through the NDIS²⁵

5.28 On 12 May, Ms Pearce, the Public Advocate (VIC) voiced her support for such initiative:

In Melbourne, the committee asked whether speakers were in favour of the implementation of an NDIA unit specialising in the interaction of the

22 Mr Simpson, New South Wales Council for Intellectual Disability, *Committee Hansard*, 28 April 2017, p. 36.

23 Letter to Hon Kevin Andres MO from Louise Clanville, Deputy CEO – Governance and Stakeholder Relations, NDIA, additional information received 14 June 2017, p. 1.

24 Australians for Disability Justice, *Submission 121*, p. 4.

25 Australians for Disability Justice, *Submission 121*, Supplementary Submission 3, p. 2.

scheme with the criminal justice system. I would like to reiterate my support for this initiative.²⁶

Aboriginal and Torres Strait Islander peoples with disabilities in prison

Overrepresentation in the criminal justice system

5.29 Aboriginal and Torres Strait Islander people are significantly overrepresented amongst those in prison with complex disability support needs. They are also significantly more likely to be very poor, come from places of high socio-economic disadvantage, have low levels of education, be unemployed, have experienced violence and abuse and have earlier and more police and criminal justice events as both victims and offenders.²⁷

5.30 Aboriginal and Torres Strait Islander people with a cognitive impairment are also overrepresented amongst people held in indefinite detention.²⁸ This was reported in the Senate Community Affairs Committee report *Indefinite detention of people with cognitive and psychiatric impairment in Australia*, which suggested that as many as 50 per cent of the people currently detained indefinitely without charge in prison are Aboriginal and Torres Strait Islander peoples.²⁹

5.31 Sisters Inside, an advocacy group for the human rights of women in the criminal justice system, reported that Aboriginal and Torres Strait Islander women are the fastest growing prison population in Australia. A significant proportion of these women have cognitive disabilities as well as an undiagnosed mental health condition.³⁰

5.32 One of the reasons cited for this overrepresentation is the lack of appropriate early diagnosis and culturally responsive support available for Aboriginal and Torres Strait Islander children and young people with cognitive impairment.³¹

5.33 The FPDN explained that the first time many Aboriginal and Torres Strait Islander people with cognitive impairment are diagnosed is upon entering the criminal justice system and that without access to holistic disability support, Aboriginal and Torres Strait Islander people with cognitive impairment are at a much greater risk of entering a cycle of offending and imprisonment.³²

26 Ms Pearce, Public Advocate (VIC), *Committee Hansard*, 12 May 2017, p. 5.

27 Australians for Disability Justice, *Submission 121*, p. 20.

28 FPDN, *Submission 100*, p. 3.

29 Senate Community Affairs Committee, *Indefinite detention of people with cognitive and psychiatric impairment in Australia*, p. 21.

30 Sisters Inside, *Submission 49*, p. 3.

31 FPDN, *Submission 100*, p. 4.

32 FPDN, *Submission 100*, p. 4.

Access to the NDIS

5.34 The committee heard on many occasions that there is currently a lack of culturally appropriate tools and supports, including provision of interpreters, for Aboriginal and Torres Strait Islander people to access and navigate the NDIS.³³

5.35 For example, the Office of Public Guardian (NT) outlined the finding of a review of the Barkly trial site in the NT. Low levels of cultural competence amongst NDIS staff, the bureaucratic nature of the NDIS process, and the lack of information provided in an accessible way to Indigenous clients (including providing for individuals with literacy issues), resulted in resistance amongst Aboriginal and Torres Strait Islander people to engage. Additionally, remoteness provided a barrier to accessing information and resources about the NDIS Scheme. The Office of Public Guardian (NT) concluded:

These findings demonstrate that without improvements in the approach to engagement with all clients with mental illness, and particularly indigenous clients with mental health issues, there is a considerable risk that they will be left behind.³⁴

5.36 The FPDN noted that for many Aboriginal and Torres Strait Islander people with cognitive impairment and complex support needs, the access to the NDIS can be challenging and recommended that this group have access to an advocate or support person to assist with the NDIS application process, including within the criminal justice system.³⁵

5.37 Another issue raised was that many Aboriginal and Torres Strait Islander people with cognitive impairment may be unwilling to identify as disabled and may not recognise their own needs for assistance. It can also be due to cultural factors. For example, in some Aboriginal and Torres Strait Islander languages, there is no comparable word for disability.³⁶

5.38 Overwhelmingly, inquiry participants highlighted the need for culturally safe planning services to help Aboriginal and Torres Strait Islander people to access the NDIS.³⁷

Initiatives and suggested strategies for better outcomes

5.39 The NDIA has recognised that engaging with Aboriginal and Torres Strait Islander communities has been challenging and requires further work.³⁸

33 See for example, Brisbane South PHN, *Submission 63*, p. 1; NT Mental Health Coalition, *Submission 71*, p.3; NT Council of Social Services, *Submission 85*, p. 4.

34 Office of the Public Guardian, *Submission 87*, p. 1.

35 FPDN, *Submission 100*, p. 6.

36 FPDN, *Submission 100*, p. 7.

37 See for example: VCOSS, *Submission 50*, p. 22; Brisbane South PHN, *Submission 63*, p. 1; CMHA, *Submission 75*, p. 13.

38 NDIA, *Submission 102*, p. 5.

5.40 To address current challenges and advancing Aboriginal and Torres Strait Islander participant representation in the NDIS (currently at 6 per cent), the NDIA has developed an Aboriginal and Torres Strait Islander Engagement strategy aimed to develop a collaborative planning and working model to inform practice which can meet the needs of Aboriginal and Torres Strait Islander peoples with a disability, their families, carers and communities.³⁹

5.41 The NDIA has identified 10 key engagement priority areas for Aboriginal and Torres Strait Islander peoples with a disability,⁴⁰ these are:

- Communication and sharing of information
- Cultural competency
- Sharing Best Practice
- Local solutions
- Participant-centric design
- Market enablement
- Leveraging and linking
- Cultural Leadership
- Supporting internal infrastructure
- Tracking progress

5.42 Inquiry participants suggested a number of initiatives to help make the NDIS services more accessible including:

- Support for Aboriginal controlled organisations to continue providing culturally appropriate mental health services;⁴¹
- Appropriate funding and resourcing for ACCHS to build capacity in the disability area, especially in rural and remote locations;⁴²
- Higher proportion of skilled Aboriginal workers in the NDIS workforce;⁴³
- Targeted outreach services.⁴⁴

39 NDIA, *Aboriginal and Torres Strait Islander Engagement Strategy*, 2017, <https://www.ndis.gov.au/medias/documents/hcb/h31/8800389759006/Aboriginal-and-Torres-Strait-Islander-Strategy-3MB-PDF-.pdf> (accessed 10 July 2017).

40 NDIA, *Aboriginal and Torres Strait Islander Engagement Strategy*, 2017, p. 17.

41 Australian Red Cross, *Submission 15*, p. 15.

42 RANZCP, *Submission 18*, p. 6.

43 CMHA, *Submission 75*, p. 12.

44 Wellways, *Submission 103*, p. 6.

5.43 Australians for Disability Justice suggested strategies to reduce the negative experience in the criminal justice system of Aboriginal and Torres Strait Islander peoples with complex disability support needs:

- Development of cultural inclusive safety principles that are formed by Indigenous Australians with cognitive impairments and mental health disorders, their families and communities;
- Translation, interpreting and plain language services to enable Indigenous Australians with cognitive disability to access information; and
- Involvement of community Elders in creating pathways back into community for Indigenous Australians who have complex disability support needs and have been in prison.⁴⁵

5.44 The need for strong collaborative relationships between the NDIS and justice, health, housing and other relevant mainstream services was also highlighted by participants.⁴⁶

Committee view

Provision of reasonable and necessary supports

5.45 The committee has received numerous reports during the course of the enquiry about NDIS participants having their disability supports funded through the NDIS suspended while in custody. This is a cause of concern for the committee as the NDIA has a statutory responsibility to provide reasonable and necessary supports and transition supports while an NDIS participant is in custody.

5.46 In light of the reported case of Ms Z in indefinite detention, the committee believes it is imperative that the NDIA takes a more proactive and collaborative approach to fulfil its responsibility of ensuring a provider of last resort is found in all circumstances. The committee is also aware that, in Queensland, *The Mental Health Act 2016 (Qld)* now allows Magistrates to refer defendants who are unfit for trial to expressly named support services, including the NDIA. The NDIA must develop a strategy to ensure people in custody, including in indefinite detention, have access to an NDIA planner and be provided with NDIS services.

NDIA criminal justice unit

5.47 The NDIS can make a real difference in the incarceration rate of people with a cognitive impairment. The committee heard a positive story of a man who prior getting into the NDIS went to court 50 times over the 2½ years leading up to his NDIS package. Since he had his NDIS package, he has only been to court twice and is now doing well.⁴⁷ Therefore, it is important that people are referred to the NDIS and that

45 Australians for Disability Justice, *Submission 121*, p. 21.

46 Australians for Disability Justice, *Submission 121*, p. 29.

47 Ms Cootes, Executive Officer, Intellectual Disability Rights Service In., *Committee Hansard*, 28 April 2017, p. 51.

the interface between the NDIA and the criminal justice system works effectively. The committee supports the proposal of an NDIA criminal justice unit. This has potential to address critical issues, which have been brought to the attention of the committee, including for people in indefinite detention.

Engaging with Aboriginal and Torres Strait Islander peoples

5.48 The recent work undertaken by the NDIA in developing an Aboriginal and Torres Strait Islander Engagement strategy is a positive step in addressing some of the critical issues raised throughout the course of this inquiry in relation to Aboriginal and Torres Strait Islander peoples' access to the NDIS, the current lack of culturally appropriate services, the need for targeted outreach services and the lack of services due to thin markets in rural and remote Aboriginal and Torres Strait Islander communities.

5.49 It is too early to assess the effectiveness of the strategy, which has only been completed in early 2017. However, it remains imperative that the NDIA works collaboratively with Aboriginal and Torres Strait Islander communities and service providers to realise the goals for the strategy. With the high rate of Aboriginal and Torres Strait Islander peoples with disabilities in the criminal justice system, the committee recommends the NDIA develops a specific strategy to ensure early intervention and culturally appropriate services are delivered for this group by specialised trained staff.

Recommendation 22

5.50 The committee recommends the NDIA urgently clarifies what approved supports are available to NDIS participants in custody and how it monitors and ensures NDIS participants access the supports they are entitled to while in custody.

Recommendation 23

5.51 The committee recommends the NDIA establishes an NDIA unit specialising in the interaction of the Scheme with the criminal justice system.

Recommendation 24

5.52 The committee recommends the NDIA develops a specific strategy to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people with disabilities who are in the criminal justice system.

Hon Kevin Andrews MP
Chair

Senator Alex Gallacher
Deputy Chair