

**Exploring Knowledge of Neurodisabilities and Access to Education in Custody at a Young
Offender Centre in Cape Town, South Africa**

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COMPULSORY DECLARATION

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Abstract

Neurodisabilities are highly prevalent in the young offender population. However, there is a dearth of literature on neurodisabilities (including LDs and TBI) and access to education among young offenders in South Africa (SA). Young offenders in custody have needs across different areas, such as education, health, social and emotional. Amongst other efforts, rehabilitation approaches in prisons often include vocational training and education. The latter is especially important for youth in prison, who are still minors. Research that focuses on education for youth in custody is therefore emerging. The current study aimed to explore awareness, understanding and knowledge of neurodisabilities amongst the prison stakeholders, as well as screening tools used to screen for and identify neurodisabilities in young offenders. Furthermore, the study aimed to explore access to education in custody, by investigating how prison stakeholders make meaning of young offenders' access to education. Using qualitative semi-structured interviews, I interviewed ($n=9$) prison stakeholders at a youth correctional centre in Cape Town, SA. Thematic analysis, using inductive approach was the method of data analysis in the current study. The findings of the study highlight that although prison stakeholders had exposure to some neurodisabilities (e.g., LDs and FASD), they were not aware of others, such as TBI. This was largely compounded by a lack of comprehensive and validated screening tools.

In keeping with previous studies prison stakeholders also reported that they are not qualified nor trained to deal with young offenders with neurodisabilities and that they are not “experts”. Although there is provision of education in custody for young offenders, there are factors that impact on their access to education in custody mainly: offender factors (high risk offenders, disruptive offenders: displaying problematic behaviors, young offenders' motivation to engage in education and presence of neurodisabilities and cognitive difficulties, which further

makes it difficult for them to navigate the CJS, and systemic factors (prison overpopulation, lack of educators, attitudes of prison stakeholders and gang-related activities). The results of this study may be used to inform policy implementation in terms of rehabilitation and the use of proper screening and assessment tools to screen for various neurodisabilities in SA young offender population, as well as providing training and support for prison stakeholders, to work effectively with young offenders who may present with neurodisabilities. Additionally, the schooling structures in youth offender institutions may be reformed, to better accommodate for educational needs of young offenders, including those with neurodisabilities.

Keywords: access to education, neurodisabilities, prison stakeholders, young offenders

List of Abbreviations

CJS	Criminal Justice System
FASD	Foetal Alcohol Spectrum Disorder
LDs	Learning Disabilities
SA	South Africa
TBI	Traumatic Brain Injury

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Exploring Knowledge of Neurodisabilities and Access to Education in Custody at a Young Offender Centre in Cape Town, South Africa

South Africa (SA) has high levels of crime, which include assaults, murders, and other violent crimes (Dawes et al., 2006; Souverein et al., 2016), relative to other countries. Most of the prison population in SA includes offenders aged between 15 and 35 years (Statistics South Africa [Stats SA], 2016, 2018). Besides experiencing greater victimisation as compared to adults, recent statistical reports on crime in SA have demonstrated that young people were the main perpetrators of violent crimes in 2016, including assault and sexual offences (Stats SA, 2016). Young offenders in custody have needs across different areas, such as education, health, social and emotional domains (Chitsabesan & Bailey, 2006; Chitsabesan & Hughes., 2016). Among other efforts, rehabilitation approaches in prisons often include vocational training and education. The latter is especially important for youth in prisons, who are still minors. Research that focuses on education for youth in custody is therefore emerging (Cruise et al., 2011; Geib et al., 2011; Ingalls et al., 2011; Rogers et al., 2014; Shafi, 2019). Importantly, amongst the key topics in this literature are factors that impact access to education in custody. One such factor for which there is growing literature is neurodisabilities.

International literature has shown that neurodisabilities are rife amongst young offenders (Chitsabesan et al., 2015; Hughes et al., 2012). For example, Hughes et al. (2012) found that about 65–76% of young offenders had mild to severe traumatic brain injuries (TBIs), and about 23–32% presented with learning disabilities (LDs), as compared to the general population. Young-people in custody with neurodisabilities may present with challenges in terms of navigating the youth justice system upon admission and while in custody, due to factors such as low reading and comprehension age, limited literacy skills, and impaired or slow cognitive

processing speed (Chitsabesan & Bailey, 2006; Chitsabesan & Hughes, 2016). Despite a high prevalence, these needs are often unmet or given little attention, due to lack of screening, identification and recognition, as well as poor continuity care (Hughes et al., 2012).

Although there is a dearth of information on prevalence rates of neurodisabilities (and on TBIs and LDs in particular) in the SA young offender population, contextual factors that may impact on such rates are rife. Further, as noted, most of the prison population consists of youth. Despite this, there is little to no research in the South African context that addresses neurodisabilities and young offenders, or how such factors might impact on access to education in custody. Although, young people with neurodisabilities are overrepresented in the criminal justice system (CJS; McLachlan et al., 2021) little is known about the knowledge and awareness prison stakeholders have about neurodisabilities, or about their experience or their expertise in working with young offenders who may present with neurodisabilities in custody. There is also limited access to comprehensive and validated screening tools, to identify and screen for neurodisabilities in young offenders (Hughes et al., 2012; Lynch, 2016; Young et al., 2018).

Definition of Neurodisability

Neurodisability is an umbrella term that is used to define conditions that occur amongst children and adolescents that involve an impairment to the central or the peripheral nervous system as a result of pre- and perinatal trauma, injury and illness, and that results in impairment in functioning. These conditions comprise of communication disorders, LDs, autism spectrum disorders, intellectual disability, attention hyperactivity disorder, TBI, foetal alcohol spectrum disorders (FASD), and difficulties regulating emotion and behavioural problems (e.g., lack of inhibition; American Psychiatric Association, 2013; Hughes et al., 2012). Among other research questions explored, the current study was interested in exploring and understanding how prison

stakeholders understand neurodisabilities and their awareness of these neurodisabilities in the young offender population that they work with. The current study focused mainly on LDs (a developmental neurodisability), and TBI (an acquired neurodisability), given the high prevalence rates of these neurodisabilities reported in the literature (Borschmann et al., 2020; Einat & Einat, 2008; Hall, 2000; Hughes et al., 2012; Mallett, 2014; Young et al., 2018). However, the current study also explored what other neurodisabilities the prison stakeholders might be aware of or encountering amongst young offenders, in addition to LDs and TBIs.

Definition of LDs

A LD is defined in terms of three criteria: 1) an IQ score of <70, 2) having prominent and significant difficulties with carrying out everyday tasks which are vital for success in school and life in general, and 3) an onset prior to childhood (Hughes et al., 2012; Pullen et al., 2017). LDs are further characterised by significant impairment in reading ability, writing and written expression, speaking, and mathematical skills. It can also include intellectual disability which affects general intellectual functioning (Hughes et al., 2012; Tassé et al., 2016).

LDs in SA. The prevalence rate of LDs in the general population in SA is limited and often not clear. One reason for this lack of data is the dearth of nationally and culturally appropriate screening tools, to screen, identify and assess LDs locally. Census 2011 data reported by Statistics SA (2014) reported a prevalence rate of 7.5% for disabilities in the general population, with 4.2% of difficulties associated with cognitive abilities, such as memory and attentional difficulties and 2% of difficulties related to self-care, walking and communication.

Prevalence of LDs in Young Offenders. There is little to no data on LDs and young offenders in SA. However, research carried out internationally suggests that LDs are highly prevalent in young offenders (Chitsabesan et al., 2007; Cruise et al., 2011; Einat & Einat, 2008;

Hall, 2000; Hughes et al., 2012). For example, Hughes et al. (2012) reported prevalence rates of 23–32%, and 2–4%, for LDs in the young offender and general population, respectively, whereas Cruise et al. (2011) reported prevalence rates of 33% and 8%, for the same populations, respectively.

According to Snowling et al. (2000) low academic achievement, poor literacy, and numeracy skills, as well as conduct problems, have been observed in young offenders. In fact, adolescents with LDs have higher risk of offending and ongoing recidivism as compared to adolescents without LDs (Mallett, 2014) and they also engage in offending behaviour at an early age (Chitsabesan et al., 2007; Einat & Einat, 2008). Furthermore, recidivism rates are reportedly higher amongst young offenders with $IQ < 70$ (Chitsabesan et al., 2007).

Besides low IQ scores, difficulties in language and communication, verbal skills, attention, and impulse control, are often unrecognised in the young offender population, because behavioral problems may mask such difficulties and staff may lack awareness thereof (Hall, 2000; Hughes et al., 2017). Further, young offenders with LDs in custody, often find themselves in trouble with the prison officials due to violations of rules, including not maintaining proper hygiene and getting into fights (Hall, 2000). Hughes et al. (2017) report in their work that difficulties in communication (including non-verbal communication), substance misuse, neurodisabilities and risk of self-harm, in young people who offend, are associated with language needs. Furthermore, communication difficulties can frequently affect peer relationships, increasing vulnerability and risk of offending. Although research suggests a link between poor academic achievement and LDs in young offenders, the cause of this relationship is unclear (Chitsabesan et al., 2007; Maniadaki & Kakouros, 2011; Pryor-Kowalski, 2013).

Definition of TBI

“TBI is an injury to the head caused by a direct impact such as a violent blow to the head, skull penetration, or a force that results in the moving of the brain in the skull, causing disturbance to normal brain functioning” (Hughes et al., 2015, p. 94). Common causes of TBI include falls, assaults or physical aggression, and injuries related to sport and car accidents (Hughes et al., 2015). The severity of TBI can be determined by the degree of loss of consciousness (LOC), that is, how long the patient takes to respond to stimuli or how long they remain unconscious as a result of the injury. The length of post-traumatic amnesia (PTA; a period of disorientation and confusion after the injury) is also a factor used to determine and measure the severity of TBI (Williams et al., 2015). Based on these measures of severity, TBIs are classified as mild, moderate and severe. Most injuries are mild (Moore et al., 2014).

TBI in SA. An early SA study conducted by Nell and Brown (1991) in Johannesburg reported an incidence rate of 316 head injuries per 100 000 population in a year. However, this rate was based on a select sample of 15- to 24-year-olds from Johannesburg more than three decades ago. An updated incidence rate is not however available. Low- to middle-income countries (LMICs) like SA are estimated to have higher rates of TBI than high income countries (HICs; Dewan et al., 2018). However, many of these injuries in SA are not reported through admission or visit to the hospital. Further, SA does not have TBI databank, which can result in unreliable hospital records (Naidoo, 2013). Available epidemiological evidence does suggest that most TBIs in SA are accounted for by motor vehicle accidents (MVAs) and higher incidence rate of interpersonal violence (Naidoo, 2013), and that SA men are more likely to sustain TBIs as compared to women (Vaughn et al., 2014).

Although data on TBI and young offenders in SA is scarce, international literature suggests a link between TBI and involvement in crime, with male young offenders being at a greater risk of acquiring TBI than those in the general population (Farrer et al., 2013; Williams et al., 2010).

Prevalence of TBIs in young offenders. As with LDs, research consistently reports a higher prevalence of TBI in the prison population relative to the general population (Hughes et al., 2012; Shiroma et al., 2010; Williams et al., 2010, 2015). However, prevalence rates of TBI amongst young offenders in custody vary because of varying definitions and study designs. Hughes et al. (2012) report incidence rates of 65% to 76%, as compared to 5% to 24% in the general population, whilst prevalence rates of 49.7% to 71.2% in offender populations have been reported by Williams et al. (2015), where 16.5% to 49% of young offenders have experienced TBI with LOC. These findings emphasise the need for and importance of screening and assessment in young offender population, so as to provide and implement the necessary support and interventions to meet the needs of young offenders in custody in relation to post-TBI deficits (Hughes et al., 2015). Such deficits commonly include impulsivity and disinhibition, failing to regulate behaviour, antisocial behaviour, and impaired self-awareness (Chitsabesan et al., 2015; Schrieff et al., 2011).

Studies suggest an association between TBI and criminality (Allely, 2016; Chitsabesan et al., 2015; Hughes et al., 2012; Williams et al., 2010), where history of TBI is significantly associated with violent and non-violent criminal behaviour. Furthermore, young people who sustain TBI at an early age have problems with substance use more often than those without TBI, where earlier onset of substance use increases or mediates the relationship between TBI and offending (Clasby et al., 2019). An earlier study by Timonen et al. (2002) reported that

participants who had acquired TBI by age 11, first engaged in criminality at an earlier stage in life than those who acquired TBI at a later stage in life. Additionally, in the Williams et al. (2010) study that sought to explore and determine whether TBI is associated with more convictions and the possibility of re-offending, the results showed that there was a relationship between self-report of three or more TBIs and violent offences, and between severe TBI and offending and re-offending behaviour. Given the known cognitive, behavioural, and emotional consequences of TBI and the mechanisms of injury, the association between TBI and offending behaviour could be considered bi-directional (Chitsabesan et al., 2015; Hughes et al., 2015; Williams et al., 2010, 2018). Because TBI commonly impacts executive functions, this, in the context of other risk factors (e.g., background, exposure to violence), could lead to problematic behaviours that sets one on a path to offending behaviour (Farrer et al., 2013; Hughes et al., 2015; Moore et al., 2014; Williams et al., 2010, 2018). Alternatively, the kinds of activities that offenders may get involved in may also increase their risk of sustaining TBIs (Farrer et al., 2013; Hughes et al., 2015; Moore et al., 2014; Williams et al., 2010, 2018).

Identifying and Screening for Neurodisabilities in Youth Correctional Centres

Despite high prevalence rates of neurodisabilities amongst young offenders and the dire need to address this issue, there continues to be challenges in terms of screening and identification, addressing and adequately meeting health needs and associated educational needs (e.g., specialist services) for this vulnerable group (Billstedt et al., 2017; Collin-Smyth, 2018; McCarthy et al. 2015; Young et al., 2014; Young et al., 2018). Hughes et al. (2012) argue that health needs as well as educational needs of young offenders are usually unmet or not given much attention, as a result of lack of routine screening for neurodisabilities that young offenders may present with on their admission and stay at the youth offender institution. Moreover, such

vulnerabilities in young offenders may impact on their functioning and coping ability; for example, during police interrogations or during court proceedings, unidentified vulnerabilities may have detrimental consequences on offenders' ability to know and understand their legal rights (Young et al., 2013).

Young offenders with neurodisabilities often go unrecognised in prison setting because most prison staff feel that they cannot conduct appropriate assessments or perform specialised services themselves and that they require specialised input, in terms of screening and identifying neurodisabilities in young offenders (McCarthy et al., 2015). Hence, increasing awareness and training of important stakeholders in prison and the use of validated and comprehensive screening tools may improve recognition of neurodisabilities in young offenders, so that all the prison staff may be better equipped to work with young offenders who present with neurodisabilities, to understand their needs, and how to respond effectively to them. Additionally, screening and assessment can help identify those who are at more risk and who show poorer long-term outcomes, that may result in persistent offending and ongoing engagement with the CJS (Hughes et al., 2012). To this end, Hughes et al (2012) put forward that it is critical to develop individual care plans that would benefit each and every young person, rather than generating care and intervention plans that are generic and may not consider individual needs of the young offenders, such as special educational needs. It is therefore important to introduce appropriate and timely assessment of young offenders in custody, to adequately meet their needs, including a need to access to education while in custody. This is especially important in settings like South Africa where such routine screenings for neurodisabilities are not yet in place.

Educational Pathways into Youth Offending

Among an array of risk factors such as poverty, family patterns of crimes, gang affiliation and possession and availability of firearms for youth and juvenile offending, education associated with under achievement or performance is also considered as a risk factor (Geib et al., 2011). There is a body of evidence in the literature reporting that there is an association between academic or school failure and youth offending and juvenile delinquency (Case & Hazel, 2020; Chitsabesan et al., 2007; Cruise et al., 2011; Geib et al., 2011; Shafi, 2019). According to Geib et al. (2011), this association has been investigated and established with regards to LDs and conduct problems. Geib et al. further posit that young people are more likely to be arrested if they have serious emotional disturbance and specific LDs (Geib et al., 2011). Furthermore, these youth have significant academic challenges compared to other school-going youth their age without these disabilities and difficulties. To this end, dropping out of high school has been demonstrated to be a predictor of crime and juvenile delinquency and positively linked to future criminal or offending behaviour (Swisher & Dennison, 2016).

Clasby et al. (2019) also report that the presence of post-TBI symptoms can disrupt young people's educational engagement and success or progress, however, the presence of TBI or post-injury symptoms are largely misdiagnosed or not identified in the educational systems. As such a pathway between disengagement from education and crime and subsequent navigation of the CJS is often observed in young people who have acquired a TBI. Although the impacts of TBIs are well known, little research exists into how presence of TBI and its associated sequelae can result in a pathway to criminality. This suggests that there is a need to investigate ways of identifying and preventing such increased risks as a way of counteracting it.

Ingalls et al. (2011) reported that youth who are anti-social often have educational disabilities and difficulties in school that can lead to school failure. They also show how low levels of academic engagement further impacts on the overall academic achievement. Some of these anti-social and deviant behaviours youth display may be because of academic and social frustrations they experience, and this may manifest as externalising behaviours such as aggression (Ingalls et al., 2011). Furthermore, Ingalls et al. (2011) demonstrate that the link between academic and anti-social or deviant behaviour is inversely proportional, meaning that with greater anti-social behaviour comes poorer academic performance.

Results from assessments done with young offenders in custody show that many of them have special educational needs and that they score significantly more poorly than their peers in the general population (Case & Hazel, 2020; Cruise et al., 2011). Case and Hazel (2020) explain that this is the case because of multiple educational risks such as disengaging from education, presence of learning difficulties which are often seen as risk factors, and engagement in offending behaviour, all of which are factors impacting on educational attainment, engagement, and achievement. Although there is some research on the prevalence of young offenders with neurodisabilities, and anti-social behaviour, research that focuses on such disabilities and their access to education whilst they are in custody remains limited.

Education as a Rehabilitative Tool

Researchers have stressed the need to address young offenders' barriers to education while they are in custody as a way of combating re-offending (Case & Hazel, 2020; Machin et al., 2011). Research evidence suggests that young people who engage in education during their stay in custody make progress and have educational success, have greater chance of returning to the mainstream school upon their release, and are in turn, less likely to be involved in further

offending behaviour, thereby combating the circle of recidivism and risk of being re-arrested (Blomberg et al., 2011; Case & Hazel, 2020). Although there is evidence on the importance of education as a rehabilitative tool in reducing re-offending, there continue to be reports of no or poor provision and access to education for young people whilst they are in custody, and also upon their release (Little, 2018). Even though it can be argued that there are multiple factors (such as young offenders' history of disengagement with education, motivation, behavioural, emotional, and social difficulties, as well as cognitive difficulties in language and communication) that would always make engaging with education and learning difficult, the inability of young people to engage with education in custody and re-engage with education upon their release is not in fact their fault, but rather that of various systems that should be working together to cater for young offenders' educational needs (Case & Hazel, 2020). Case and Hazel (2020), with reference to the England and Wales specifically, note that the above is often the case because there are often broken partnerships, for example, between the education system and the youth justice system.

Further, unaddressed special educational needs of incarcerated youth put them at a risk of not acquiring the necessary skills that may be important in aiding their successful transition back into their communities and equally often makes it impossible for them to get employment upon re-entry into the community (Cruise et al., 2011). Education must be integrated into the sentence plan of the young offender, because access and provision of education in custody is one of the key factors that ensures that young people who offend experience successful transition back into their communities (Case & Hazel, 2020).

Access to Education in Custody

In many countries, offenders in custody are most disadvantaged in terms of constrained prison education, and are often very low skilled, with most young offenders having no formal schooling qualification, relative to their peers (Rogers et al., 2014). Poor literacy, language and arithmetic skills have been reported in young offenders in custody (Hopkins et al., 2016; Nkoana et al., 2020; Snow, 2019; Snowling et al., 2000; Svensson, 2011). This is often the case because many young offenders have faced eventual exclusion from school as a result of their anti-social behaviour (Einat & Einat, 2008; Ingalls et al., 2011; Machin et al., 2011; Rogers et al., 2014). Further, young offenders often miss a great deal of schooling due to regular absenteeism (Machin et al., 2011; Sentenac et al., 2019), which can also undermine their school performance. Moreover, young offenders with (often undiagnosed) neurodisabilities may present with various developmental, cognitive, intellectual, social functioning, language, and communication deficits, that may impact on the teacher-learner relationships and learning acquisition, which can also contribute to disengagement from school and eventual dropout (Sentenac et al., 2019; Shafi, 2019). As a result, young offenders may present with significant educational needs, that are often not addressed during their stay in custody (Geib et al., 2011).

Provision of special educational needs for young offenders is important, given high rates of neurodisabilities among young offenders, and highlights the need for access to education in custody as well as proper educational resources and trained educational and mental health staff, to work with the offenders (Cruise et al., 2011).

Rationale, Aim, and Research Questions

To date, studies on neurodisabilities among young offenders in custody have mainly been conducted in Western countries like the United Kingdom (e.g., Baidawi & Piquero, 2020; Billstedt et al., 2017; Chitsabesan et al., 2015; Chitsabesan & Hughes, 2016; Hughes et al., 2012; Williams et al., 2010, 2015, 2018) with a dearth of similar studies in SA (Nkoana et al., 2020). Nkoana et al. (2020) previously reported on the prevalence of TBI and LDs in a sample of young offenders and non-offenders in SA. The current study builds on the previous one (Nkoana et al., 2020), with a more in-depth exploration and analysis of education and neurodisabilities among young offenders in custody.

Aim

The current study aimed to explore access to education in custody, educational needs, awareness of neurodisabilities, and the need to screen for neurodisabilities among young offenders, using qualitative semi-structured interviews, with important stakeholders at a youth correctional centre in Cape Town, South Africa. I did not put forward any hypotheses, given the study's qualitative and exploratory nature. In line with the research aim, the study had the following specific objectives:

1. To explore awareness of neurodisabilities and how prison stakeholders understand neurodisabilities;
2. To explore access to education in custody and understand how prison stakeholders make meaning of young offenders' education in custody; and
3. To explore and investigate screening of neurodisabilities in custody.

Research Questions

These research questions and sub questions were borne out of these aims and objectives.

The main research question was as follows:

How do prison stakeholders identify, screen, and provide education for young offenders with neurodisabilities in South Africa?

This main question is further elaborated upon with the following sub questions:

1. How do prison stakeholders understand neurodisabilities?
2. How do prison stakeholders make meaning of young offenders' access to education?
3. What screening tools, if any, are used to identify and screen for neurodisabilities in young offenders in South Africa?

Method

Study Design

The design of this study was qualitative and exploratory, with the aim of exploring access to education in custody, educational needs and awareness of neurodisabilities and the need to screen for neurodisabilities given the high prevalence thereof among young offenders. Different scholars provide different definitions of qualitative research (Braun & Clarke, 2013; Denzin & Lincoln, 2018; Hanurawan, 2012; Klopper, 2008; Mohajan, 2018; Percy et al., 2015). According to Hanurawan (2012), qualitative research methods investigate participants' subjective perceptions of the subject under investigation. Johnson and Christensen (2004) also highlight that exploration and discovery in natural settings are the main goals of qualitative research, with the end product being a detailed, narrated report which is rich and descriptive. Furthermore, Berg

(2001) reports that qualitative research enables the researcher to study how people organize and give meaning to their daily lives as well as share in the knowledge and perspectives of others.

One of the many advantages of the qualitative research method is that it offers the researcher an opportunity to be critically reflexive, for example, during the interviews with the participants. By being more critically reflexive, this results in data that is richer and more complex (Braun & Clarke, 2013). Moreover, it allows the researcher to critically reflect on the overall research process and their own roles as a researcher (Braun & Clarke, 2013).

Qualitative, exploratory research was suitable for the current study because it helped capture the rich and exciting data, in relation to the research aims and research questions. This allowed me to make sense of patterns of meaning from the data. Furthermore, a qualitative approach was best suited to this study because it allowed me to be flexible, and also be reflexive in the research process and my own role as a researcher, and how prior knowledge and identity, in relation to the participants, influenced the research process (from recruitment to data collection and reporting of findings). In addition, a qualitative approach gives participants an opportunity to engage and answer the interview questions in a more open manner, allowing them to deliver the message in their own way given their experiences, and therefore exercising their voice.

Comments on Theoretical Framework

Although the current study made use of a qualitative approach, there were no specific theoretical underpinnings. This is because there is dearth of qualitative studies on young offenders in custody, and particularly those looking at access to education whilst offenders are in custody, as well as factors that may impact on their access to education (especially in the South African context). Available literature, together with research methodology used, usually

emanates from higher income countries (e.g., United Kingdom). These studies usually look at young offenders and the prevalence of neurodisabilities in that population, using quantitative research methods, which often do not use any pre-existing theoretical framework to guide their work (see e.g., Chitsabesan et al., 2015; Chitsabesan & Hughes, 2016; Hughes et al., 2012; Hughes et al., 2015; Williams, 2015; Williams et al., 2010; Williams et al., 2015).

Those studies that look at young people who offend and education also primarily use quantitative methods (see e.g., Rogers et al., 2014). Although a recent study by Shafi (2019) on young offenders in custodial care and education used a qualitative approach, the study only reports on one aspect of education and draws on the early work of Dweck (1985) using self-determination theory, to understand engagement and disengagement with education in young offenders. By comparison, the current study looked at overall access to education in custody and the factors that may impact that access. Again, this area of research is in its infancy in the South African context and young offender population in this context, which means that there is lack of literature that one can draw from, in terms of theoretical framework or theories. This is particularly true for studies that will acknowledge the South African context and how to better understand the South African CJS, and young offender population and education, whilst not forgetting the contextual complexities that form part of this system and the population in question.

Moreover, this study made use of thematic analysis as a method of data analysis. Braun and Clarke (2006, 2021) posit that thematic analysis is not atheoretical, meaning that researchers should explicitly make known the theoretical assumptions or underpinnings informing their use of thematic analysis in their studies. However, the current study also acknowledges that thematic analysis is a theoretically flexible approach and given the reasons mentioned above, this study

thus does not make use of a specific theoretical framework, but generic qualitative and exploratory research approach. To explore access to education in custody, educational needs of young offenders, awareness of neurodisabilities and the need to screen for neurodisabilities, I used qualitative semi-structured interviews with prison stakeholders.

Setting

The current study was conducted at the University of Cape Town (UCT), in a private room in the Department of Psychology. Initially this study was meant to take place at a youth correctional centre with one-on-one in-person interviews between the participants and I, but due to the Covid-19 pandemic restrictions at the time of data collection, the study was conducted using telephonic interviews. For the purpose of this study, the name of the youth correctional centre where participants were recruited from will not be disclosed in order to preserve and observe the ethical issues and concerns around confidentiality, privacy and anonymity of the participants who took part in this study.

Recruitment Procedure

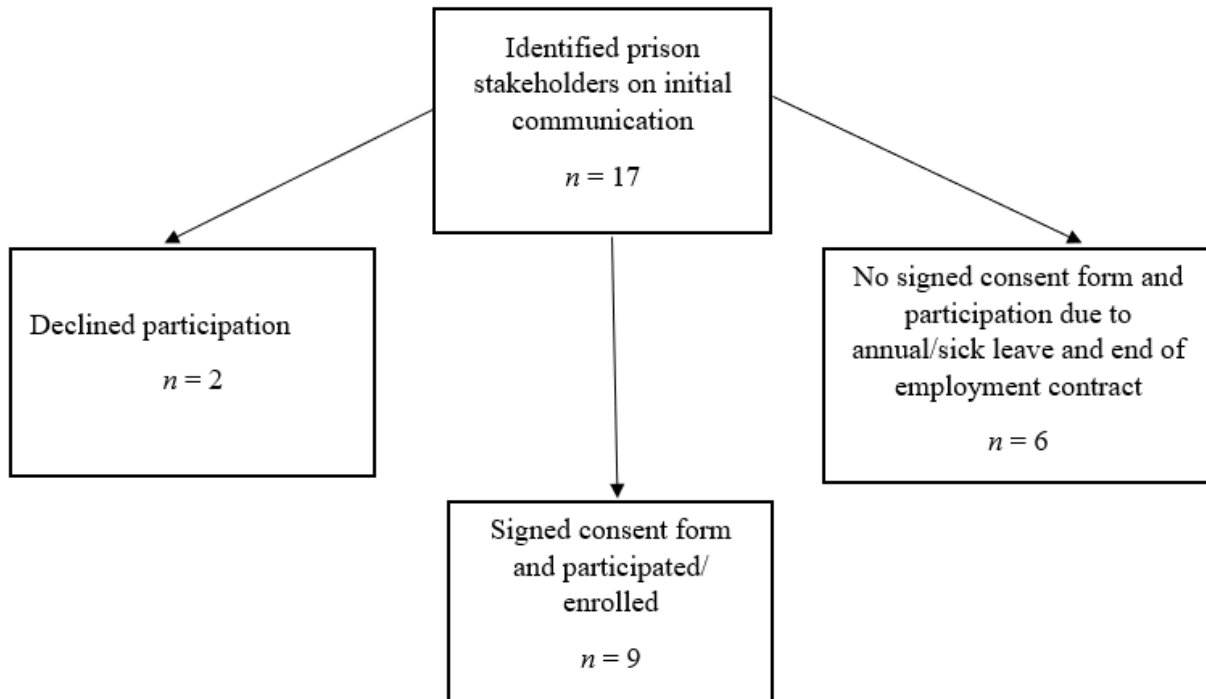
The study made use of purposive sampling to select participants. This sampling strategy was suitable for this study because the researcher was interested in a specific population, which in this case was important prison stakeholders who were able to provide insights and their experiences given the research questions (Rai & Thapa, 2015). For the purpose of this study prison stakeholders were defined as an official who worked with young offenders at the youth correctional centre.

I contacted the head of the youth correctional centre on email, with the study information sheet (see Appendix A), inviting all the relevant prison stakeholders to be part of the study. The head of the youth correctional centre assisted in mobilizing all the relevant stakeholders working

with the young offenders, by providing the researcher with their work emails and telephone contacts (with their permission). A consent form detailing the nature of the study, aims and objectives, potential risks, and benefits, as well as the interview process was sent to all the prison stakeholders to read and sign, should they wish to participate in the study. On initial communication, there were 17 prison stakeholders, and only nine participants formed part of the final sample by consenting to participate in the study. Two of the 17 prison stakeholders reached out to me telephonically and declined participation in the study. One mentioned that they were already participating in another study at that time, the other one simply stated that they do not wish to participate in the current study. Six of the remaining prison stakeholders were not able to consent and take part in the study, as they were on sick or annual leave at the time of the study and data collection. One of them who was external service provider was at the end of their contract at the youth correctional centre, hence they could not consent and take part in the study. Figure 1 below, shows how I arrived at the final sample.

Figure 1

A Flow Chart Showing How I Arrived at the Final Sample of Participants (N = 9)



Participants

The final sample for the current study included nine prison stakeholders. The participants of the current study were working with the young offenders who were in custody at the time of this study, and included a multi-disciplinary team from health, social services, education, and probation services at the youth centre. The inclusion criteria of the study included being a relevant stakeholder (e.g., Head of Centre, Social worker, Educator and Psychologist, etc.) as well and stakeholders stating that they wanted to participate in the study. There were no

associated exclusion criteria for the current study. I provide a brief description of the participants here. First, a semi-structured interview was conducted, with the head of the youth centre, who oversees all the prison activities and making sure that young offenders receive all forms of assistance in regard to the following: Education, rehabilitation, health care, social work services, psychological services, and proper unit management. I also interviewed a social worker who provides social work services to the young offenders, which include psychosocial support, trauma counselling, behaviour, and anger management. These social work services are provided in individual case work or group work sessions with the young offenders. The psychologist who participated in the current study, was a counselling psychologist and he provided psychological services to the young offenders, including mental health care services and rehabilitation in treatment of young offenders especially those who are convicted on accounts of sexual offences. The psychologist usually works on a referral basis and works closely with the social workers.

Two of the three educators that participated in the current study were in senior positions; one was the divisional centre manager or the principal of the education section and the other was section head and senior educator, who had educators working under his management although he also reported to the divisional centre manager or the principal. The divisional centre manager or principal and the section head were both responsible for managing formal education skills development, as well as sports, arts and culture, and prison libraries. The other educator, who was in a less senior position, was only involved in teaching offenders who were illiterate. This educator taught them Afrikaans and Mathematics. Furthermore, two unit managers took part in this study, one was unit manager of the medium section offenders (on units A, B and F) and his work at the time of the study was with young offenders aged 20 years and younger. However, due to overpopulation at the centre, they also worked with adult offenders, who were often in the

same section and units as young offenders. The other unit manager was working with young offenders ensuring management of units¹, in terms of clean environment/cells as well as prison uniform. The correctional intervention officer was involved in presenting correctional intervention programs that are need-based for all offenders in prison, however at the time of the study he was also an acting secretary for the compliance officer, where all the management and monitoring of the offenders takes place, in terms of profiling, drug testing and visiting of offenders. All the services provided to the young offenders at the specific youth correctional centre had the ultimate goal of rehabilitation and combating recidivism amongst the young offenders, through working as a multi-disciplinary team. Table 1 below shows the demographic summary of the participants.

¹ “Units refers to self-contained living areas, for twenty to fifty or sixty prisoners, composed of individual cells for privacy and open areas for social interaction. Units can serve specialised offender groups who share a need, such as educational services or drug treatment or offenders with violent behaviour” (Luyt, 1999, p. 15).

Table 1*Demographic Summary of Participants and Professional Duties (N = 9)*

Pseudonyms	Sex	Profession
Participant 1	Male	Educator
Participant 2	Male	Unit Manager
Participant 3	Male	Senior Educator, Divisional Centre Manager or Principal
Participant 4	Male	Section head and senior educator-formal education and training
Participant 5	Male	Correctional Intervention officer and Acting Secretary of the Head of Centre and Compliance officer
Participant 6	Male	Counselling Psychologist
Participant 7	Male	Head of the Centre
Participant 8	Female	Social Worker
Participant 9	Male	Unit Manager

Data Collection and Procedures

Semi-structured interviews were conducted telephonically with all nine participants at the UCT Psychology department, in a private room (see interview schedule, Appendix B). Semi-structured interviews were used as a method of data collection in the current study. This method of data collection was suitable for this study because its flexible structure allows prompting and encourages interviewees to provide more information (Pathak & Intratat, 2012). Semi-structured interviews were also important for the current study because the sample size was relatively small

(Pathak & Intrat, 2012). Furthermore, this was a method of choice because it can be used together with, and allows for the use of, a thematic analysis framework, which was method of data analysis for the current study, therefore providing rich qualitative data.

Prison stakeholders who showed interest in the study, were emailed the consent form (Appendix C), for them to sign and send back to me before data collection commenced. The consent form detailed the nature of the study, its objectives and aims as well as the procedures. Additionally, before each interview, participants were reminded and asked verbally about their consent to participate in the study. This was important because obtaining consent is ongoing and continuous in qualitative research (Cluk & Latusek, 2018; Mertens, 2012). Moreover, participants were asked for verbal consent to record the interviews.

At the start of every interview, my aim was to build rapport with participants, especially because the interviews were conducted telephonically. This was necessary because rapport building is useful for getting perspectives and counter perspectives regarding the issues in question (Pathak & Intrat, 2012). The semi-structured interviews were carried out in English language, using a semi-structured interview schedule (Appendix B) that covered important topics and questions on access to education in custody for young offenders, young offenders with neurodisabilities, awareness of neurodisabilities, and the need to screen for neurodisabilities, given the high prevalence thereof among young offenders. Interviews lasted between 45 and 60 minutes each, and the questions were open ended. After each session, all participants were asked if they had any questions or anything to add. At the end of every interview session, the voice recording of the interviews were stored on a computer on a password encrypted file before they were transcribed and analysed, to ensure that data remained private and confidential.

Data Analysis

Thematic analysis, using the inductive approach was the primary method of data analysis in this study. According to Braun and Clarke (2012) this method systematically identifies, organises, and assists one in finding patterns of meanings or themes across the data. Thematic analysis was appropriate for the current study because it helped me make sense of and understand common meanings and experiences from the data, based on what the participants said about access to education in custody for young offenders, and awareness and screening of neurodisabilities in young offenders. As already stated, this method works well with the chosen method of data collection (semi-structured interviews) used in the current study.

To analyse the data, I followed the six phases of thematic analysis outlined by Braun and Clarke (2012), which are: familiarising oneself with the data, generating initial codes, searching for themes, review of potential themes, defining and naming themes, and producing the findings in a report. I transcribed the interview recordings verbatim and read through the transcriptions to ensure that all the data was captured correctly. I also captured the demographic data of participants allocating each participant a pseudonym to protect their identity. The transcribed data was arranged in data cases in columns. This made it easy to generate codes and identify themes across the data cases.

I initially generated codes and identified themes across the data manually. These were then sent to my research supervisor (LSB) to review. I would then use the feedback and potentially come up with new codes and themes. This process was therefore iterative. LSB and I then reviewed and compared themes together and reached a consensus on the final themes and subthemes to be included in the analysis and discussion section, in answering the research questions. Furthermore, a third party who was a qualitative expert, looked at the codes and

themes and provided data analysis coaching sessions and refined some of these themes given their expertise in qualitative research. The main salient themes that emerged from the data were as follows:

1. “I am not an expert”: Knowledge and exposure to neurodisabilities.
2. Lack of comprehensive and validated screening tools for neurodisabilities.
3. Provision of education.
4. Offender factors and access to education. The following subthemes were identified:
 - a) “High-risk” offenders and access to education.
 - b) “Disruptors” and access to education.
 - c) Young offenders’ motivation to engage in education.
 - d) Presence of neurodisabilities and cognitive difficulties.
5. Systemic factors and access to education. The following subthemes were identified:
 - a) Prison overpopulation.
 - b) Lack of educators.
 - c) Attitudes of prison stakeholders: “Othering” and access to education.
 - d) Gang-related activities and access to education.

These were analysed and are discussed on the analysis and discussion section.

Ethical Considerations

Research ethics is an important part of the research process (von Unger, 2016). Ethical clearance for the current study was granted by the UCT Department of Psychology’s Research Ethics Committee (PSY2020-042; See Appendix D), and the Faculty of Humanities (HUM 06/2020; see Appendix E). Ethical approval was also obtained from the UCT Faculty of Health Sciences Health Sciences Human Research Ethics Committee (HREC; REF: 220/2021; see

Appendix F). Further approval and permission was requested and granted by the Western Cape Department of Correctional Services to conduct research at the specific youth correctional centre (see Appendix G). I present the relevant ethical issues pertaining to the current study, below.

Informed Consent

The need to obtain informed consent from potential research participants is a central requirement in research ethics (Cluk & Latusek, 2018). Informed consent means that participants must voluntarily agree to take part in research study (Mertens, 2012). In qualitative studies, obtaining informed consent must not be a once-of thing; the researcher needs to continuously revisit the consent as the research evolves, to make sure that participants are still willing to take part in the study (Cluk & Latusek, 2018; Mertens, 2012). Voluntary informed consent was obtained from the participants who wanted to take part in the current study. Before data collection, prison stakeholders were sent the participant consent form (see Appendix C) via email to complete, sign and return to the researcher before interviews commenced, if they were interested in participating in the research study. The consent form included information about the study's aims and objectives, procedures, potential risks and benefits, including what would be asked of them, should they agree to participate. The consent form also noted that participants would be asked to give verbal consent to have the interviews recorded (in addition to the consent provided in the consent form), as well their freedom to withdraw from the study at any point without negative consequences.

Confidentiality, Privacy and Anonymity

Researchers are ethically obliged to observe the principle of confidentiality and report on study outcomes in a manner that protects the identities of participants (Ciuk & Latusek, 2018). To ensure confidentiality and anonymity in the study, participants were allocated pseudonyms by

the researcher, and the youth correctional centre in which the prison stakeholders work at was not mentioned at any point to ensure privacy and confidentiality. The transcriptions of the voice recordings did not contain any names of the participants. Where participants made reference to other participants' names during the interview, those were removed from the transcripts and substituted with the pseudonym allocated to that particular participant. All the data (interview transcripts, signed consent forms, voice recordings) were kept safe on a computer in a password encrypted file. In addition, the voice recordings were stored with unique identifying numbers to further ensure confidentiality. These data are only accessible to my supervisor and I. Further, any publications or reports on the data will not identify interviewees directly or in any other way.

Potential Risks/Harm and Benefits

Researchers are expected to make known to participants the risks and benefits associated with participating in the study (Halai, 2006). There were no known risks and harm associated with the study, and none of the participants reported feeling overwhelmed or distressed in any way during and after the interview sessions. Furthermore, there were no direct benefits to the participants, and they were not compensated for participating in the study.

Reflexivity

Reflexivity is significant to qualitative research studies. Various studies define reflexivity as the researcher's ability to be reflexive, be aware and acknowledge how their presence may influence the research process and research findings (Darawsheh, 2014; Gilgun, 2008; Rossiter et al., 2020). Furthermore, Darawsheh (2014) posits that researchers must be cognizant and self-reflective of how their subjective experience, perceptions, feelings and actions continuously influence the research process. Rossiter et al. (2020) also point out that reflexivity offers one the

opportunity to critically review the power dynamics which may exist between the researcher and the research participants.

At the time of data collection, I was conducting the study as a Masters student in clinical neuropsychology, who had progressive experience in neuroscience/neuropsychology-related research on neurodisabilities (TBI, LDs and others). As such I had to be aware of any biases that may result from my side, such as being both a Masters researcher and clinical neuropsychology student. However, I had to constantly remind myself that there is so much to be told about neurodisabilities especially in the context of young offenders, and the participants as co-producers of knowledge were there to assist in understanding the multi-layered narrative, therefore improving the credibility and the quality of the data produced. As a researcher it was critical for me to understand my role in the study in relation to the participants, in creation of knowledge. In addition, I self-reflected about how I may have influenced the way participants addressed and answered some questions. However, where something stood out in terms of how participants responded to questions they were asked during the interview or their attitudes towards particular questions (which I gauged from their tone and responses), I would write those down in my research journal and reflect on them or probe more during the interviews.

Moreover, because of my positionality and academic position and my prior knowledge, some of my participants assumed that I had an in depth understanding of neurodisabilities. For example, some would constantly say “you know these things, Winnie, we are not qualified”. Nonetheless, I still requested and encouraged the participants to provide their own understanding and experiences. I further acknowledge that this presumption of my knowledge may have led some of the participants to withhold some information. All these considerations were critical

because power differences need to be minimized as both the researcher and participants are seen as equal, and have equal partnership (Dodgson, 2019).

Analysis and Discussion

The following chapter presents an analysis, interpretation, and discussion of the findings. The current study employed a thematic analysis (Braun & Clarke, 2012) to examine and explore the transcribed data, to find patterns of meaning across the data, and common experiences from the prison stakeholders. The main research question, investigated in the current study, was: How do prison stakeholders identify, screen, and provide education for young offenders with neurodisabilities in South Africa? I also investigated the following sub questions: 1) How do prison stakeholders understand neurodisabilities? 2) How do prison stakeholders make meaning of young offenders' access to education? 3) What screening tools, if any, are used to identify and screen for neurodisabilities in young offenders in South Africa?

In answering the research questions, key themes with sub-themes emerged from the data, which are listed in relation to the sub questions above, in Table 2, and are explored and elaborated on below.

Table 2

Main Themes with Sub-themes that Emerged from the Data Analysis Organised According to the Associated Sub-Question

Research sub-questions	Main themes	Sub-themes
How do prison stakeholders understand neurodisabilities?	“I am not an expert”: knowledge and exposure to neurodisabilities	—
What screening tools, if any, are used to identify and screen for neurodisabilities in young offenders in South Africa?	Lack of comprehensive and validated screening tools for neurodisabilities	—
How do prison stakeholders make meaning of young offenders’ access to education?	Provision of education	—
	Offender factors and access to education	<ul style="list-style-type: none"> a) “High-risk” offenders and access to education b) “Disruptors” and access to education c) Young offenders’ motivation to engage in education d) Presence of neurodisabilities and cognitive difficulties
	Systemic factors and access to education	<ul style="list-style-type: none"> a) Prison overpopulation b) Lack of educators c) Attitudes of prison stakeholders: “Othering” and access to education d) Gang-related activities and access to education

“I Am Not an Expert”: Knowledge and Exposure to Neurodisabilities

When asked generally about their understanding and knowledge of neurodisabilities, prison stakeholders responded with hesitation and caution. They consistently explained that they are “not experts”, and are not trained to identify and work with young offenders with neurodisabilities, such as Participant 1 and 2, who largely depend on other professionals such as social workers to assist them:

Participant 1: *No, we are not trained to identify the neurodisabilities. We try to utilize Social Workers, to identify offenders with problematic behaviour.*

Participant 2: *No, we are not specialists, so there should be a specialist to ensure that they are being met. Or give us training on how to work with learners who have neurodisabilities and how to identify and assess them in class settings.*

The participants above speak to the challenges they experience at being at the forefront of services provided to young offenders with little knowledge or training on neurodisabilities. Participant 1, who has 25 years’ experience working within correctional facilities, expressed that they (Participant 1 and their colleagues) require further training and support with identifying potential offenders with neurodisabilities in class settings. In McCarthy et al.’s (2015) mixed methods study, which was conducted in the UK on neurodevelopmental disorders in male offenders, most prison staff felt that they could not conduct appropriate assessments of neurodisabilities or perform specialized services themselves. In addition, prison staff required specialized input, in terms of screening and identifying neurodisabilities in young offenders (McCarthy et al., 2015). These findings are echoed in the current study, indicating a need to offer training and support to the prison

stakeholders in the South African context to be able to respond effectively to the needs of young offenders with neurodisabilities.

Moreover, in the current study prison stakeholders were asked about neurodisabilities they have or may have encountered amongst offenders most often, including LDs and TBI. Participants reported some exposure and variable knowledge and awareness of neurodisabilities. For example, Participant 1 below mentioned that they have seen cases of LDs in the youth centre, however they are not aware of cases of TBI. Important to note is how Participant 1 still spoke about how they are not an expert, as such they do not recognize other neurodisabilities such as TBI. Apart from having no expertise and lack of training to be able to recognize and identify neurodisabilities in young offenders, this can also be explained by lack of access to comprehensive and validated screening tools in the youth centre that the prison stakeholders may use to screen for neurodisabilities.

Participant 1: *There are definitely young offenders with learning disabilities, in the youth centre. I have not come across young offenders with history of traumatic brain injury, because I am not an expert Winnie. Majority of them struggle to focus, to cope (sorry I am laughing because they struggle a lot-and only 5% of them want to learn). I have those that cannot read and write, I think it is because of the learning difficulties and the drugs they were using, but you get those that can read and write properly. Others who struggle to read, they read at a grade 3 or 4 learner level, and yet they are between 23 and 17 years of age.*

In terms of those who may have LDs (e.g., inability to read and write), Participant 1 above explains that there is a spectrum, where the one end is those who are struggling significantly to read and write, and the other end of the spectrum is those who can

read and write. The issue of poor literacy amongst young offenders has been well documented in the literature (Hopkins et al., 2016; Nkoana et al., 2020; Snow, 2019; Snowling et al., 2000) as Participant 1 reports that most young offenders present with difficulties in reading and writing, which may be explained by a presence of learning difficulties. The point made by Participant 1 is not surprising given that majority of young offenders who are at school leaving age are illiterate, with low reading age. This is because most young offenders have faced expulsion or exclusion from the mainstream schooling system at a young age due to deviant behavior. As such they miss out on crystalized knowledge that should be helping them to acquire good vocabulary and literacy skills. In addition, this can also be explained by the school failure hypothesis, which states that failing in school, may results in low-self-esteem, rejection by peers and family, and subsequently dropping out of school, which may also explain the gap between older age, low reading age and lower grade completion in offender population (Nkoana et al., 2020). In his speech at the time of his ministry at the department of correctional services, Minister Ndebele mentioned that there are high prevalence rates of illiterate offenders in South African prisons, and that offenders should engage in literacy classes whilst serving their sentences (Hans, 2012).

Participant 1 further attributes these difficulties to young offenders' use of drugs. There is overrepresentation of drug use in prison, with prisoners reporting significant use of drugs before incarceration (Mjaland, 2016). For example, in a South African based study on prevalence of neurodisabilities, in young offender group vs the non-offender group, the results of the study showed that apart from high prevalence rate of neurodisabilities in young offenders as compared to non-offenders, there was a significant difference in terms of reported drug use. In that study, all young offenders reported using drugs as compared to 44.6% of the non-offenders (Nkoana et al., 2020).

Important to note is that Participant 1 reported that only 5% of the young offenders want to engage with education and to learn. Although the statistic may be an estimate, this is worrying because it means that most young offenders in custody do not have access to or engage in education. Here, neurodisabilities such as LDs may well be contributory. In the same study reported on above, Nkoana et al.'s results showed that 68% of young offenders self-reported struggles that could suggest an LD and 72% self-reported having sustained a TBI. Both LDs and TBI are often associated comorbid with attentional deficits (Schuchardt et al., 2015; Schrieff et al., 2011), which aligns with Participant 1's comment that the majority of learners are struggling to focus.

Furthermore, participants mentioned that they also often see Fetal Alcohol Spectrum Disorder (FASD) among offenders in addition to LDs and TBI, as Participant 3 articulates below:

Participant 3: *Yes – but most often I see FASD (this we see with most offenders that are coming from poorer backgrounds or those who have lived in the farms, this is the case because there was a dop system). Learning difficulties, due to their poor academic development, because the majority of them have not even finished primary school.*

International literature has reported high prevalence rates of FASD in the young offender population (Flannigan et al., 2019; Hughes et al., 2012; Hughes et al., 2016; Rogers et al., 2013). Hughes et al.'s (2012) study on the prevalence of neurodisabilities in young offenders, reported that the prevalence rates of FASD in young offenders in their study was between 10.9% and 11% as compared to 0.1 to 5% of young people in the general population. In the South African young offender population such rates have not been established in

prisons, due to lack of formal studies in this area. However, there is a body of literature that looks at FASD in the general population of South Africa (De Jong et al., 2021; Kodituwakku, & Kodituwakku, 2014; Lubbe et al., 2017). It is almost impossible to talk about young offenders with FASD and not how the South African oppressive history has contributed or influenced that outcome, through intergenerational transmission of maladaptive alcohol use starting for many from the historic dop system (De Jong et al., 2021).

For example, Participant 3 speaks to the issues related to the history of SA, in that those young offenders with FASD come from impoverished backgrounds and how the aftermath of the South African history such as the use of the dop system exposed many young people to neurodisabilities such as FASD. De Jong et al. (2021) reports how the South African history of racial inequalities and oppression played a role in the drinking culture, in both men and women (including pregnant women) from low socio-economic status, who were farm workers in wine farms. The apartheid system in SA used to pay wine to farm workers with surplus wine or wine that was seen as unfit to be sold—this system was called the dop system. The physical availability of wine and alcohol in wine farms meant that even pregnant women got to consume wine and as such this contributed to the significantly higher rates of children born with FASD in SA, especially from the impoverished communities of the Western Cape and Northern Cape province (De Jong et al., 2021). Even though the dop system was scrapped decades ago by law in SA, its enduring painful legacy still perpetuates and continues to disadvantage poorer communities in SA where this system was implemented and carried out. Although the current study was conducted in the context of the young offender institution, the point raised by Participant 3 is very important, as this is one of the contextual factors related to South African history (“*dop system*”) that should be taken into consideration in terms of young offenders who present with FASD and the contribution of

these historic factors and contextual vulnerabilities to offender outcomes and recidivism through direct and indirect means.

Further, all participants who expressed uncertainty around knowledge about neurodisabilities (e.g., TBI) consistently spoke about how their challenges with identifying neurodisabilities in young offenders may be strongly related to the lack of suitable screening tools in the youth centres.

Lack of Validated and Comprehensive Screening Tools for Neurodisabilities

All prison stakeholders expressed the issue of lack of access to validated and comprehensive tools to screen and identify neurodisabilities in young offenders at various points during the interviews. For example, Participant 2 below talked about how they do not have such screening tools, however there is a risk assessment tool that is used in the youth centre by different professionals who work with the young offenders. This risk assessment tool is used upon the admission of the offender in custody and is used to compile and inform the sentence plan of the offender.

Participant 2: *We do not have any screening tools for neurodisabilities, but normally before we admit the offender, on admission there is a risk assessment tool they must complete, with the psychologist, social workers, educators, admissions officer, and they ask the offender questions, based on their findings they compile the sentence plan. They identify disabilities there by the admission centre, but I am honestly not sure about neurodisabilities, it's a new thing to us man.*

Although Participant 2 mentions that during admission, young offenders with disabilities are identified, they are not sure if this involves neurodisabilities and that neurodisabilities is a new term to them. It is not surprising that participants found the term

neurodisabilities very new to them, especially in prison environment where research on young offenders with neurodisabilities is still emerging, particularly in South African context. One can also argue that the concept neurodisabilities might be new both in the CJS and general population in SA and it is quite a western concept. However, this does not undermine the fact that recent studies on young offenders and neurodisabilities in SA, have found and reported high prevalence of neurodisabilities in young offender population (Nkoana et al., 2020; Steenkamp et al., under review).

In addition, in response to having no screening tools, Participant 4 reported that they come across young offenders with neurodisabilities by chance. This is further exacerbated by the fact that these prison stakeholders are in no position to identify these offenders because of lack of expertise as reported by Participant 4:

Participant 4: *No, we do not have any processes that we follow to identify these offenders. We just come across them by chance, we are not specialist Winnie, if we can put it that way.*

Participant 4's experiences are echoed by Participant 1 (below) who also mentioned that due to lack of screening tools and such processes, they use their own observation to identify those who are struggling to read and write and those who have attentional difficulties in the classroom.

Participant 1: *No no no, we do not have any screening processes in place. When I am in class, I use my personal observation to identify those who cannot read and write, those who cannot focus, then I will see that something is wrong, he is not paying attention in class, he is doing his own thing.*

This finding raises an important point that although some young offenders may be identified through observation, many others may not be identified and recognized, especially if there are no screening tools and prison stakeholders also lack expertise. Chitsabesan et al. (2014) posit that screening is important because it adequately identifies the needs of young offenders, such as health needs, and informs health care plans, and subsequently re-engages young offenders with educational and health services whilst in custody. Furthermore, reviewed literature reports that validated and comprehensive screening tools may improve recognition and identification of neurodisabilities in young people who offend (McCarthy et al., 2015). Hughes et al. (2012) reports that screening and assessment can help recognize those young offenders who may be at risk and who show poorer long-term outcomes, that may result in re-offending and constant engagement with the CJS. Moreover, the findings show that there is a greater need for prison stakeholders to be supported when working with young offenders and they also need support in terms of resources and training to carry their duties and to support offenders in need, effectively.

Furthermore, those who reported that there are screening tools that are currently in place mentioned that they use the Risk Assessment Tool or Offender Profile Tool, which is usually used upon offenders' admission in custody. It is apparent from the participants' responses that it is not clear if the Risk Assessment Tool they use can also be used to screen for neurodisabilities, however, they also use it to check for educational background of the young offenders as reported by Participant 5 below. This corroborates findings from Lynch (2016) that custodial staff members do screening for basic risk factors, however, this process does not comprehensively screen for neurodisabilities.

Participant 5: *Yes, on admission there is a screening process whereby correctional assessment officer, who assess the offenders, and they also do educational background, there we pick up if offender has been in school or not. But ma'am I am not sure if that screening tools is for other neurodisabilities and how relevant it is to identify learning disabilities for example. But I think this tool they use is called Risk Assessment Tool.*

Although young people with neurodisabilities are overrepresented in the CJS (McLachlan et al., 2021), little is known about the knowledge and awareness prison stakeholders have about neurodisabilities, their experience or their expertise in working with young offenders who may present with neurodisabilities in custody, as well as access to comprehensive and validated screening tools, to identify and screen for neurodisabilities in young offenders (Hughes et al., 2012; Lynch, 2016; Young et al., 2018). The current study wanted to explore this, and it is apparent from the findings that these issues are evident in this particular youth centre and the prison stakeholders are confronted with such issues. In lieu of this, prison stakeholders recommended a way forward in terms of addressing the above-mentioned issues, as articulated by Participant 2 below:

Participant 2: *First it should be identification of these offenders with neurodisabilities, from admission, it should really be prioritized. The case officers should also be trained on how to deal with these offenders and how to refer these offenders to the professionals. The screening of these offenders must also be prioritized at admission, so that we know when the offender enters the system, we know that there is a problem with this one.*

It can also be inferred from the Participant 2's recommendations that they are in dire need and are willing to help the young offenders, but there are a lot of gaps that still need to be addressed either by government departments or the correctional facility, in order for the prison stakeholders to work effectively with the young offenders. Furthermore, these recommendations are consistent with those from previous studies (e.g., Hughes et al., 2012; McCarthy et al., 2015; 2016). Thus, there is a need for increased awareness and training of custodial staff (e.g., those offering educational services, social and healthcare services, etc.) so that they are able to recognize or identify offenders with neurodisabilities and to understand how to work with offenders with such needs and to refer them to other important specialist services for assessment and interventions. In addition to knowledge about neurodisabilities and screening tools, prison stakeholders were asked about how they make meaning of young offenders' access to education, and their experiences and descriptions are illustrated in the themes and sub themes below.

Provision of Education

Research on young people who offend reports that provision and access to education in custody for young offenders is essential in reducing recidivism, and preparing young offenders for life after incarceration, including re-integration into communities and prospects for employment (Case & Hazel, 2020; Kennedy, 2013; Lanskey, 2021; Paterson-Young et al., 2022). Participants in the current study described that there is some provision of education with young offenders, including those with neurodisabilities (among those that are identified as such) having access to education in custody. Furthermore, from the participants' explanation they also enquire about young offenders' schooling experience, for example asking about last school grade. Such information is important as it may give the educators a clear educational background of the young offender, which may be helpful in determining what kind of support the young offender needs in terms of education, and what class or grade

they should be put in as they reengage with education in custody. Moreover, this would be important in making sure that the young offenders are offered and provided with education that is tailored to their specific individual needs given their educational history or background.

Participant 1: *Firstly, there is access, every year we go into the prison each section, if there are new inmates to recruit, we have one on one interview with them, we ask them if they want to come to school, what grade they left school in. if we see that they are illiterate, they must be in school. But most of the learners do not stay long with us because of their difficulties, and that access ends up being impacted because they drop out, and we cannot keep on forcing them to attend. So as much as there is access, their learning difficulties make it difficult for them to learn to full potential, and like I said they prefer the easier work of coloring and cutting papers instead of the reading and writing or counting.*

Participant 3: *Young offenders with neurodisabilities have access to education, however in practice nothing compels them to attend school, if they do not want to come to school, no one really ensures that they are coming. So those that are in school are those that come voluntarily, and they recognize a need for education. Additionally, educators go to prison section to talk with offenders about a need to get education, and after that we will do placement test for potential learners. So those with neurodisabilities (TBI & learning disabilities) do not see a need to attend school, then they will not be enrolled in school, and those who come, they will have access, but there will be lack of teachers that have knowledge of how to work with young offenders with neurodisabilities or how to identify them.*

Additionally, Participants 1 and 3 above describe that even though young offenders have access to education, they are not compelled to come to school, and prison stakeholders do not ensure that they do come to school. When asked why that is the case both Participant 3 and 4 in their interviews mentioned that there are no policies and especially for those young offenders who may present with neurodisabilities. One can argue that there is only so much the prison stakeholders, particularly the educators, can do in terms of making sure that young offenders are engaged with education, especially when there are structural limitations and personal barriers in place. Prison stakeholders also need support and tools to work with young offenders, including policies and legislations that are inclusive to the entire young offender population. In addition, Participants 1 and 3 above also mention that prison stakeholders, including those from the education section, ensure that they recruit and encourage the young offenders to be part of the education system and learn. However, there are always factors that impact on that access and preventing the young offenders from experiencing optimal learning. These factors include, for example, the presence of neurodisabilities (e.g., LDs) and a lack of specialist educators. These and other factors are analyzed and discussed in detail below as offender factors and systemic factors impacting access to education.

Offender Factors and Access to Education in Custody

There are certain factors that are characteristic to the offender that may impact on their access to education whilst in custody. These factors include young offenders considered as high-risk offenders, young offenders' motivation to engage in education and willingness to learn, as well as presence of neurodisabilities and cognitive difficulties. The above-mentioned factors are analyzed and discussed below as sub-themes.

“High-Risk” Offenders and Access to Education

Participants described that some young offenders may not get access to education in custody as they are considered a high security risk. For example, Participant 8 expresses how issues of security concerns play a role in the provision of and access to education in custody because these offenders are monitored and their movement inside the offender institution is limited.

Participant 8: *If you want to kill everybody around you, obviously there will be limitations, you will be monitored and not be allowed to go out or have access to education. You will be dangerous and also security and high risk, that's where you cannot go out.*

Findings from the current study echo those from a study conducted by Little (2015) where young offenders who took part in that study described that one of the barriers in accessing education and training in the young offender institution they were housed in, was being considered high risk upon offender profiling. Furthermore, these findings are consistent with previous literature where issues of security concerns often resulted in restriction of subjects that may be offered and access to education (Rogers et al., 2014). In addition, Rogers et al. (2014) highlight that in one of the young offender institutions in their study, around 50% of the young offenders were not allowed to receive or take part in vocational training based on security grounds, especially where sharp objects like scissors were involved. In addition to security concerns around offenders, other participants also alluded to offenders as disruptors, in terms of factors that impact on their access to education. Here such disruptive behaviour includes problematic behavior.

“Disruptors” and Access to Education

Problematic and disruptive behaviors in young offender population is well documented in the literature (Ashkar & Kenny, 2009; Casswell et al., 2012; Collin-Smyth, 2018; Eme, 2009; Hughes, 2015). Participant 6 describes that young offenders who display problematic behavior, are usually denied access to education, including going to school and classes, as such behaviours can be disruptive to other young offenders during class or educational programmes. Participants noted that offenders who engage in such behaviours may have other motives for attending classes, such as smuggling disallowed items, should they be allowed to be part of the education program. Hence, Participant 6 reported that in order for young offenders to have access to education in custody, they need to have a clear record in terms of discipline. When I asked if this decision regarding their record is determined based on their charge upon admission in custody, Participant 6 mentioned that it is not determined by the reason for their admission to the youth center, but rather by the behavior they display during their stay in custody.

Participant 6: *I think it's also got to do with the offenders, they also needs to be on a very good disciplinary record. if you do a lot of negative stuff, let's say you are involved in gangs, and you're busy smuggling, school could sometimes be an area where they would abuse that kind of purpose, instead of studying, they would use that to, to smuggle as well. So I think that's where their own behavior would impact on negatively.*

It's not to do with what they are sentenced for, it's more got to do with their behavior while in prison...I might be wrong... if this person is, is actively breaking the rules the whole time, I don't think they would be involved in school, because that could also be the disruptor for the other offenders. So if you go to school for the

wrong reasons, let's say for example, to smuggle or to have contact with other offenders, you don't usually see and let's say you, you want to sort things out in the game or whatever, then your whole idea of going there is not to educate yourself, but maybe to get up to some mischief. I think those offenders would then eventually, you know, not being able to go.

Similarly, Participant 4 below speaks to how young offenders' behavior and any additional charges they acquire whilst in custody over and above their initial charge upon admission (e.g., due to misconduct in custody), can impact their access to education.

Participant 4: *Also their personal behavior is a factor, so any misconduct they commit leads them to be removed from school and no longer have access. Also our classes are outside the parameters, so only those who are allowed to come out can actually go to school, so if you are involved in wrong doings that warrants a further charge now you have to be removed from a communal cell, you have to be placed in isolation, and you cannot go out, so that impacts very much negatively. So when they are on further charge they cannot come to school.*

International studies report that most young offenders are already excluded and disengaged with education even before they are incarcerated due to their problematic or anti-social behaviour whilst they are still in mainstream school (Einat & Einat, 2008; Machin et al., 2011; Ingalls et al., 2011; Kennedy, 2013; Rogers et al., 2014; Shafi, 2019). In the current study the findings show how issues of problematic behaviour in young people who offend is also highly prevalent in the CJS during young offenders stay in custody, which is linked to young offenders being denied access to education or removed from school. However, it is

important to note that the problematic behaviour reported by the prison stakeholders, amongst young offenders, may be explained, at least in part, by underlying neurodisabilities (for example TBI) that the prison stakeholders are unable to identify, recognise and respond to due to lack of expertise or training and lack of screening tools. Therefore, the education department in custody should have continuous screening system in place to identify young offenders with possible neurodisabilities (Hughes, et al., 2012). Studies have reported on problematic and externalizing behaviours in young offenders who have acquired a TBI (Katzin, et al., 2020; Schofield et al., 2015; Shiroma et al., 2010). For example, Shiroma et al. (2010) posit that manifestation of problematic behaviour in prison is related to TBI, with prisoners who have history of TBI, taking time to adapt to the prison environment, during which time they might get into trouble and go through disciplinary incidents. Clasby et al. (2019) reports on how TBI sequelae such as externalising or disruptive behaviour may disrupt engagement with education, educational progress and learning. Interestingly, from the data, participants from the education section of the centre mentioned that problematic behaviour is not only limited to those who are disengaged with the educational system but is evident even amongst those who attend classes. Even with those young offenders who are able to access education and be in a classroom setting, many of them have cognitive deficits in terms of poor attention and they still display deviant behavior. Participant 4 below also explains that they encounter a lot of challenges (e.g., outbursts, unruly behavior, attention difficulties) with young offenders in class. However, offenders who become disruptive are often removed from the class in those cases with the help of the security personnel.

Participant 4: *They are unable to focus for the duration of the period, especially in level 1, the period in level 1 is an hour, sometimes is half an hour period. But within that space they can't concentrate, then they start to be unruly in the classroom, they*

will start to have outbursts, and then we have to call in the security sometimes to control them and they become uncontrollable. We have cases where they just break windows sometimes, and then we will remove him from the classroom for the duration of the day. So we encounter a lot of funny incidents. We are just having all sorts of challenges.

Young Offenders' Motivation to Engage in Education

Prison stakeholders reported that young offenders' lack of motivation to engage in education and willingness to learn can also impact on their access to education in custody. For example, Participant 8 below highlights that if young offenders are not motivated and self-driven to learn, they will not engage in education. They further expressed that it also becomes young offenders' responsibility to ensure that they are part of education.

Importantly Participant 8 also alludes to the association between disengagement with education in custody and recidivism. This finding is not unique to the current study. Other related studies also point out that having no access and being disengaged with education exposes young offenders to offending and re-offending and that conversely, offenders who take part in educational programmes, have a decreased risk of re-offending (Davis et al., 2013; Rogers et al., 2014). Machin et al. (2010) also argued that crime can be reduced by raising marginalized people's educational attainment.

Participant 8: *I think that their own motivation or wanting to be part of studying, if they don't push themselves then it means they will not participate in education, and that is on them. You cannot access education when you have lack of motivation, how when you are bored? So they rather stay in cells and not have access, and the next thing they are back here again.*

Participant 2 also points to the lack of motivation in young offenders (and especially those with neurodisabilities) as one of the many barriers that impacts on their access to education in custody. Participant 2 further relays how the young offenders who are already part of education are actively and passively engaged, because of lack of motivation. Those that are passively engaged, show no interest and they appear bored, whilst the actively engaged ones show some effort. Shafi (2019), reports that young people in custody tend to be both actively and passively engaged, and that teachers in custodial setting could be important part of helping young offenders to reengage with education.

Participant 2: *Lack of motivation to engage, impacts on access to education for young offenders with neurodisabilities, that is a big problem. Even those boys that are in class you can see some of them are bored, they do not try hard, they are not interested, but some put a little effort. You see mam sometimes this is because they cannot read and write, some do not even initiate to come to school it is tough.*

The current study could not interview the young offenders themselves, about their motivation and interest to engage with education in custody. However, in a study by Little (2015) young people who were participants in the study expressed that they lacked interest in engaging in education that is structured and formal and had similar negative experiences even when they were still in mainstream school. In a study by Ashkar and Kenny (2009), young offenders reported that they were not interested in school, that they found it boring, and also used strong words such as hate to show how much they disliked school. They also noted that as the subject content became too complex for them, they lacked motivation and interest to engage. These findings raise an important point that mainstream or formal education in custody may not necessarily work for young offenders, as such education should be tailored

to specific needs of young offenders, so that they remain motivated and have access to education, especially those who may present with neurodisabilities.

Another interesting point from the data that is worth reporting on, that could be linked to lack of motivation and interest to engage in education, is that both Participant 1 and 9 described that the reason some young offenders do not access education in custody, is that they prefer to work and earn money rather than being at school or engaged in education.

Participant 1: *Some of them do not want to go school, they would rather work and get an income.*

Participant 9: *Some learners do not want to be at school, they just want a job, and we give them jobs to do.*

Again, the current study did not interview the young offenders, but these findings are echoed in Little's study where young offenders reported that provision and access to education in custodial care would not make any difference in their lives and that it was a waste of time, and that they do not need education but money (Little, 2015). This demonstrates that even in instances where young offender institutions put in the effort to provide education, young offenders may still not see it as important or something that could benefit them. Of course, there may be other factors that underlie this lack of engagement with and motivation for education, for example, the presence of neurodisabilities and related cognitive difficulties.

Presence of Neurodisabilities and Cognitive Difficulties

In the prison population, young people who offend present with neurodisabilities, coupled with related cognitive difficulties (Billstedt et al., 2017). The presence of such

deficits, not only affect the personal lives of the young offenders, but also impact on their access to education in custody, and subsequently on how they navigate and adapt to the CJS. Participants in the current study reported that neurodisabilities such as LDs, and cognitive difficulties such as poor attention and language and communication difficulties, impact on young offenders' access to education in custody. For example, Participant 1 below spoke about how some young offenders with neurodisabilities, in particular LDs, are conscious of their difficulties, and as a result they may choose to stay in their communal cells than to be part of the education system and learn. This is because they may be bullied and ridiculed by other young offenders in class who may pick on them given their difficulties or perceived challenges. According to Sentenac et al. (2018) communication, social functioning, motor deficits, cognitive and intellectual difficulties amongst young offenders with neurodisabilities may impact negatively on the relationships they have with teachers and also educational attainment and learning, as well as peer relationships. Moreover, Ashkar and Kenny (2009) reports that poor relationships with teachers coupled with presence of learning difficulties result in low motivation to learn in young offenders.

Participant 1: *The main one is their neurodisabilities, some of them already know that they have learning disabilities or any other neurodisabilities so they rather stay in the cell, than come to class where they will be bullied, and laughed at because of their difficulties.*

Additionally, participants described that cognitive difficulties with language and communication is an offender factor that impacts on young offenders' access to education in custody. Literature shows that these communication and language difficulties include difficulties with understanding and expressing words or phrases (Coles et al., 2017; Hughes

et al., 2012). In their responses, participants 2 and 5 reported that both expressive and receptive language or communication difficulties impacts on access to education and learning in young offenders, because some of them do not understand spoken language and they cannot be understood when they communicate or express themselves. Participant 5 also describes how these difficulties can also arise as a result of lack of education and as such it may be difficult for young offenders who present with such difficulties to communicate with other offenders and teachers in class.

Participant 2: *Big challenge is that they can't have a conversation with someone, it is hard to understand them and they also can't be understood, because they do not know how to read and write, these difficulties impact on their access to education and to learn. For example, we should be transferring them to Pollsmoor prison because of the crimes they have committed but we can't, they cannot communicate, if we do that they will vanish in the system.*

Participant 5: *Communication with other offenders, I think that is the main issue, they cannot be understood, and they cannot understand, because of being uneducated hence difficult to navigate the CJS. All these is because they can't access education, even teachers in class will not be able to communicate with them, sometimes not identify them.*

Communication and language difficulties in young offenders are often symptomatic of neurodisabilities such as, but not limited to, TBI, LDs, attention-deficit hyperactivity disorder, autism spectrum disorder and foetal alcohol syndrome (Hughes et al., 2012; Hughes et al., 2017). Moreover, Hughes et al. (2017) posit that language difficulties in young

offenders can also co-occur with other vulnerabilities such as mental health issues, and substance misuse. In addition, language difficulties often translate into challenges with reading and writing (Snow et al., 2015) as echoed by the findings from the current study. Furthermore, Participants 2 and 5 above, mentioned how language and communication difficulties not only impact on young offenders' educational attainment, but also on their ability to adapt and navigate the CJS, including the courtroom proceedings.

Moreover, Participant 4 below expresses in an emotional way how the young offenders, who may present with these difficulties cannot defend themselves in court settings, particularly in relation to their offence and sentence. They state that sometimes it is hard to believe that offenders with such difficulties could commit such offences or are capable of criminality. The participant further explains that in other cases they are wrongfully accused, and they cannot help them in appealing for their sentences.

Participant 4: *They cannot defend themselves in court. You see it is very sad sisi, some of them you wonder if really is this offender who really committed this crime they are incarcerated for, was this offender defended properly. Some of them are wrongfully accused, and we cannot help them with appeals).*

These findings are not unique to this study as Snow and Powell (2005) also highlight how young offenders may be disadvantaged by with language and communication-related challenges, as such difficulties impact on their ability to defend themselves because they are not able to clearly relay their side of the events in question in CJS procedures. They are also misunderstood by prison officers and other criminal justice personnel, which impacts their ability to navigate and adapt to the CJS, including having access to education. Hughes et al. (2017) also highlight that difficulties with receptive and expressive language among young

people in custody can affect their access to justice. Moreover, such communication difficulties are often mistaken as problematic behaviours and non-compliance in custodial settings, due to inability of custodial staff members to identify and understand the underlying causes, which may be as a result of a neurodisability.

Moreover, participants also point to the fact that they cannot help the young offenders who present with cognitive difficulties such as poor attention or concentration due to lack of skills and expertise to work with such learners, as Participant 1 articulates below. Participant 1 even goes further to say that there is nothing that can be done to address such challenges in young offenders, again due to lack of expertise. The issue of lack of expertise in prison stakeholders has been constantly reported at various points of the interviews (as described in the first theme discussed), and this demonstrates a dire need to have support and training for the prison stakeholders who work closely with the young offenders in correctional facilities.

Participant 1: *They cannot focus, they cannot cope, for me, I am worried that they cannot maintain attention for long-they do not do work given. Let me be honest with you, there is nothing I can do to address these challenges, I am not a specialist, the least I can do is to inform my supervisor- and then I will tell him that I won't be able to work with some of the learners, I have tried my best and still nothing, they are struggling and then he will direct me on what to do, because I do not have specialist skills on how to deal with them or address the challenges.*

These challenges do not only affect the educational needs of young offenders, but other domains of their lives, including, but not limited to, health needs and emotional needs. Prison stakeholders find themselves in no position to help and address what the young offenders are faced with; instead, the challenges are reported to the senior prison

stakeholders. Furthermore, Participant 1's response suggests that at times there seems to be diminished aspiration from stakeholders in terms of engaging with the young offenders who continue to struggle, because even though they put in a great deal of effort to help them, everything is just compounded by their difficulties. Hughes et al. (2012) argue that the educational and health needs of young offenders are not adequately met during their stay in custody as a result of lack of expertise on the side of custodial staff members, as well as lack of routine screening in custody as such these vulnerabilities affect how young offenders function and their coping ability. The above analysis and discussion were mainly focused on the offender factors that may impact on access to education in custody as well as optimal learning as described by the participants. In addition to offender-related factors, participants in the current study also described some of the systemic factors that impact on the young offender's access to education in custody.

Systemic Factors and Access to Education in Custody

There are systemic factors that are characteristic to the CJS and the offender institution that create barriers to or impact on young offenders' access to education in custody and the delivery and provision of adequate education. These factors include overpopulation in prison and lack of learning spaces or facilities, lack of educators and specialist educators - who are required to meet the educational needs of young offenders, gang-related activities and attitudes of the prison stakeholders (including the 'othering' of offenders). These factors are explored as sub-themes in more detail below and how they contribute to and limit access to education for young offenders in custody.

Prison Overpopulation

South African correctional facilities face inadequate conditions in terms of health care and sanitation, access to education and materials to read, provision of food and in particular challenges with prison overpopulation or overcrowding (Agboola, 2016). According to

Cilliers and Smit (2007) prison overpopulation results in rehabilitation programmes offered to detained offenders being undermined (Cilliers & Smit, 2007). Many participants in the current study reported that due to overpopulation, the youth correctional centre cannot accommodate all the young offenders in terms of providing education and access to education and learning opportunities. Participant 7 below also emphasizes how lack of learning spaces is a problem at the youth centre. As a result of this, an assessment tool is used as a method to admit young offenders into the schooling system whilst they are in custody.

Participant 7: *The first one is overpopulation, we have too many offenders. It's...we have not enough space to assist all inmates, so you see no access for many of them. So, what we do is we have an assessment tool each year, to see how we can accept new learners into the schooling system as the others go out to high school. So that's how we do it on an annual basis. We should open up more schools within the correctional facility. Each center where the inmates are. space, space is always a problem. yeah, it's a bit difficult. So that's why we have this assessment tool. And then we must see who we can take up next.*

Participant 7 further recommends that more schools should be build and established within their correctional facility and all other offender centres. Participant 7's recommendation is important because provision and access to education for young offenders should be at the heart of custody, with the ultimate goal of rehabilitating the young offenders being prioritized. Findings from this study are consistent with the literature. For example, an earlier report on education and the juvenile justice system in South Africa, reported that access to education and optimal learning in young offender institutions are impacted by lack of spaces to study and overpopulation (Gast, 2001).

Lack of Educators

Participants in the current study, reported that the youth correctional centre is faced with a shortage of educators including those with special skills to adequately meet and address educational needs of young offenders. Participants 3 and 7 speak about how the ratio of educators to offenders is hugely discrepant, with the centre housing a caseload of 507 offenders with only five appointed teachers. As such, this poor ratio impacts on the access to education for young offenders as they cannot all be accommodated due to lack of educators. It should be noted that of these five educators reported by Participant 7, two of them are at a senior position and they do not always teach, meaning that only three educators are involved full time in providing education to this number of offenders. Thus, the available educators are unable to meet the demand of 507 offenders and their needs sufficiently.

Participant 3: *Lack of educators, the amount of educators employed in correctional services are not sufficient to address the educational needs of offenders-to properly address them. For example, the ratio of offenders to educators is not realistic, how then it is expected that 3 educators can sufficiently and effectively address educational needs of 507 offenders in the youth centre, some will not have access that is a problem.*

Participant 7: *The amount of educators- we here at the youth center have five appointed educators, but we have a caseload of 507 inmates with three primary classes and four high school classes. You understand? So the educator cannot meet the demand of those 507 inmates, which is impossible. So you see the dynamics of the Correctional Center? Access to education will forever be problem unless we get resources and additional skilled staff mam.*

These findings are in line with a study by Hamilton, et al. (2019) where custodial staff members, and in particular, educators, reported that the insufficient staff and the ratio of student to teachers is a concern, that it had negative implications in terms of how teachers manage the classroom environment, and that it would be good to employ other specialists. Interestingly Participant 7 above also points to the system dynamics of the correctional facilities and how these will always impact on the access to education for young offenders, which is often a result of lack of resources. Educators in young offender institutions play an important role of providing education to offenders of all ages, however there is often lack of educators and importantly specialist educators to meet the educational needs of offenders. Moreover, lack of educators, and the inappropriate ratio of offenders to educators, may result in available educators not offering appropriate individual support and intervention to young offenders, especially when dealing with young people who may present with significant neurodisabilities and other cognitive and intellectual difficulties. Young offenders who may present with neurodisabilities, are in need of access to specialist services, including specialist educators, who work to cater for their special educational needs. In addition, to lack of educators, the attitudes of the prison stakeholders may get in the way of young offenders accessing education due to lack of training in working with young offenders, especially those who may present with neurodisabilities and related cognitive difficulties.

Attitudes of Prison Stakeholders: “Othering” and Access to Education

Young offenders with neurodisabilities have various needs and interventions such as those focused on education and learning, as well as more general life skills, could prove beneficial (Hughes et al., 2012). However, such educational support, including overall access to education in custody, is often limited for offenders, because of how prison stakeholders perceive them given their underlying difficulties. Participants reported that the attitudes of prison stakeholders and how they interact with young offenders with neurodisabilities impact

on offenders' access to education. For example, Participant 2 reports that prison stakeholders, such as security guards, label and call young offenders derogatory names or descriptors (e.g., "mad") and do not allow them to go to school, therefore limiting their opportunity of accessing education in custody.

Participant 2: *Attitude of members especially the security guards, because they are not trained in that specific field of dealing with offenders with neurodisabilities, they refuse them to go to class because they label them as "mad". So we need to not discriminate against these offenders and we must give them a chance.*

This shows that there is misconception about struggling and vulnerable young offenders, and this can further exclude them from prison-related activities and education. Furthermore, such labels and names may perpetuate stigma in young offenders who are struggling, and they may end up not taking part in education due to name calling. Ingalls et al. (2011) make reference to a similar issue in their study where participants, especially those with emotional and behavioural challenges, reported that they were concerned about the attitude of their teachers, where teachers tend to focus negatively on their behaviours specifically and to amplify these, as compared to other students with the same behaviours, but who were not specifically identified as displaying these challenges. Importantly to note from Participant 2's excerpt is how they relate such attitudes to prison stakeholders not receiving training to engage with young offenders with neurodisabilities. These findings are similar to Hughes et al.'s (2012) where they report failure to recognise young offenders with neurodisabilities, and lack of knowledge of neurodisabilities and of training on how to identify and recognise the needs of young offenders with neurodisabilities and offer them appropriate support. Moreover, Participant 2 highlights that young offenders with

neurodisabilities should be treated the same as other offenders and not be discriminated against, and also be given chance to engage with education and have access.

Participant 2: *I think our department is focused on offenders that are normal, and not focusing on these offenders, and really it will have a negative impact on them, the prison, and the community.*

Participant 2 shares how much of their focus has been paid to working with young offenders more generally rather than those with neurodisabilities (*‘these offenders’*), and the negative consequences of neglecting those who may be more in need. There does seem to be an aspect of ‘othering’ here when the participant speaks about there being a “normal” group of young offenders while implying that those experiencing neurodisabilities may be considered outside of what is considered “normal”. Walsh and Foster (2020) describe the ‘other’ as ‘being uncommon, non-familiar, strange, and fundamentally “not-me”’. Just as mental health challenges may be othered (Walsh & Foster, 2020), so neurodisabilities may be too, given the lack of familiarity with such disabilities.

Gang-Related Activities and Access to Education

Participants described that young offenders who are involved in gang-related activities end up with no access to education, because these activities may filter into the school or classroom. Participants 3 and 7 mention that young offenders are usually manipulated and coerced into being part of gangs in prison, meaning it is not what they intend to do but what they are forced to do by other offenders. These other offenders are often adult offenders because young offenders are seen as easy targets. This is especially so where prisons and youth centres are overcrowded (as is the case in SA), which often means that young and adult offenders are held in common spaces. As a result, young offenders get into

further trouble with the CJS, limiting their access to education. Moreover, senior members of these gangs may actually prevent young offenders from attending school. Participant 7 also mentioned that it is not always possible to separate young offenders from adult offenders.

Participant 3: *These offenders can also be manipulated and used by other offenders and they also get in conflict with the correctional system and no access to education for them, because they forcefully join gangs.*

Participant 7: *we are supposed to separate them from those who are not studying and also from adult offenders, but it is not always possible. So they will use them for gang things and prevent them to come to school, they disrupt them, I tell you.*

Although findings from the current study show that young offenders are often forced to join gangs whilst in custody, research suggests that there may be some positive spinoffs from such membership for offenders. For example, in a study by Ashkar and Kenny (2019) on young offender's school perceptions, on the issue of gang involvement, young offenders reported that being part of gangs made them feel comfortable while in the CJS.

Participant 9 contextualised the issue of gangsterism as something that is evident both provincially and in the prison environment specifically (*'Being a member of gangsterism, in Western Cape this is a challenge, even here in prison'*). One can argue that this shows the contextual vulnerabilities that the young people are faced with such as gangsterism in their communities, which may be a risk factor to offending and school expulsion and drop-out, in both the mainstream and prison education. Kelly and Ward (2020) also posit that the issue of gangs in Western Cape, SA, has a complicated sociopolitical history influenced heavily by the apartheid regime and its legacy. Other researchers also note how intertwined gangsterism,

both on and off the streets (e.g., in prisons), and our history of apartheid are (Chetty, 2015; Pinnock & Douglas-Hamilton, 1997). To date prisons in SA have powerful prison gangs popularly known as the “Numbers” which are (the 26s, 27s and 28s) and found across South African prisons (Kelly & Ward, 2020). The formation of gangs was often a product of men from previously disadvantaged and marginalized groups (e.g., from Black African and ‘Coloured’ communities) and often communities exposed to violence, seeking to re-empower themselves and find membership within their own established brotherhoods, after the implementation of the Group Areas Act (racial segregation of residential and business areas in SA), that disintegrated communities (Boonzaier & Van Niekerk, 2018; Chetty, 2015). In a South African based study, investigating adolescents’ views on gang involvement, participants described that lack of education and school achievement is a risk factor in gang involvement (Breen et al., 2019). On the other hand, being involved in education can be regarded as a protective factor against gang involvement and future delinquency (Breen et al., 2019). However, the enduring legacy of gangs perpetuated by apartheid, not only see young people falling victims of gang initiation but this also disrupts their access to education, educational engagement, and success.

Limitations and Future Directions

The current study presented with some limitations. Firstly, the sample size was relatively small, and the prison stakeholders were recruited and sampled from one youth correctional centre. In addition, in the current study, I did not have the opportunity to interview the young offenders themselves about the provision and access to education in custody, and what their perceptions and experiences were about access to education in custody and their educational needs. Research shows that it is important that the young offenders be the source of information and provide their own experiences in terms of provision and access to education in custody, and what would work for them and what should

be improved given their experiences (Little, 2018). It is important to note that the above limitations come as a result of Covid-19 restrictions in SA at the time of the study. The current study was conducted during the Covid-19 pandemic, and as part of measures put in place to curb the spread of coronavirus, the South African government put in place extensive restrictions, such as the requirement to stay at home and limited social contact and gathering. Hence, visiting the youth correctional centre was also halted and as such young offenders could not be reached to take part in the study. Because the interviews were not conducted in the natural setting of participants, but rather telephonically, it was not possible for me to observe body language, including other non-verbal cues and facial expressions of participants when they addressed or answered different questions. Telephonic interviews could have been replaced with platforms such as Zoom, MS Teams, etc., where video contact was possible. However, in the particular correctional centre, prison stakeholders did not have access to ongoing internet to use for such platforms. Also, they shared resources such as computers, which made such technology even less available. Future studies conducted post Covid-19 pandemic should conduct research physically at multiple offender institutions, where possible.

Furthermore, the sample size was affected because recruitment could not reach as many stakeholders as possible. However, future research could recruit more prison stakeholders from other offender institutions and investigate how they make meaning of the young offenders' access to education in custody and their knowledge of neurodisabilities and also review the assessment tools they use upon admission of offenders to youth centres to screen for and identify those with neurodisabilities. All of these interventions will help enhance the generalizability of future findings of this nature.

Moreover, future studies should interview the young offenders themselves on their perceptions about provision and access to education in custody or within the CJS, so that

better intervention strategies can be implemented to ensure that education in custody is inclusive and is tailored to young offenders' specific and special educational needs. Such tailoring of interventions is particularly important for those who may present with neurodisabilities such as TBIs and LDs, which the current and previous related studies have shown to be rife. Lastly, and as stated before, the current study did not make use of a theoretical framework due to lack of qualitative studies of this kind being conducted, especially in the South African context. However, the findings of the current study provide insights into theories that can be employed, for example self-determination theory, particularly when investigating access and provision of education in custody, with young offenders being the primary subjects of the study. Self-determination theory posits that our basic human needs also include psychological needs, required for achieving goals and outcomes (Barr, 2016). These needs are categorised into three areas: competence, relatedness, and autonomy – where the latter may be well situated to explain educational motivation in young offenders. This theory can be used to understand how young offenders choose to engage and disengage with education in custody, and how this in turn impacts on that access and most importantly their rehabilitation. As research has shown, education is a powerful rehabilitation tool for young offenders in custody (Case & Hazel, 2020). In addition, self-determination theory can be used to understand young offenders' motivation or lack thereof to engage in education and be part of learning. Another theoretical model that can be used by future studies in line with the findings of the current study, is ecological systems theory from Bronfenbrenner (Bronfenbrenner, 1979). Ecological systems theory will be useful in this regard in that it will help in understanding how various systems interact and may influence youth behaviour, either positively or negatively and how this can result in delinquency (Snyder & Duchschere, 2022). In addition, the theory may be used in the context of young offenders' access to education, to understand how different intersecting systems (e.g., family,

school, and CJS work to advantage or disadvantage young offenders in terms of access to education), particularly those who may present with special educational needs due to neurodevelopmental or acquired neurodisabilities. Moreover, future research could investigate the implementation of psychoeducation interventions based on neurodisabilities and how such interventions can help prison stakeholders to recognize neurodisabilities and offer rehabilitation for young offenders with neurodisabilities in custody.

Summary and Conclusion

The current study aimed to explore awareness, understanding and knowledge of neurodisabilities amongst the prison stakeholders, as well as screening tools used to screen and identify neurodisabilities in young offenders. Furthermore, the study aimed to explore access to education in custody, by investigating how prison stakeholders make meaning of young offenders' access to education. This study employed a qualitative research methodology, including conducting semi-structured interviews with important prison stakeholders at a youth correctional centre. The findings of the study highlight that although prison stakeholders had some exposure to some neurodisabilities (e.g., LDs and FASD), they were not aware of others such as TBI. This was largely compounded by lack of comprehensive and validated screening tools. Research shows that screening for neurodisabilities in the young offender population is important because it can help recognize those young offenders that may be at risk and who show poorer long-term outcomes, that may result in re-offending and perpetual engagement with the CJS. Furthermore, the prison stakeholders repeatedly mentioned that they are not "experts", in terms of identifying and conducting assessments of neurodisabilities, over and above working with young offenders with neurodisabilities and that they required specialized support and input. The issue of lack of expertise amongst the prison stakeholders, to identify and work with young offenders who

may present with neurodisabilities, was mentioned at various points during the interviews and emerged in the data analysis. This suggests a need for training and support for prison stakeholders, so that they can work effectively with the young offenders, to make sure that their health and educational needs are adequately met.

The second set of findings indicated that although there is provision of education for young offenders, and prison stakeholders, especially those from the education section, try their best to enroll young offenders in education, access to education in custody is impacted by several offender and systemic factors. For example, high risk offenders and those who are disruptive, often do not have access, due to security concerns and problematic behavior, respectively. Most importantly, presence of neurodisabilities and cognitive difficulties also impact on access to education, due to offenders' difficulties with reading and writing as well as attentional deficits which are often comorbid other neurodisabilities such as TBI and LDs. Importantly, from the findings, it is clear that the presence of neurodisabilities and associated cognitive deficits (e.g., communication and language difficulties) not only impact on young offenders' access to education but also on their ability to adapt and navigate the CJS, from the point of admission. Further, findings highlight that systemic factors (e.g., prison overpopulation, lack of educators, gang-related activities and attitudes of prison stakeholders) that are characteristic of multiple intersecting systems such as the CJS, South African history (gang-related activities), the youth correctional centre, and the prison stakeholders themselves, impacts on young offenders' access to education in custody.

In conclusion, the findings suggest that there is still a lot to be done in terms of ensuring access to education in custody and ensuring that the educational needs of young offenders are met, especially for those with neurodisabilities. Moreover, there is a need to provide training and support for prison stakeholders, and most importantly, to ensure access to comprehensive and validated screening tools for neurodisabilities. This will not only help

identify young offenders who may present with neurodisabilities, but also to inform care plans that seek to address specific needs of young offenders, including health and educational needs.

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Appendix A

Study Invitation



Invitation to participate in research study

Dear participants,

My name is Winnie Nkoana, I am currently a Master's in psychology student in the Department of Psychology at the University of Cape Town and I am conducting a research study as part of the master's program. I am interested in neurodisabilities among young offenders (learning disabilities and brain injuries, specifically) and access to education in custody for young offenders. International literature suggests a high prevalence of neurodisabilities among young offenders. However, South African research on this topic is scarce. The study aims to answer this research question: How do prison stakeholders identify, screen, and provide education for young offenders with neurodisabilities in South Africa? You are invited to participate in this study. If you agree to participate in this study, you will be asked to answer a few questions in a form of telephonic interview, about access to education of young offenders in custody, educational needs and the need to screen for neurodisabilities in the youth centre you are based at. I will also ask your permission to voice record the interview. This should not take more than an hour

You can participate if:

- You are a relevant stakeholder (e.g., Head of Centre, Social Worker, Educator and Psychologist, etc.)
- You state that you want to take part in the research

It is important to know that your participation in this research is voluntary (which means you don't have to do it if you don't want to), and even if you choose to take part in the study, you can change your mind and withdraw from the research study at any time.

Should you be interested in participating in this study, a consent form will be emailed to you, so that you can provide formal consent for your participation

Kind regards,

Winnie Nkoana - Researcher

Appendix B

Interview Schedule



This interview schedule is set to address the following research question: How do prison stakeholders identify, screen, and provide education for young offenders with neurodisabilities in South Africa?

Questions

1. Tell me about your role in the prison setting, especially in relation to offenders aged 20 years and younger.
2. What is your understanding of neurodisabilities?
3. How prevalent do you think neurodisabilities are among the young offenders you work with? What kinds of neurodisabilities do you see most often?
4. How do you identify young offenders with neurodisabilities? (Are there screening processes in place?)
5. What about LDs and TBI specifically? How prevalent do you think these neurodisabilities are, in young offenders you work with?
6. Are there any tools you use to identify / screen for neurodisabilities in young offenders? If so, please name them.
7. Are there any specific skills needed for you to be able to identify, recognise and conduct assessment of neurodisabilities in young offenders?
8. Do you need specialist services to help screen for neurodisabilities in young offenders? If so, why? Please name these services.
9. What kinds of issues are faced by young offenders with neurodisabilities in custody? How do you think it affects their ability to navigate the criminal justice system?
10. Do you think you are well equipped / trained to deal with and respond to the needs of young offenders with neurodisabilities?
11. What training or skills have you acquired to screen for neurodisabilities in young offenders?

12. Who do you refer cases of young offenders with neurodisabilities to, if you cannot address them?
13. Are LDs and TBI assessed and considered when teaching young offenders?
14. How do you address educational needs of young offenders with LDs and TBI (or other neurodisabilities)?
15. What do you think is the potential impact of LDs and TBI on access to education and learning for young offenders in custody?
16. What policies and resources are there to ensure that educational needs of young offenders with neurodisabilities are met?
17. Do you think educational needs of young offenders with neurodisabilities are adequately met? If not, what do you think should be done to ensure that they are being met?
18. What are the kinds of challenges you encounter when teaching young offenders with neurodisabilities and how are these challenges addressed?
19. Tell me about the curriculum offered to young offenders and how the curriculum meets the diverse educational needs of young offenders.
20. What factors impact on young offenders to access education in custody?
21. Is there anything you want to add or believe should be done to ensure access to education in custody, screening of neurodisabilities and addressing of educational needs of youth in custody?

Appendix C

Consent Form for Stakeholders



Informed Consent to Participate in Research and Authorization for Collection, Use, and Disclosure of Questionnaire and Other Data.

You are being invited to give permission to take part in a research study. This form provides you with information about the study and asks for your permission to take part in the research study. Consent is also asked for the collection of data in terms of an interview, as well as recording of the interview and other information necessary from you. The Principal Investigator (the person in charge of this research) or a representative of the Principal Investigator will also describe this study to you and answer all of your questions. Your participation is entirely voluntary. Before you decide whether or not you may take part, please read the information below and ask questions about anything you do not understand. By participating in this study, you will not be penalized or lose any benefits to which you would otherwise be entitled.

1. Title of Research Study

Investigating Knowledge of Neurodisabilities and Access to Education in Custody at a Young Offender Centre in Cape Town, South Africa.

2. Principal Investigators

Winnie Nkoana- nkoanasamantha@gmail.com

Masters Psychology (student)

Department of Psychology

University of Cape Town

Dr Leigh Schrieff-Brown

Supervisor

Department of Psychology
University of Cape Town
Leigh.schrieff@gmail.com

3. What is the purpose of this research study?

The purpose of this research is to investigate knowledge of neurodisabilities and access to education in custody at a young offender centre in Cape Town, South Africa. Neurodisability is an umbrella term that is used to define conditions that occur amongst children and adolescents that involve an impairment to the nervous system as a result of birth trauma, injury and illness, and that results in impairment in functioning. These conditions include intellectual disability, communication disorders, LDs, autism spectrum disorders, attention hyperactivity disorder, TBI, foetal alcohol spectrum disorders, difficulties regulating emotion and behavioural problems (e.g., lack of inhibition) (American Psychiatric Association, 2013; Hughes et al., 2012).

4. What will be done if you take part in this research study?

You will be asked to answer a few questions in a form of an interview about access to education for young offenders in custody, their educational needs, and the need to screen for neurodisabilities in the youth centre you are based at. I will also ask your permission to voice record the interview.

5. If you choose to participate in this study, how long will you be expected to participate in the research?

The telephonic interview should not last longer than one (1) hour

6. How many people are expected to participate in the research?

Head of Centre, Social Worker, Psychologist, Educators, etc.

7. What are the possible discomforts and risks?

There are no known risks associated with participation in this study. Should you request to hold or postpone the telephonic interview due to some circumstances which needs your attention, you will be allowed to do so, and resume later on. If you wish to discuss the

information above or any discomforts you may experience, you may contact the Principal Investigator listed in #2 of this form.

If you have any questions regarding your rights as a research participant, you may phone the Psychology Department office and get in touch with Rosalind Adams. Her telephone number is 021 650 3417, and her email address is rosalind.adams@uct.ac.za

8. What are the possible benefits to you?

There are no direct benefits to participating in the study.

9. What are the possible benefits to others?

The information gained from this research study will help improve our understanding of young offenders with neurodisabilities. In addition it will help in understanding the process of screening for neurodisabilities among the young offenders in custody, how prevalent you think such neurodisabilities are, and how it may impact on access to education in custody. The information gathered from the interview, could possibly help with policy making in terms of the need for screening for neurodisabilities and how best to meet the educational needs of young offenders with neurodisabilities.

10. If you choose to take part in this research study, will it cost you anything?

Participating in this study will not cost you anything.

11. Can you withdraw from this research study?

You are free to withdraw your consent and to stop participating in this research study at any time. If you do withdraw your consent, there will be no penalty.

If you have any questions regarding your rights in this research, you may use the above-mentioned email addresses.

12. If you withdraw, can information about you still be used and/or collected?

You will be asked permission to use, information/data already collected from you, if you withdraw.

13. Once personal and performance information is collected, how will it be kept secret (confidential) in order to protect your privacy?

Only certain people have the right to review these research records. These people include the researcher for this study and the supervisor. Your research records will not be released without your permission unless required by law or a court order, also data will be stored in a computer and will be protected by means of password and by encryption.

14. Signatures

As a representative of this study, I have explained to the participant the purpose, the procedures, the possible benefits, and the risks of this research study; and how the interview will be scheduled and other data will be collected, used, and shared with others:

Signature of Person Obtaining Consent and Authorization Date

Statement of Consent: I have read this consent form and agree to be in this study. I understand and acknowledge that my participation is completely voluntary, and I may withdraw my consent at any time. I understand that by clicking the button below, I have read the description of the study, understand any risks involved, and I agree to participation. *

Yes

Please indicate below if you give your consent to the interview being voice recorded.

I hereby give my consent to the voice recording of the interview I understand that by clicking the button below, I have read the description of the study, understand any risks involved, and I agree to participation *

Yes

Name of Professional

Appendix D

Ethical Approval: Department of Psychology

UNIVERSITY OF CAPE TOWN



Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

10 September 2020

Samantha Nkoana
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Samantha

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *The Prevalence of Neurodisabilities and Access to Education in Custody, in a Sample of Young Offenders and Non-Offenders in Cape Town, South Africa*. The reference number is PSY2020-042.

I wish you all the best for your study.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Catherine Ward'.

Catherine Ward
Professor
Chair: Ethics Review Committee

Appendix E

Ethical Approval: Faculty of Humanities



Faculty of Humanities
Postgraduate Administration
University of Cape Town

Room 110, Beattie Building
Private Bag X3, Rondebosch 7701
Tel: +27 (0) 21 650 2067
E-mail: ibtishaam.jacobs@uct.ac.za
Website: <http://www.humanities.uct.ac.za/hum/postgraduate/studies/aboutus/overview>

16 September 2020

Miss Winnie Nkoana
E-mail: NKNSAM004@MYUCT.AC.ZA
Student no: NKNSAM004

Dear Miss Winnie Nkoana

ACCEPTANCE OF MASTERS PROPOSAL BY HUMANITIES FACULTY BOARD

I have pleasure in advising that your research proposal as detailed below has been approved by the department, and the Faculty of Humanities in the Dean's Circular HUM 06/2020.

Kind regards
ibtishaam.jacobs@uct.ac.za
Miss Ibtishaam Jacobs
Faculty of Humanities: Postgraduate office

cc Supervisor: Dr L Schrieff

CANDIDATE	STUDENT NO.	DEPT	SUPERVISOR	CO-SUPERVISOR	TITLE
Nkoana, W	NKNSAM004	PSY	Dr L Schrieff		The Prevalence of Neurodisabilities and Access to Education in Custody, in a Sample of Young Offenders and Non-Offenders in Cape Town, South Africa.

Appendix F

Ethical Approval: Faculty of Health Sciences – Human Research Ethics Committee



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room G50- Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492
Email: hrec-submissions@uct.ac.za

Website: www.health.uct.ac.za/fhs/research/humanethics/forms

18 May 2021

HREC REF: 220/2021

A/Prof L Schrieff

Department of Psychology
Upper Campus UCT
Email: leigh.schrieff@gmail.com
Student: nkoanasamantha@gmail.com

Dear A/Prof Schrieff

PROJECT TITLE: THE PREVALENCE OF NEURODISABILITIES AND ACCESS TO EDUCATION IN CUSTODY, IN A SAMPLE OF YOUNG OFFENDERS AND NON-OFFENDERS IN CAPE TOWN, SOUTH AFRICA-MASTERS CANDIDATE-MISS WINNIE NKOANA.

Thank you for your response letter, addressing the issues raised by to the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study, subject to providing the HREC with copies of the approval letters for the parent study.

This approval is subject to strict adherence to the HREC recommendations regarding research involving human participants during COVID -19, dated 17 March 2020 & 06 July 2020.

Approval is granted for one year until the 30 May 2022.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

The HREC acknowledge that the student: - Miss Winnie Nkoana will also be involved in this study.

Please quote the HREC REF 220/2021 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

HREC/REF 220/2021sa

Appendix G

Ethical Approval: Department of Correctional Services



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O WF Nkomo and Sophie De Bruyn Street, PRETORIA
Tel (012) 307 2770

Ms S Nkoana
129 Main Road
Observatory
Cape Town
7701

Dear Ms S Nkoana

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "EXPLORING LEARNING DISABILITIES AND ACCESS TO EDUCATION IN CUSTODY AMONGST YOUNG OFFENDERS AND NON-OFFENDERS IN CAPE TOWN, SOUTH AFRICA"

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- This ethics approval is valid from **16 October 2019 to 15 October 2021**.
- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Mr A Nelani, Regional Coordinator Education & Training, Western Cape region**.
- You are requested to contact him at telephone number (021) 550 6015 before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document/passport and this approval letter should be in your possession when visiting the Correctional Centre.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) and the Correctional Services Act (No.111 of 1998) e.g. "Offenders" not "Prisoners" and "Correctional Centres" not "Prisons".
- You are not allowed to use photographic or video equipment during your visits, however the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the DCS REC Administration for assistance at telephone number (012) 307 2770.

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully


N. LEBOGO
ACTING DC: POLICY COORDINATION & RESEARCH
DATE: 16/10/2019