

Exploring Learning Disabilities and Access to Education in Custody, Amongst Young
Offenders and Non-offenders in Cape Town, South Africa

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Abstract

Given that crime rates in SA are very high and mainly perpetrated by young people, there is a need for research studies to be conducted so that policies can be implemented in tackling this issue. One factor that has emerged from the literature is how prevalent learning disabilities are in young offenders. However, there is little literature focusing on such research in the SA context, in which the interaction of internally and externally-driven factors contribute to the complexity of the issue. There were two parts to the current study. In part 1, I investigated learning disabilities and general intellectual functioning in a sample of young offenders ($n=20$) and $n=48$ non-offenders (aged 13-20 years). In part 2, I conducted a semi-structured interview with the Head of a youth center, regarding access to education in custody. For part 1, I used measures of alcohol and substance use, learning disabilities, general intellectual functioning, and depression. The results for part 1 showed that there were significant differences in Verbal IQ between the groups, with young offenders scoring significantly lower than non-offenders. Findings from part 2 indicated that although there are provisions for education, all offenders cannot be accommodated, and priority is given to those who cannot read and write. These results could be used to inform youth correctional centers of learning disabilities among young offenders and the need to screen for such difficulties, so that rehabilitation strategies may be employed, especially as such difficulties may impact on their ability to communicate effectively in custody.

Keywords: Learning Disabilities, Access to Education, Young Offenders, Non-Offenders

South Africa (SA) ranks among the top global countries in terms of crime rates (Souverein, Ward, Visser & Burton, 2016). Furthermore, and perhaps less well known, is that the main perpetrators of crimes in SA are young people (Statistics SA, 2016). For example, in the years 2013/2014 and 2014/2015, 72% and 65% of assault crimes, and 76% and 62% of sexual offences, were committed by youth aged 15-35 years, respectively. Hence, youth are overrepresented in the criminal justice system in SA. How young offenders navigate the criminal justice system is important as the end result could be one of rehabilitation or recidivism. Hence, understanding factors that facilitate or hinder such progress is important, especially if they could potentially contribute to delinquent behavior. One such factor which has emerged in the literature on incarcerated youth is learning disabilities, which appear to be rife in the young offender population globally (Einat and Einat, 2008; Hughes, Williams, Chitsabesan, Davies, & Mounce, 2012). These high reported rates of learning disabilities in the young offender population has important implications for education interventions offered in offender institutions. Despite high crime rates and the overrepresentation of youth in the criminal justice system in SA, there is a dearth of literature on learning disabilities and access to education among young offenders in SA.

Learning Disabilities

There is no one universal definition for learning disabilities. However, there is a consensus in the literature that learning disability is used as an umbrella term to describe a number of disabilities or disorders, such as communication/speech disabilities, reading, writing as well as cognitive disorders. It is characterized by an inability to acquire and use certain skills such as listening, reading, speaking, comprehension and mathematical skills. These areas are important to one's success in school, work, and life in general (Hammill, Leigh, McNutt, & Larsen, 1987; Lyon, 1996; Pullen, Lane, Ashworth, & Lovelace, 2017).

Learning disabilities in SA. The prevalence of learning disabilities in SA is still unclear as there is no nationally accepted measuring tool. A previous report on the Census 2011 data by Statistics SA (2014) showed that the national prevalence rate for disabilities generally was 7.5% (of 51.8 million people) and that 4.2% had difficulties related to memory and attention. Further, the report also showed that 0.9% of individuals between the ages 15-19 years had a communication / speech disability, while 1.6% of people in the same age group had a cognitive disability (Statistics SA, 2014). Considering the scarcity of data on learning disabilities in SA, it comes as no surprise that data on learning disabilities in South African young offenders is also scarce. Studies on this topic suggest a strong relationship between learning disabilities and youth offending.

Learning disabilities and young offenders. It has long been reported that learning disabilities are highly prevalent in young offender population as compared to the general population (Einat and Einat, 2008; Cruise, Evans, & Pickens, 2011; Hall, 2000; Hughes et al., 2012). A previous reported rate was that one in four offenders in North West England have learning disabilities, with many experiencing reading and spelling difficulties (Chitsabesan et al., 2012). Earlier research also showed that higher rates of offending were associated with those with mild learning disabilities as compared to those with severe learning disabilities and those without learning disabilities (Hall, 2000). Further, researchers have reported difficulties in reading, comprehension, and performance IQ amongst young offenders as compared to the general population, showing that young offenders with IQ that is less than 70 were more likely to commit their first offence at a younger age than young people their age (Chitsabesan et al., 2007). In a recent study, it was found that language needs were linked to difficulties in social communication and nonverbal cognition, as well as higher risk of self-harm and substance abuse amongst young offenders (Hughes et al., 2017). There is a scarcity of such data on learning disabilities in the SA young offender population.

Researchers have also considered the contribution of learning disabilities to offending outcomes, but there is a lack of clarity in this area (Maniadaki & Kakouros, 2011). This is because there are other factors that could contribute to this relationship. For example, learning disabilities are comorbid with a number of other disorders such as depression, substance abuse, Attention Deficit Hyperactivity Disorder (ADHD), and intellectual et al., disabilities (Hughes et al., 2012; Hughes 2017). A recent study by Evans, Clinkinbeard and Simi (2015) indicated that when comorbid disorders were controlled for in a population of adolescents with learning disabilities, they did not find a significantly different degree of delinquency among adolescents with learning disabilities as compared to adolescents without learning disabilities. Further investigation is required in this regard as learning disabilities are rife among young offenders.

Hypotheses and theories regarding the link between learning disabilities and offending. There are three hypotheses that have been discussed in detail in the literature on why the relationship between offending behaviour and learning disabilities: the school failure hypothesis, susceptibility theory, and differential treatment theory (Mallett, 2014; Evans et al., 2015; Morris & Morris, 2006).

School failure hypothesis. This hypothesis proposes that school failure is seen as a catalyst that leads to adolescents to participating in delinquent behavior. The idea is that failure in school may lead to events such as rejection by school peers, disappointment by

parental figures, lowered self-esteem, as well as school dropout. These outcomes increase the risk of delinquent behavior (Morris & Morris, 2006).

Susceptibility theory. This theory concerns how adolescents with learning disabilities have certain types of traits that make them vulnerable to participating in delinquent behavior. These characteristics include impulsivity, limited ability to learn from experience, as well as poor reception of social cues. Therefore, such characteristics may predispose the person to situations that they are unaware are ‘bad situations’, such as those that may lead them into committing an offence (Brier, 1989; Murray, 1976).

Differential treatment theory. This theory proposes how both adolescents with and without learning disabilities take part in delinquent activities. However, those with learning disabilities are more likely to be treated differently than adolescents without learning disabilities at every step of the justice process, for example, in interrogations, the court room, or in prison, however explanations for this differentiation are not clear (Brier, 1989; Murray, 1976).

Young offenders with learning disabilities in the criminal justice system. There are numerous problems that young offenders with learning disabilities encounter during their stay in prison (Maniadaki & Kakouros, 2011). These include, being involved in more fights with other offenders and having more health-related issues, not being able to answer questions or follow instructions from the criminal justice professionals once they are in custody (especially if these involve reading material), all of which can make them more vulnerable (Chitsabesan, et al., 2014; Mallett, 2014). Literature reporting high reoffending rates for young offenders with learning disabilities suggest that such outcomes may be a function of juvenile court judges and officers being unaware of the impact of learning disabilities on young offenders’ ability to follow instructions, probation plans and/or court orders. This failure to understand and follow instructions is often mistaken as unwillingness to cooperate or disinterest in rehabilitation (Mallett, 2014; Rucklidge, McLean, & Bateup, 2009). Factors such as lack of support by the criminal justice system, lack of skills and competencies in terms of how to work or engage with offenders who experience learning disabilities, further contribute to the difficulties experienced by young offenders within the criminal justice system (Maniadaki & Kakouros, 2011).

Educational services for young offenders with learning disabilities. A need for education and mental health intervention for offenders with learning disabilities and mental health disorders has been put forward repeatedly in the international literature (Cruise et al., 2011; Hughes et al., 2017; James & Crabbe, 2016). In line with the school failure hypothesis,

the majority of young offenders do not have the necessary skills to prepare them for adult life (Morris & Morris, 2006). Providing education for young offenders in custody can help with skills, such as vocational and communication skills (Maniadaki & Kakouros, 2011). James and Crabbe (2016) also argued that providing education for young offenders in custody often leads to decrease in re-offending, and it also increases their chance of getting jobs when they leave prison. These researchers also argue that the need for access to education for offenders in custody can only be met, implemented, and achieved, if the policy-makers include it as part of the sentence plan when the offenders appear in court. Furthermore, there is a need for all professional prison staff to get training in terms of the type of education they will provide to the offenders and strategies they will implement, so that those who are assigned to work with offenders with learning disabilities are able to identify them and in so doing, working with them in a more structured way as part of providing intervention. Additionally, the provision of mainstream basic education in the prison may not be as beneficial to young offenders with learning disabilities, much greater rehabilitation could be achieved through the provision of specialized programs that are able to directly focus on the problems that young offenders with learning disabilities experience (Rucklidge et al., 2009).

In the SA context, literature about provision of education for young offenders is very scarce. An earlier report done by Gast (2001), on four youth centers in the Western Cape, revealed how optimal learning in these centers was disrupted by over-crowding, poor attendance and minimal learning space and resources. More research is however needed in this area and generally on learning disabilities and access to education among young offenders in the SA criminal justice system.

Study Aims

This study had two parts. Part one aimed to explore prevalence of learning disabilities and levels of general intellectual functioning, given the relationship between these variables, in SA young offenders as compared to non-offenders. Part two aimed to investigate access to education in custody for the sample of young offenders (from part 1) in a youth correctional center in the Western Cape, SA. Given the exploratory nature of the study, I did not put forward any specific hypotheses.

Methods

Design and Setting

The study formed part of a larger study that focused on the prevalence of traumatic brain injury and investigation of behavioral, emotional and executive functioning in a sample of male young offenders and non-offenders. The study was exploratory in nature, with both qualitative and quantitative methods. Exploratory research aims to investigate an existing problem that is not clearly defined, in order to come up with new insights or knowledge to better understand the problem (Terre-Blanche, Durrheim, & Painter, 2006). Part 1 of the study was quantitative, with between-groups analyses of young offender and non-offender data gathered using psychometric measures. Part 2 of the study was qualitative – I report on an interview, in which I used a predefined interview schedule, with the Head of the Centre of the youth centre from which the young offenders were recruited. The assessment for young offenders took place at a youth correctional center, and for non-offenders, at selected schools in the Cape Town area.

Participants

Part 1. Purposive sampling method was used to recruit the young offender and non-offender participants, because there was a certain population that the study was looking to investigate (Terre-Blanche et al., 2006). The participants were male young offenders who are incarcerated at a youth correctional center in Cape Town, and non-offenders from two Cape Town high schools. All participants were 13-20 years of age, fluent in Afrikaans and/or English, and from low socio-economic status background. Young offenders were defined as adolescents who have been in conflict with the SA law, and have been convicted as such. Non-offenders were defined as adolescents who have not been in conflict with the SA law.

Power Analysis. G Power 3.1.9.2 software indicated that the ideal sample size to obtain a significance level of $P = .05$, with effect size of 0.40 and power of 0.80, for ANOVA is $n = 104$, 52 for each group.

Exclusion criteria. Exclusion criteria were 1) females, 2) individuals who were younger than 13 years and older than 19 years of age. Furthermore, non-offenders with diagnosed psychiatric disorders and neurological conditions, were excluded from the study.

Part 2. The participant for part 2 of the study was the head of the youth correctional center, from which the young offenders were recruited.

Measures

Part 1

Comprehensive Health Assessment Tool (CHAT). The Comprehensive Health Assessment Tool (CHAT), is a semi-structured assessment tool, developed in the UK for use with young offenders in the criminal justice system to provide a standardized approach to health screening for all young offenders (Williams, Mcauliffe, Cohen, Parsonage, & Ramsbotham, 2015). The CHAT consists of four components which are neurodisability, physical health, mental health and substance misuse. For the purpose of this study the section assessing severity and prevalence of learning disabilities was used, for both young offenders and non-offenders.

The CHAT has been shown to be successful in the assessment of learning disabilities (Chitsabesan et al., 2014). It has shown to have high reliability and validity in assessing learning disabilities amongst young offenders (Chitsabesan et al., 2014). The CHAT has not yet been reported in published research in SA.

Wechsler Abbreviated Scale of Intelligence-second edition (WASI-II). The Wechsler Abbreviated Scale of Intelligence (WASI-II), is a general intelligence test that was designed to assess cognitive capabilities. It can be administered individually to children, adolescents and adults aged 6 to 90 years. The four subtests that measure general intelligence was used for this study. The Vocabulary and Similarities subtests measure crystallized intelligence by measuring knowledge of words, degree of language progress, abstract reasoning and development of verbal concepts. The Block Design and Matrix reasoning subtests measures fluid intelligence by measuring motor skills, spatial and visual perception (McCrimmon & Smith, 2012).

The WASI-II has been reported to have good psychometric properties with high validity and reliability (McCrimmon & Smith, 2012). This is evident by the test-retest reliability coefficient for the four subtests which generally range from .92 and .95 as well as .81 and .97 (Wechsler, 1999).

Alcohol Use Disorders Identification Test (AUDIT). The AUDIT was developed by the World Health Organisation as a tool to assess alcohol consumption and excessive drinking. It is a 10-item screening tool, which can be administered as a self-report questionnaire and interview, where participants are required to choose one of four items to a statement that best describes their drinking patterns over the past year (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). This measure has previously been used and shown to be effective in SA context (Myer, Stein, Grimsrud, Seedat, & Williams, 2008). The internal

reliability coefficient for measuring alcohol dependence is $r = .93$ and $r = .81$ for psychological reactions scale (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993).

Maudsley Addiction Profile (MAP). The MAP was used as a measure of substance use (Marsden et al., 2002). There are four subsections, with one relating to drug use, which we used categorically (yes/no) in this study. Use of illegal drug is assessed for the past month through 10 items, rated from 0 to 4 (Hibbert, & Best, 2010). The measure has high reliability with correlation of $r = .94$. MAP has been used in international research on young offenders and within South African research (Dannatt, Cloete, Kidd, & Weich, 2014; Williams et al., 2010).

Beck Depression Inventory (BDI-II). The BDI-II is a tool used to assess the severity of depression, it is very important tool as depression can hinder people/ students from optimal learning, it includes 21 self-report questions which are designed to assess for symptoms of depression (Beck, Steer, & Brown, 1996). Its high coefficient alpha of 0.80 makes BDI-II a reliable test; the test can be used to distinguish depressed and non-depressed patients, where participants are required to choose the statement that best describes them over the past weeks, from four statements. BDI-II has previously been used in SA research studies (Steele & Edwards, 2008), as well as internationally (Williams, Cordan, Mewse, Tonks, & Burgess, 2010).

Procedure

Part 1

Non-offenders. Data for this component of the study was collected as part of a research team that included: Honours students with the help of Masters students. Following ethical approval from relevant bodies (see ethical considerations; Appendix A) and permission to conduct study at high schools, in Cape Town (Appendix B), co-researchers and I conducted the principals and feedback was received from two schools. We then started participant recruitment process. Since minors were part of the population of interest in the study, parent consent forms (Appendix D) were given to learners to take to the parents. We needed consent from parents/legal guardians of the under 18s, and those who were older than 18 consented for themselves. We also asked participants < 18 years participants for their verbal and written assent (Appendix F) to participate willingly in the study. Participants were also ensured that they could withdraw from the study at any point without any consequences.

The assessment took place in a classroom setting and first assessment which was self-report measures lasted 1 hour and the second assessment which was pen-and-pencil measures (including the WASI II) lasted 2 hours. All questions were read through together with

participants, except the BDI-II, to ensure they understood the questions, participants were also encouraged to ask for clarity during assessment. The questionnaires were administered to participants, in this order Demographic Questionnaires, CHAT, BDI-II, AUDIT, and the WASI-II.

Participants were given refreshments after completion of assessment and were encouraged to ask questions they had. All participants received a R50 Pick n Pay shopping voucher to compensate them for participation.

Young offenders. All young offenders who met inclusion criteria of the study in terms of age, sex, language and socioeconomic status were invited to take part in the study. Given the logistics and experience needed to collect data in prisons, only a Masters student involved in the larger study collected data from young offenders, following permission (Appendix C) to conduct study in prisons. Consent (Appendix D) was sought from the head of the youth center, since they act as legal guardians of the young offenders in the absence of their parents, given previous experience of challenges with contacting parents, and from offenders who were 18 years and older. Those < 18 years were asked for their assent. Same measures used in the non-offender group were also used with the young offender group in order.

Part 2.

Interview. I carried out a semi-structured interview with the Head of Center, regarding access to education in custody. A report based on four youth centers in the Western Cape indicated that effective learning was impacted by various factors, such as lack of resources, overcrowding and language used as medium of instruction (Gast, 2001). An interview schedule, based on Gast's (2001) report, was drawn up and is included in Appendix H. It included questions on the curriculum taught, the language used in class, class attendance, availability of resources (textbooks) and non-separation of medium security prisoners and young offenders. Furthermore, the interview investigated whether learning disabilities were assessed and/or considered when teaching the young offenders.

Statistical Analysis

Part 1. Statistical Package for Social Sciences (SPSS) version 25 was used to analyze the results obtained from the participants. Descriptive and the inferential statistics as well as tables were used to analyze, interpret and present the data. Independent sample *t*-tests (or Mann-Whitney *U* tests where assumptions were violated) were conducted to compare the young offender group to the non-offender group on continuous data, and Chi-square tests for categorical data. Variables identified as significantly different between the young offender and non-offender groups were added as covariates in an ANCOVA analyses. A series of

ANCOVAs compared WASI VIQ, PIQ and FSIQ between young offenders and non-offenders whilst controlling for the significant covariates mentioned above.

Part 2. Given that a predefined interview schedule was utilized for part two, I transcribed the interview data and present these verbatim or descriptively.

Ethical Considerations

Ethical approval for this study was granted by UCT's Department of Psychology's Research Ethics Committee (reference: PSY2019-041) and permission was sought from two institutions; Western Cape Department of Education and the Western Cape Department of Correctional Services (see Appendices A, B and C). The aim and rationale, significance, confidentiality and anonymity, rights, risk and benefits of the study were outlined on the consent form (Appendix D) given to parents/legal guardians. Parents/legal guardians were encouraged to read through the form and to contact the researcher and co-researchers if they had any questions before signing the form, regarding their child's participation in the study. Pseudonyms were used to ensure no identification of participants after completion of the study.

The assent form (Appendix F) was verbally explained to participant prior assessment to ensure they understood the content. Participants were informed about what was required of them and it was emphasized that participation in the study was voluntary and all information will be kept confidential. Participants were encouraged to ask questions at any point and could take breaks to avoid fatigue or discomfort. There were no harmful risks associated with participating in the study, furthermore they were no direct benefits except receiving a R50 Pick n pay voucher to compensate them for participation.

Upon completion of the study, participants who were observed to be in need of professional help in terms of psychological difficulties (e.g., scoring more than 21 on the BDI-II), were referred to the relevant professionals either at the correctional center or at the schools.

Results

Sample Demographics

The final sample included $N=68$ participants, with $n=20$ young offenders and $n=48$ non-offenders. Although the groups were matched on sex, SES and language, the non-offender group were on average 5 years younger than the offender group, a significant difference in age between the two groups (see Table 1). Further, the average grade completed by the young offenders was grade 7, with the range being from grades 4-8, and the average

grade for non-offenders was grade 9, with the range being from grades 8-12. Only 12 of the 20 young offenders were able to recall their last attended grade, whereas all of the non-offenders reported their current grade.

Aim 1: Assessment of general intellectual functioning and possible learning disabilities

Table 1 also shows significant differences in alcohol use (AUDIT), substance use (MAP), and reported possible learning disabilities, with higher scores and rates for these factors in the young offender as compared to the offender group. There was also a significant difference in VIQ and FSIQ (likely as a function of VIQ), with the young offender group performing substantially lower on the VIQ (and FSIQ) as compared to the non-offenders. Relative to the significant differences in Vocabulary and Similarities scores and consequently, the VIQ index, the mean scores for PIQ index, and associated subtests, Block design and Matric Reasoning, are more similar across the groups.

Table 1

Between Groups Comparisons: Young Offenders and Non-Offenders for Age, Screening, Learning Disability And General Intellectual Functioning Outcomes (N = 68)

	NOs <i>n</i> = 48	YOs <i>n</i> = 20	<i>t/U/χ</i> ²	<i>p</i>	ESE
Age ^a	14.92 (1.60)	19.15 (1.09)	117.41	< .001	0.64
AUDIT ^a	4.40 (5.29)	17.35 (9.93)	48.98	< .001	0.43
BDI-II ^b	14.02 (8.82)	17.30 (5.90)	2.32	.132	0.34
WASI VIQ ^b	85.08 (12.16)	59.30 (10.44)	68.67	< .001	0.51
WASI_Vocabulary	7.17 (2.25)	2.70 (1.49)	66.19	< .001	0.50
WASI_Similarities	7.40 (2.58)	3.15 (1.57)	46.56	< .001	0.41
WASI PIQ ^b	84.30 (10.10)	79.00 (10.08)	3.88	.563	0.56
WASI_BD_SS	7.67 (2.43)	6.20 (2.29)	5.33	.024	0.75
WASI_MR_SS	6.88 (2.01)	6.35 (2.21)	.91	.343	0.14
WASI FSIQ ^b	82.88 (9.85)	67.65 (8.99)	35.42	.054	0.35
Substance use, yes ^c	19 (39.6%)	20 (100%)	21.07	< .001	0.56
Learning Disability, yes ^c	15 (31.3%)	15 (75%)	10.96	<.001	0.40

Note. For the variables Age and AUDIT, means are presented with standard deviations in parentheses. For the variables BDI and WASI, means are presented with standard deviations in parentheses. For the variables Substance use and Learning Disability, the number of participants is presented with percentages in parentheses. ESE effect size estimate (in this case, Cohen's *r* for Mann-Whitney *U* tests, Cohen's *d* for t-tests, and Cramer's *V* for Chi-square tests). ^aMann-Whitney *U* test performed (variances unequal). ^bIndependent sample t-test performed. ^cChi-square test performed.

Given the significant differences in a number of variables over and above the significant differences in possible learning disabilities and IQ, an ANCOVA was conducted. There was a significant difference in mean WASI VIQ [$F(1,66) = 117.41, p < .001$] between the non-offender and young offender groups, whilst adjusting for age, AUDIT score, and the presence

of substance use and a learning disability. The young offenders scored significantly lower than the non-offenders (see Table 2). There was a trend towards a significant difference in mean WASI FSIQ [$F(1,62) = 35.42, p = .054$], again with the young offender group scoring lower. There was however no significant difference in mean WASI PIQ [$F(1,62) = 3.88, p = .563$] between the non-offender and young offender groups, whilst adjusting for age, AUDIT and BDI-II score, and the presence of a learning disability.

Table 2

Mean WASI scores adjusted for significant covariates (N = 68)

WASI IQ	Non-Offenders <i>n</i> = 48			Young Offenders <i>n</i> = 20		
	<i>M</i>	SE	95% CI	<i>M</i>	SE	95% CI
VIQ	83.40	2.05	79.29 – 87.50	63.35	3.98	55.39 – 71.31
PIQ	81.93	1.82	78.29 – 85.57	84.67	3.53	77.62 – 91.72
FSIQ	80.9	1.67	77.56 – 84.24	72.39	3.24	65.91 – 78.87

Note. WASI = Weschler Abbreviated Scale of Intelligence; VIQ = Verbal Intelligence Quotient; PIQ = Performance Intelligence Quotient; FSIQ = Full Scale Intelligence Quotient.

Learning Difficulties. Table 3 displays the frequencies with which participants reported different aspects of learning difficulties as assessed using the CHAT, across the two study groups. There were no statistically significant differences between the two groups in terms of participants reporting struggling with school work and being told they had a learning disability. However, there was a statistically significant difference between the groups in terms of reportedly having had additional support at school, with 90% and 56% of young offenders and non-offenders, respectively, reporting that they had not received such support. Further, with regards to struggling with reading and writing, 70% vs 4% of young offenders and non-offenders respectively, reported struggling with reading and writing. Moreover, 65% vs 12.5% of young offenders and non-offenders respectively, reported struggling with telling time. Given that I used the three underlined variables as rough markers of possible learning difficulties and potential learning disabilities, the sum of the outcomes on these variables suggest that the possibility of learning disabilities may be significantly higher in the young offender (75%) vs the non-offender groups (31%).

Table 3
Frequencies of Reported Difficulties with Learning in Non-Offender and Young Offender Groups (N=68)

Variables	Non offenders (n=48)		Young offenders (n=20)		Test statistics	
	No	Yes	No	Yes	χ^2	<i>p</i>
Struggled with schoolwork	13 (27.08)	35 (72.92)	6 (30)	14 (70)	0.06	.513
Had additional support at school	27 (56.25)	21 (43.75)	18 (90)	2 (10)	7.18	.006
<u>Told he has a learning disability</u>	40 (83.33)	8 (16.67)	13 (65)	7 (35)	2.76	.092
<u>Struggles with reading and writing</u>	46 (95.83)	2 (4.17)	6 (30)	14 (70)	34.01	<.001
<u>Struggles with telling the time</u>	42 (87.50)	6 (12.50)	7 (35)	13 (65)	19.33	<.001
Possible ^a learning disability?	33 (68.75)	15 (31.25)	5 (25)	15 (75)	10.96	<.001

Note. ^a If participants responded yes to any of the underlined variables, they were coded as yes for possible learning disability. Frequencies are presented with percentages in parentheses.

Table 4 shows that Possible LD significantly correlated with all of the WASI variables. Further, VIQ and the associated subtests (Vocabulary and Similarities) significantly correlated with all LD-related variables except reported struggles with schoolwork, although Vocabulary was not significantly associated with reported additional support in lessons. PIQ also significantly correlated with some LD variables, except struggles with schoolwork, reports of additional support in lessons, and importantly, not with *Struggles with reading and writing*. The associated PIQ subtests (Block Design and Matrix Reasoning) were only significantly correlated with ‘Told he has a LD’ and therefore possible LD. Given that FSIQ index is computed using the VIQ and PIQ indices, similar significant correlations are found here with LD variables. As expected, the WASI variables are significantly correlated too.

Table 4

Bivariate Correlations: CHAT Learning Disability / WASI II Data: Non-Offender Group vs. Young Offender Group (N = 68)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. LD_struggled_with_schoolwork	-												
2. LD_add_support_in_lessons	.030	-											
3. LD_told_he_has_LD	.252*	-.006	-										
4. LD_struggled_reading_writing	.268*	-.250*	.374**	-									
5. LD_struggled_tell_time	.242*	-.099	.143	.582**	-								
6. LD_possible	.355**	-.072	.599**	.624**	.701**	-							
7. WASI_Block Design	.006	.071	-.370**	-.181	-.234	-.255*	-						
8. WASI_Vocabulary	-.089	.220	-.404**	-.550**	-.390**	-.469**	.503**	-					
9. WASI_Matrix Reasoning	-.085	.234	-.291*	-.195	-.187	-.283*	.304*	.280*	-				
10. WASI_Similarities	-.002	.255*	-.415**	-.454**	-.336**	-.408**	.500**	.821**	.224	-			
11. WASI_VIQ	-.059	.258*	-.449**	-.546**	-.415**	-.473**	.543**	.942**	.277	.949**	-		
12. WASI_PIQ	-.064	.149	-.406**	-.226	-.256*	-.345**	.817**	.462**	.740**	.417	.479**	-	
13. WASI_FSIQ	-.065	.259*	-.486**	-.465**	-.390**	-.482**	.758**	.871**	.526**	.858**	.912**	.571**	-

*Note.**Correlation is significant at the 0.05 level (1-tailed). **Correlation is significant at the 0.01 level (1-tailed). LD = Learning Disability; WASI_BD_SS = Weschler Abbreviated Scale of Intelligence Block Design Scale Scores; WASI_Vocab_SS = Weschler Abbreviated Scale of Intelligence Vocabulary Scale Scores; WASI_MR_SS = Weschler Abbreviated Scale of Intelligence Matrix Reasoning Scale Scores; WASI_Sims_SS = Weschler Abbreviated Scale of Intelligence Similarities Scale Scores; WASI_VIQ = Weschler Abbreviated Scale of Intelligence Verbal Intelligence Quotient; WASI_PIQ = Weschler Abbreviated Scale of Intelligence Performance Intelligence Quotient; WASI_FSIQ = Weschler Abbreviated Scale of Intelligence Full Scale Intelligence Quotient.

Aim 2: Access to Education in Custody

Below I present a summary of the responses I received from Mr Z, using the interview schedule put together for this study.

Question 1: How many offenders is the prison capacitated to carry and what is the actual number of offenders in this prison currently?

Mr Z' noted that the capacity of the prison is for 474 people. However, there are currently 587 offenders at the prison, which translates into it being about 28% overcrowded. The prison is the only institution of its kind in the Western Cape, where you have both medium and maximum classified offenders at the same facility. Formally, maximum classified offenders are those offenders that require more intense security. The two levels of prisoners are separated. When you enter the prison, on your right-hand side are all the maximum classified offenders, and the medium classified offenders on the left.

Question 2: How many young offenders and how many adult offenders are there?

Mr Z provided the following figures: currently that are 3 young offenders younger than 18 in custody (0.5%), one of which was recently admitted, 99 that are 18 to 21 years (17.28%) and 444 (77.49%) aged 21 to 25, and 27 (4.71%) adults that are above 25 years old.

Question 3: Do you separate young offenders and adult offenders?

Mr Z responded that they are separated according to ages. He said:

“Like at the maximum C-section is for all offenders that are younger than 21 and then D-section is for all offenders that are above the age of 21, that means from 21 to 25, and also the ‘children’ we separate them and keep them in isolation, because a cell takes 27 offenders, now we cannot use a cell for 3 offenders only because that will be a waste of space, so then we put them in the special care unit. The special care unit is your single cells, so we separate them from adults they are sleeping alone in each and every cell or we group them in 3s. We don't want them to be exposed to the adults so that tomorrow they are either assaulted, or sodomised or exposed to drugs and all other things that they need not to be exposed to, because we need to protect them from the rest of the prison population”.

Question 4: Do you offer classes for offenders in your institution?

Mr Z's response was: *“Yes, we do have a primary school and a high school, we are not doing the mainstream we are doing ABET level 1 to ABET level 4, which means ABET level 1 and 2 is your primary school and 3 and 4 is your high school”.*

Question 5: How many classes do you have?

Mr Z's response was: *"We have a primary school and high school as I explained, then we also have literacy classes for all those offenders who cannot read and write, before they go to ABET level 1, they first have to go to the literacy class now the literacy class we got about 60 offenders that are attending"*.

Question 6: Are classes separate from prison cells?

Mr Z: *"Yes classes are separated from prison cells, the primary school is out of the prison and the high school is at the other side of the prison"*.

Question 7: Which curriculum is used? (ABET, NSC, CAPS)¹

Mr Z's response:

"The curriculum is no longer called ABET now it is AET (Adult Education and Training), we also do skills development, for offenders that work at the textiles, we got offenders that are also working at the bakery, we also have the department of labour that is also involved. We have 3 or 4 of our offenders that are participating in a bakery course and they can have a qualification to bake bread, cake and everything when they go out. Those that are in textiles they can make garments and start to make a living out of tailor work, and it means now that instead of idling around outside they can make their own businesses. We got one offender that is currently running his business outside, he was doing an entrepreneurship programme inside prison. We also have offenders that are doing correspondent studying, I got 6 offenders that will now graduate in November, they did bible studies for 3 years".

Question 8: What is the medium of instruction in class ?

Mr Z's response: *"The language used in class is vernacular, so is three basic languages; Afrikaans, English and Xhosa, also in terms of that, the medium of instruction is English but there are Afrikaans and Xhosa classes for those who cannot follow correctly more especially your beginners"*.

Question 9: How many offenders attend the classes, and what is the overall attendance rate?

Mr Z responded that:

"There are 115 offenders that attend classes and our biggest number is in the high school because out of the 115 we got around about 62 or 63 going to the high school and the rest is going to primary school. When all offenders come to prison they are

¹ Adult Basic Education and Training (ABET), National Senior Certificate (NSC), Curriculum and Assessment Policy Statement (CAPS).

being assessed, now during the assessment is where we determine the level of education we need first to give priority to those who cannot read and write and then we give priority to those that have left school at primary school, like those that are at high school now they have started at ABET level 1 and some of them have started at literacy classes but now they have graded up until ABET level 4, now because of the capacity of the school we cannot take everybody to school we need to prioritise cases and all offenders that are serving less than 2 years is not compulsory for them to go to school because the programme runs over a period of time and for us to start with them from ABET level 1 to 4 at least that offender must do more than 2 years of a sentence so that we can go way within in terms of his progress starting from ABET 1, 2, 3, and 4, but we do prioritise those who cannot read and write that's why our biggest number will always be at your beginners, those who cannot read and write”.

Question 10: Who controls the attendance of classes?

Mr Z responded with the following:

“For all sessions, there is a register at the school, and also in all programmes there is a register. The unit manager is the one who makes sure that offenders go to school and programmes, if today they are supposed to see a Social Worker they must do so. Every month they must submit the attendance registers to me, if the Social Worker said she had 3 programmes and so many offenders attended in a month I need attendance register, and in all attendance registers there is a signature of offender so an offender must sign next to his name, that's basically how they control and then we do it monthly, quarterly and mid-term and then we start to say are we going to meet our annual target or not, and if we can't meet our annual target what plans are we going to put in place in order for us to meet our annual target. If there is dropout at the school why is there a dropout, what interventions did you do and I need also to call the offender in and interview the offender and also the case management team and I explain to the offender that you will not be eligible to get a parole because you breached the contract that we have, so that means you gonna stay longer in prison. The only time when an offender can be excused not to attend school is when he has to see a Psychologist and a Social Worker, other times they must go to school which is Monday to Friday, also the only time that they cannot go to school is when they are sick. It becomes a disciplinary offence for them to stay out of school, because we make school compulsory, so he can't say today I just don't feel like going to school because it is part of his programme”.

Mr Z also added:

“Remember for all offenders that are serving 2 years, there is a correctional sentence plan that is between us and the offender we will ask him why did you commit crime what do you think can assist you to change your behaviour and is assessed by a Psychologist, Social Worker, everybody do assessment as part of the plan and the plan is concluded, then case management committee is approving the plan and the offender signs the plan and that is the contract, then he cannot breach the contract. Every six months there is a case review team that reviews what has happened in the last six months, what are the new needs of the offender that were not identified during admission, because maybe they may not adapt to prison because they new in prison, and before we do interventions we need to deal with the issue of him not adapting in prison, maybe he becomes violent when in prison or he is being assaulted by others, or he is recruited to join a gang or he joins the gang whereas he was not a gangster when he came into prison, or he continues to misbehave and only to find out that he cannot adapt in prison”.

Question 11: Are there enough facilities (classrooms, etc.) to teach? And can the space accommodate everybody?

Mr Z responded that: *“There is not enough space available, and also the capacity of the school itself we can only got to 150 and also in terms of the teachers we are having we cannot go up to 200 or 300 number of offenders. Prisons plans are there to rebuild the prison, and there will be more school to be built, more facilities and classes to be built, but for the literacy (illiterate) classes we are also making use of the dining halls, because the dining halls becomes multi-facilities, because we can use them for dining and to render programmes. So we also use to render classes in some of them”.*

Question 12: Are there enough resources (textbooks, computers), to ensure optimal learning?

Mr Z’s response was: *“Yes we do have a computer lab on the other side of high school, there are 15, 16 computers that we have, so you do know the computers and software they become outdated, but at the current moment we do not have challenges because we procure every year and we procure for all stationery and learning material that is required”.*

Question 13: Which factors might impact optimal learning?

Mr Z’s response: *“The only thing that can impact on their optimal learning is not attending, and in class they do behave, remember all offenders do not want to be locked up*

the whole day. We have a bunch of motivated educators, they are committed to their work and they are doing very good quietly. In the past when we were merged with other schools and other AET centers outside we were performing in the top 5, top 3 sometimes, and we also had top learners in the whole country, there was some year that we scooped Afrikaans, English, Mathematics and Business Studies awards”.

Question 14: What difficulties do you encounter in class?

Mr Z’s response: *“Prison is an unpredictable environment, today it may be nice, everybody is in a good mood, but this afternoon does not mean that it will be the same as the morning. but you will find one or two chance takers or trouble makers, it happens in every learning environment, you found out that there are people who are going to school for the sake of being in school but they are not actually there”.*

Question 15: How many educators does the offender institution have?

Mr Z noted that they currently have 7 educators, with one being an intern. The ratio of educators to learners is 7:115.

Question 16: What measures are used by educators and administrators to identify those that may have learning disabilities?

Mr Z’s response: *“Yes, they do have an assessment, they using an assessment tool so every learner can be assessed before, sometimes they require them to bring their last school attended report, whether they find it or not they are still being put in the assessment process, to determine the level they are at.”*

When asked to tell me about the assessment tool, Mr Z’s response was: *“No I do not know the tool they use to assess”.*

Question 17: Are there any written exams or oral presentation taking place and what is method of assessment?

Mr Z’s response: *“They do write exams, they will start now with exams within...towards the end of this month or beginning of next month and then they write their exams, the same time as other centers, which means that their exam papers normally starts at 2 o’clock in the afternoon, until 5 o’clock. Yes, they are doing oral presentations in class, they also doing continuous evaluation throughout the year, all their exams are external, and they are also marked externally”.*

Question 18: Which departments and organisations do you collaborate with to ensure access to education in custody and optimal learning?

Mr Z’s response: *“We collaborate with the department of education as well as department of labour for skills learning and development. We are also linked with North Link*

college, all our offenders are writing external exams which means they write with other FET colleges that are there, so the quality of education that is given to them is the same as those outside”.

Question 19: What are the offenders’ experiences and struggles of education in prison?

Mr Z’s response: *“Yes there are some struggles but we group offenders that are going to school in one cell and you find those that are good learners, that are also helping others after hours in the cells, with some of the work from school and task that they are finding it difficult to understand, and also the teachers that are assisting them, but all I can say is that you can see with their attendance and their eagerness to attend school, makes it more interesting”.*

Discussion

Crime is rife in SA and youth are overrepresented in the country’s criminal justice system. International studies report on how prevalent learning disabilities are in the young offender population, and yet there have been few, if any, studies of this nature in the SA context, with its unique sociocultural climate (Einat and Einat, 2008; Hughes et al., 2017). Considering the scarcity of data on learning disabilities more generally in SA, it comes as no surprise that data on learning disabilities in SA young offenders is also scarce.

Furthermore, international literature has shown that access to education for young offenders in custody may reduce the chances of them reoffending, however in the SA context there is also a dearth of literature on the provision of education for young offenders in custody (Gast, 2001; Cruise et al., 2011; James & Crabbe, 2016; Maniadaki, & Kakouros, 2011). The aims for this study were centred around these research gaps. For aim 1, I aimed to explore learning disabilities (and general intellectual functioning) in young offenders as compared to non-offenders. For aim 2, I investigated access to education in custody. I discuss the results of each aim below.

Aim 1: Assessment of general intellectual functioning and possible learning disabilities

For aim 1 the prevalence of possible learning disabilities was assessed using the CHAT (Chitsabesan et al., 2014). The CHAT is a well-established measure designed for use with the young offender population for assessing neurodisability, including learning disabilities. For the purposes of the current study, we could only use the self-report section for participants (and not the teacher component) of the CHAT. I used three items within this self-report section as a rough indicator of possible learning disabilities – that the participant was told that

he had a learning disability, that he struggles with reading and/or writing and /or that he struggles to tell time. Although most boys in both groups were not told that they had a learning disability, 70% vs 4%, and 65% vs 12.5%, of young offenders and non-offenders, respectively, reported difficulties with reading and writing, and tell time, respectively. These results for the younger offender groups are not too surprising and in line with existing literature (Ball & Connolly, 2000; Chitsabesan et al., 2012).

Further, the significant differences in IQ variables is consistent with the results for possible learning disabilities in our sample and the international literature, given that learning disabilities are comorbid with intellectual disabilities (Hughes et al., 2012; Hughes 2017). Further, researchers have reported difficulties in reading, comprehension, and performance IQ amongst young offenders as compared to the general population. Importantly the findings in this study indicated a significant difference in Verbal IQ, with young offenders scoring very low as compared to non-offenders. These findings are consistent with those reported by Anderson, Hawes and Snow (2016) that young offenders display substantially lower Verbal IQ, which subsequently impacts on them not accurately receiving information conveyed to them and their inability to express themselves to others. Snow and Powell (2008) reported that about 80% of young offenders had faced school expulsion. Such early school departure can result in poor literacy and poor performance on Verbal IQ, given that it relies on crystalized knowledge gathered over time. It was therefore not surprising then that VIQ rather than PIQ was significantly correlated with *struggles with reading and writing*; these skills sets are aligned. Importantly, the significant differences in VIQ were held, even when significant differences in age and other screening variables and learning disabilities was controlled for statistically.

Results indicated a significant difference in alcohol and substance use between young offender and non-offender between-group comparisons with young offenders showing more prevalence of alcohol and substance use than the non-offender group. The significantly higher reporting of alcohol and substance use in the young offender as compared to the non-offender group is also in line with the young offender literature (Hughes et al., 2015). Further, the fact that the same participants also differ on reported possible learning disabilities is consistent with literature on the comorbidity between learning disabilities and alcohol and substance use (Hughes et al., 2012; Hughes 2017).

Further the obvious contrast between the ages of the two groups and the average grade reported for the same groups, with the young offenders being significantly older, but having completed on average Grade 7 (not yet at high school), may align with the School failure

hypothesis in explaining the relationship between young offenders and possible learning disabilities. The hypothesis states that failure in school may lead to events such as rejection by school peers, disappointment by parental figures, lowered self-esteem, as well as school dropout. These outcomes increase the risk of delinquent behavior (Morris & Morris, 2006).

Aim 2: Access to education in custody

For aim 2 access to education in custody was investigated using a predefined interview schedule, that was compiled for this study. The main results from this interview were that: 1) the prison is overcrowded, 2) that most offenders are younger than 25 years, 3) education is offered at this youth correctional centre, but 4) is limited in the number of offender that can be accommodated but priority is given to those who cannot read and write, 5) the ratio of educators to offenders is about 1:16; 6) a range of classes are offered, from literacy classes (for those who cannot read and write) to primary and high school classes, 7) English is the main medium of instruction within the prison vernacular, but Afrikaans and isiXhosa are also used when necessary, 8) classes are separate from the prison cells, but 9) there is not enough space for these classes and at times dining halls are used; 10) there is, however, access to resources such as books and computers; 11) poor attendance amongst other factors affect optimal learning, although 12) class attendance is reviewed regularly; 13) formal student examinations are available.

The results of the interview are not surprising, as it has been reported in the literature that the main perpetrators of crime in South Africa are young people (Statistics SA, 2016) and offenders younger than 25 years were overrepresented in the statistics reported by the Head of Centre. The results also revealed that whilst provisions for access to education in custody are made, these cannot accommodate all offenders, with approximately 20% of the total population in prison attending classes. In sum, it seems as though access to education is available to offenders at this youth correctional centre, but it is not without its challenges.

A report by Gast (2001) showed that optimal learning can be disrupted by factors such as overcrowding and minimal learning spaces and poor attendance amongst other factors. Hence the findings from the interview were consistent with South African existing literature, because the findings revealed that poor class attendance by offenders can impact on optimal learning. Further, the interview also revealed overcrowding and limited learning spaces at the youth correctional centre. The results from the interview indicated that although learning space may be limited, there seems to be enough resources within those spaces, with learners having access to computers and materials such as books.

Importantly, the findings from the interview revealed that reading and writing problems are rife in the offender population, hence those offenders who cannot read and write are prioritized to attend classes. Such learning difficulties emerge from assessment results from educators, Social Workers and Psychologists, who then indicate that offenders may need assistance in term of basic literacy.

Hence the issue of offenders who cannot read and write emerged throughout this study, more formally in part one through psychometric assessment and in part 2, through feedback from the Head of Centre of the youth correctional centre from which offenders were drawn. With such prevalence of difficulties and the possible consequences of such problems, specialized teaching strategies are needed, and the importance of screening for such difficulties, emphasized.

Limitations and Recommendations

The first limitation was the sample size, which was smaller than what the G. Power analysis software suggested would obtain a significant level, for an effect size of 0.40 and power of 0.80. Additionally, the study made use of self-report as a method of data collection, in exploring learning disabilities in non-offenders. There are recognized problems with social desirability and self-report measures (Krumpal, 2013). Lastly this study made use of interview to investigate access to education in custody by interviewing the head of a youth center. I could not, however, interview other role players like educators, social workers and psychologists, who are involved in education and interventions offered to young offenders, and who may have provided further insights into these challenges among young offenders. These limitations were mainly a function of resource constraints. Further the CHAT is a recognized measure for assessing LDs in this population, although corroborative information from educators would have enhanced the data. Hence, future research should 1) recruit a larger offender sample, 2) use records from the school, showing learners overall performance, to confirm self-report of learning disabilities and difficulties, 3) include interviews with educators, social workers and psychologists and to 4) review the assessment tools they use upon admission of offenders in prison to screen and identify those with possibility of learning disabilities and what intervention and learning method they may use to ensure optimal learning.

Conclusion

The study aimed to fill the identified research gaps, by exploring learning disabilities and access to education in young offenders in SA, the results of which can be used to inform youth correctional centers of various learning disabilities by screening the young offenders, so that rehabilitation strategies may be employed to help them. The results of the study could also be used to inform policy making in terms of the educational gaps in the young offender population.

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References

- Anderson, S. A., Hawes, D. J., & Snow, P. C. (2016). Language impairments among youth offenders: A systematic review. *Children and Youth Services Review, 65*, 195-203. doi:10.1016/j.chilyouth.2016.04.004
- Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *The Alcohol Use Disorder Identification Test: Guidelines for Use in Primary Care* (2nd ed.). Geneva, Switzerland: World Health Organisation.
- Ball, C., & Connolly, J. (2000). EDUCATIONALLY DISAFFECTED YOUNG OFFENDERS: *Youth Court and Agency Responses to Truancy and School Exclusion. The British Journal of Criminology, 40*(4), 594-616. Retrieved from <http://www.jstor.org/stable/23638487>
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa
- Brier, N. (1989) The relationship between learning disability and delinquency: a review and reappraisal, *Journal of Learning Disabilities, 22*, 546–553. doi: 10.1177/002221948902200906
- Chitsabesan, P., Bailey, S., Williams, R., Kroll, L., Kenning, C., & Talbot, L. (2007). Learning disabilities and educational needs of juvenile offenders. *Journal of Children's Services, 2*(4), 4-17. doi: 10.1108/17466660200700032
- Chitsabesan, P., Lennox, C., Theodosiou, L., Law, H., Bailey, S., & Shaw, J. (2014). The development of the comprehensive health assessment tool for young offenders within the secure estate. *The Journal of Forensic Psychiatry and Psychology, 25*, 1–25. doi: 10.1080/14789949.2014.882387.
- Chitsabesan, P., Rothwell, J., Kenning, C., Law, H., Carter, L. A., Bailey, S., & Clark, A. (2012). Six years on: A prospective cohort study of male juvenile offenders in secure care. *Eur Child Adolescent Psychiatry, 21*, 339-347. doi:10.1007/s00787-012-0266-9.

- Cruise, K. R., Evans, L. J., & Pickens, I. B. (2011). Integrating Mental Health and Special Education Needs into Comprehensive Service Planning for Juvenile Offenders in Long-Term Custody Settings. *Learning and Individual Differences, 21*(1), 30-40. doi:10.1016/j.lindif.2010.11.004
- Dannatt, L., Cloete, K. J., Kidd, M., & Weich, L. (2014). Frequency and correlates of comorbid psychiatric illness in patients with heroin use disorder admitted to Stikland Opioid Detoxification Unit, South Africa. *South African Journal of Psychology, 20*(3), 77-82. DOI:10.7196/SAJP.540
- Einat, T., & Einat, A. (2008). Learning disabilities and delinquency. *International Journal Of Offender Therapy And Comparative Criminology, 52*(4), 416-434. doi:10.1177/0306624X07307352.
- Evans, M. K., Clinkinbeard, S. S., & Simi, P. (2015). Learning disabilities and delinquent behaviors among adolescents: a comparison of those with and without comorbidity. *Deviant Behavior, 36*, 200-220. doi:10.1080/01639625.2014.924361
- Ferrett, H. L., Carey, P. D., Thomas, K. G. F., Tapert, S. F., & Fein, G. (2010). Neuropsychological performance of South African treatment-naive adolescents with alcohol dependence. *Drug and Alcohol Dependence, 110*, 8-14. doi: 10.1016/j.drugalcdep.2010.01.019
- Gast, M. (2001). Education and the South African juvenile justice system. *The International Child and Youth Care Network (CYC-Net), 34* (Nov).
- Hall, I. (2000). Young offenders with a learning disability. *Advances in Psychiatric Treatment, 6*(4), 278-285. doi:10.1192/apt.6.4.278.
- Hammill, D. D., Leigh, J. E., McNutt, G., & Larsen, S. C. (1987). A new definition of learning disabilities. *Journal of Learning Disabilities, 20*(2), 109-113. doi:10.1177/002221948702000207.
- Hibbert, L. J., & Best, D. W. (2010). Assessing recovery and functioning in former problem drinkers at different stages of their recovery journeys. *Drug and Alcohol Review, 30*(1), 1-11. DOI: 10.1111/j.1465-3362.2010.00190.x
- Hughes, N., Williams, P., Chitsabesan, P., Davies, R., & Mounce, L. (2012). *Nobody made the connection; the prevalence of neurodisability in young people who offend*. London: Office for the Children's Commissioner.

- Hughes, N., Williams, W. H., Chitsabesan, P., Walesby, R. C., Mounce, L. T. A., & Clasby, B. (2015). The prevalence of traumatic brain injury among young offenders in custody: A systematic review. *Journal of Head Trauma Rehabilitation, 30*(2), 94–105. <https://doi.org/10.1097/HTR.0000000000000124>
- Hughes, N., Chitsabesan, P., Bryan, K., Borschmann, R., Swain, N., Lennox, C., & Shaw, J. (2017). Language impairment and comorbid vulnerabilities among young people in custody. *Journal of Child Psychology and Psychiatry, 58*(10), 1106-1113. doi:10.1111/jcpp.12791
- James, M., & Crabbe, C. (2016). Education for Offenders in Prison. *Journal of Pedagogic Development, 6*(3), 3-7. *
- Krumpal, I. (2013). Determinants of social desirability bias in sensitive surveys: a literature review. *Quality & Quantity, 47*(4), 2025-2047.
- Lyon, R. (1996). Learning Disabilities. *The Future of Children, 6*(1), 54-76. doi:10.2307/1602494.
- Mallett, C. A. (2014). The “learning disabilities to juvenile detention” pipeline: A case study. *Children & Schools, 36*(3), 147-154. doi: 10.1093/cs/cdu010.*
- Maniadaki, K., & Kakouros, E. (2011). Attention problems and learning disabilities in young offenders in detention in Greece. *Psychology, 2*(1), 53-59. doi:10.4236/psych.2011.21009.
- Marsden, J., Gossop, M., Stewart, D., Best, D., Farrell, M., Lehmann, P., Strang, J. (2002). The maudsley addiction profile (MAP): A brief instrument for assessing treatment outcome. *Addiction, 93*, 1857-1867.
- McCrimmon, A., & Smith, A. (2012). Review of the Wechsler Abbreviated Scale of Intelligence, Second Edition (WASI-II) Wechsler, D. (2011). San Antonio, TX: NCS Pearson. *Journal of Psychoeducational Assessment, 31*(3), 337-331. doi: 10.1177/0734282912467756
- Morris, K. A., & Morris, R. J. (2006). Disability and juvenile delinquency: Issues and trends. *Disability and Society 21*, 613–627. doi: 10.1080/09687590600918339.

* DOI unavailable

- Murray, C. A. (1976). *The Link between Learning Disability and Juvenile Delinquency: Current Theory and Knowledge*. Washington, DC: U.S. National Institute of Justice.
- Myer, L., Stein, D. J., Grimsrud, A., Seedat, S., & Williams, D. R. (2008). Social determinants of psychological distress in a nationally representative sample of South African adults. *Social Science and Medicine*, *66*, 1-21. doi: 10.1016/j.socscimed.2008.01.025
- Pullen, Lane, Ashworth, & Lovelace. (2017). Specific learning disabilities. In *Handbook of special education* (2nd ed., pp. 286-299). Taylor & Francis.
- Rucklidge, J. J., McLean, A. P., & Bateup, P. (2009). Criminal Offending and learning disabilities in New Zealand youth: Does reading comprehension predict recidivism? *Crime & Delinquency*, *59*(8), 1263-1286. doi:10.1177/0011128709336945.
- Saunders, J. B., Aasland, O. G., Babor, T. F., De la Fuente, J. R., & Grant, M. (1993). Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption—II. *Addiction*, *88*(6), 791-804. doi:10.1111/j.1360-0443.1993.tb02093.x
- Schrieff-Elson, L., Thomas, K. G., Dollman, A. K., Rohlwink, U. K., & Figaji, A. A. (2013). Demographic profile of severe traumatic brain injury admissions to Red Cross War Memorial Children's Hospital, 2006-2011. *South African Medical Journal*, *103*, 616-620. doi: 10.7196/samj.7137.
- Snow, P. C., & Powell, M. B. (2008). Oral language competence, social skills and high-risk boys: What are juvenile offenders trying to tell us?. *Children & Society*, *22*(1), 16-28.
- Souverein, F. A., Ward, C. L., Visser, I., & Burton, P. (2016). Serious, Violent Young Offenders in South Africa: Are They Life-Course Persistent Offenders? *Journal of Interpersonal Violence*, *31*(10), 1859-1882. doi: 10.1177/0886260515570748.
- Statistics SA. (2014). *Census 2011: Profile of persons with disabilities in South Africa* (pp. 1-210, Rep. No. 03-01-59). Pretoria: Statistics South Africa.
- Statistics SA. (2016). *Exploration of selected contact crimes in South Africa: In-depth analysis of victims of crime survey data* (pp. 1-83, Rep. No. 03-40-01). Pretoria: Statistics South Africa.

- Steele, G. I., & Edwards, D. J. (2008). Development and validation of the Xhosa translations of the Beck inventories: 2. Item analysis, internal consistency, and factor analysis. *Journal of Psychology in Africa, 18*, 217-226. doi: 10.1080/14330237.2008.10820189
- Terre-Blanche, M., Durrheim, K., & Painter, D. (Eds.). (2006). *Research in Practice: Applied Methods for the Social Sciences* (2nd ed.). Cape Town: University of Cape Town Press.
- Wechsler, D. (1999). *Wechsler Abbreviated Scale of Intelligence (WASI)*. San Antonio, TX: The Psychological Corporation.
- Williams, W. H., Cordan, G., Mewse, A. J., Tonks, J., & Burgess, C. N. (2010). Self-reported traumatic brain injury in male young offenders: A risk factor for reoffending, poor mental health and violence? *Neuropsychological Rehabilitation, 20*, 801-812. doi: 10.1080/09602011.2010.519613
- Williams, W. H., Mcauliffe, K. A., Cohen, M. H., Parsonage, M., & Ramsbotham, J. (2015). Traumatic Brain Injury and Juvenile Offending. *Journal of Head Trauma Rehabilitation, 30*(2), 69-74. doi: 10.1097/HTR.0000000000000134

Appendix A:**Department of Psychology Ethical Clearance****UNIVERSITY OF CAPE TOWN****Department of Psychology**

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

18 July 2019

Samantha Nkoana and Tobeka Thanga
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Samantha and Tobeka

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, *Exploring Learning Disabilities and Access to Education in Custody, Amongst Young Offenders and Non-offenders in Cape Town, South Africa*. The reference number is PSY2019-041.

I wish you all the best for your study.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lauren Wild'.

Lauren Wild (PhD)
Associate Professor
Chair: Ethics Review Committee

University of Cape Town
ΨPSYCHOLOGY DEPARTMENT
Upper Campus
Rondebosch

Appendix B:

Department of Education Approval Letter

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20190729-7334

ENQUIRIES: Dr A T Wyngaard

Ms Winnie Nkoana
PO Box 232
Mamatsha
0879

Dear Ms Winnie Nkoana

RESEARCH PROPOSAL: EXPLORING LEARNING DISABILITIES AND ACCESS TO EDUCATION IN CUSTODY AMONGST YOUNG OFFENDERS AND NON-OFFENDERS IN CAPE TOWN SOUTH AFRICA

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **26 July 2019 till 20 September 2019**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 31 July 2019

**Appendix C:
Department of Correctional Services Approval Letter**



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

Nkululeko Lebogo
N LEBOGO

ACTING DC: POLICY COORDINATION & RESEARCH

DATE: 16/10/2019

Appendix D:

Parent Consent Form



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

You and your child are being invited to take part in a research study. This form provides you with information about the study and asks for your permission for your child to take part in the research study. Consent is also asked for the collection of questionnaire data, as well as 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 child's participation is entirely voluntary. Before you decide whether or not he 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

Exploring learning disabilities and access to education in custody, amongst boys in Cape Town, South Africa

2. Principal Investigator and Telephone Number(s)

Winnie Nkoana-nkoanasamantha@gmail.com

Honours Psychology (student)

Department of Psychology

University of Cape Town

Dr Leigh Schrieff

Supervisor

Department of Psychology

University of Cape Town

leigh.schrieff-elson@uct.ac.za

021 6503708

3. What is the purpose of this research study?

The purpose of this research is to explore learning disabilities amongst boys in the Western Cape Province in South Africa.

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

You (the parent) will be asked to complete a parent/caregiver information and socio-economic status questionnaire, a questionnaire about your child's developmental history and you will be asked questions regarding your child's behavior. Your son will be asked about any learning difficulties at school and to participate in activities which will assess his knowledge of words, how words relate and problem-solving skills.

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

Completing the questionnaires will take place during one session, which should not last longer than one hour. If at any time during the session your son wishes to stop his participation, he is free to do so without penalty. Your son will not be treated differently at school if he or you decide to withdraw from the study. Withdrawal from the study will not appear on your son's school record or elsewhere.

Thereafter, your son will be invited back to a second session, where he will be asked to solve problems, such as, figuring out a pattern or puzzle, and explaining the meanings of some words.

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

104 boys

7. What are the possible discomforts and risks?

There are no known risks associated with participation in this study. Should you or your child get tired during the study, you will be allowed to rest. If you wish to discuss the information above or any discomforts you may experience, you may ask questions now or call the Principal Investigator listed in #2 of this form.

8a. What are the possible benefits to you?

You or your son may or may not personally benefit from participating in this study. Should any problems be identified during the process of this study, your son will be referred to the appropriate services.

8b. What are the possible benefits to others?

The information gained from this research study will help improve our understanding of behavior of boys with learning disabilities.

9. If your child chooses to take part in this research study, will it cost your child anything?

Participating in this study will not cost your child anything.

10. Will your child receive compensation for taking part in this research study?

Your son will receive a R50 Shoprite / Pick 'n Pay shopping voucher.

11a. Can your child withdraw from this research study?

Your son is free to withdraw his consent and to stop participating in this research study at any time. If your son does withdraw his consent, there will be no penalty.

If you or your son have any questions regarding your and your son's rights in this research, 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

Alternatively, if you have any questions about the study you or your son may contact the supervisor or researchers at leigh.schrieff@gmail.com (supervisor – Dr Leigh Schrieff), ninasteenkamp1@gmail.com (student researcher – Nina Steenkamp) and nkoanasamantha@gmail.com (student researcher– Winnie Nkoana)

11b. If your child withdraws, can information about your child still be used and/or collected?

Information already collected may be used, if permission is granted by both you and your son. We will ask you about the use of your information, if you or your son decide to withdraw from the study.

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

Only certain people have the right to review these research records. These people include the researchers for this study. Your son’s research records will not be released without your permission unless required by law or a court order. All the information you and your son give will be strictly confidential and data will be anonymised when shared in any reports about the data, also data will be stored in a computer and will be protected by means of password and by encryption. Control of access to the rooms where some of the files may be placed will be monitored and therefore ensuring your anonymity at all times.

13. What information about you or your child may be collected, used and shared with others?

This information gathered from you will be demographic information, information on your child’s developmental history, and records of your responses to questionnaires regarding your child’s behavior. If you agree to be in this research study, it is possible that some of the information collected might be copied into a “limited data set” to be used for other research purposes. If so, the limited data set may only include information that does not directly identify you. For example, the limited data set cannot include your name, address, telephone number, ID number, or any other numbers or codes that link you to the information in the limited data set.

14. Names and Signatures

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

Signature & Name of Person Obtaining Consent and Authorization **Date**

I have been informed about this study’s purpose, procedures, possible benefits, and risks; and how my performance and other data will be collected, used and shared with others. I have

received a copy of this form. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

I voluntarily agree to participate in this study. I hereby authorize the collection, use and sharing of my performance and other data. By signing this form, I am not giving away any of my legal rights.

Signature of Person Consenting and Authorizing

Date

Please indicate below if you would like to be notified of future research projects conducted by our research group:

_____ (Surname & initials) Yes, I would like to be added to your research participation pool and be notified of research projects in which I might participate in the future.

Method of contact:

Phone number: _____

E-mail address: _____

Mailing address: _____

Appendix E:

Invitation to Participate in Research Study



Dear participants,

My name is Winnie Nkoana, I am currently a student in the Psychology Honours program at the University of Cape Town and I am conducting a research study as part of that program. I am comparing learning disabilities of boys in Cape Town, South Africa.

You are invited to participate in this study. Participating in this part of the study will involve completing some questionnaires (on learning disabilities, how you are feeling (emotionally), and on whether you drink alcohol and how much). We will also ask you to do some tasks with us (like explaining some words or completing patterns, and building blocks). This should not take more than an hour and a half.

You can participate if:

- You are 13-19 years old
- You are South African male
- You are fluent in English and/or Afrikaans
- Your parents give consent (give permission) to you taking part in the research
- 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 please give your parents the consent form attached.

Kind regards,

Winnie Nkoana- Researcher

Appendix F:

Participant Assent Form



PERMISSION TO PARTICIPATE IN RESEARCH

We are inviting you to be in our research study. We would like to learn more about learning disabilities in boys.

If you agree to be in this study we will ask you to meet with us twice. During the first session, we will ask you to answer some questions about your life. These may be very personal questions about your behaviour. This session will last approximately 1 hour. During the second session, we will ask you to do pen and paper tasks with us that will help us to understand your thinking and behaviour better. This session will be approximately 2 hours long.

Taking part in this study will not place you at risk in any way. These activities will not harm you, but some of them may be long and you may feel tired at times. If you do, you can stop and rest at any time. There will be no penalty if you choose not to be part of this study or if you choose to stop being part of it. Other than receiving refreshments during the sessions and being compensated with a R50 Shoprite voucher at the end of the second session for your participation, there are no known benefits to taking part in this study. You will, however, be helping us to better understand behaviours associated with having learning disabilities.

Your identity will not be revealed and all the information you give will be strictly confidential. It will only be used for academic research purposes; such as in a research report, and no one will be able to identify you/ name from the research report.

If you sign this paper it means that you would like to take part in this study. If you would not like to take part in this study, you do not have to sign this form. It is up to you. Before you

say whether you want to be part of this study or not, we will answer any questions that you may have. If you have a question later that you didn't think of now, you can ask us next time.

You are free to withdraw your permission 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 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 .

Alternatively, you may contact the researchers involved in the study, Dr. Leigh Schrieff (leigh.schrieff@gmail.com or at 021 650 3708), Nina Steenkamp (researcher; ninasteenkamp1@gmail.com) and (Winnie Nkoana nkoanasamantha@gmail.com ; researcher), if you have any questions about the study.

I would like to take part in this study:

Signature of Participant _____ Date _____

Signature of Investigator _____ Date _____

Appendix G:
Consent Form for Head of Center



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 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

Exploring learning disabilities and access to education in custody, amongst young offenders and non-offenders in Cape Town, South Africa

2. Principal Investigators

Winnie Nkoana- nkoanasamantha@gmail.com
Honours Psychology (student)
Department of Psychology
University of Cape Town

Dr Leigh Schrieff
 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 explore learning disabilities and access to education among boys in the Western Cape Province in South Africa.

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 the education of young offenders in custody at your institution, mainly on the structure of education, the curriculum used, availability of resources such as classrooms, textbooks and educators. Other questions will be based on the method of assessment used in prison, and also the overall attendance. 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 interview will take place during one session, which should not last longer than one (1) hour

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

104 boys and 1 head of center

7. What are the possible discomforts and risks?

There are no known risks associated with participation in this study. Should you get tired during the study, you will be allowed to rest. If you wish to discuss the information above or any discomforts you may experience, you may ask questions now or call the Principal Investigators listed in #2 of this form.

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 boys with learning disabilities, in addition it will help in understanding education system in custody or prison. The information gathered from the interview, could possibly help with policy making in terms of improving education system in prison.

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?

Information already collected may be used.

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. Control of access to the rooms where some of the files may be placed will be monitored and therefore ensuring your anonymity at all times.

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

I have been informed about this study's purpose, procedures, possible benefits, and risks; and how my responses and other data will be collected, used and shared with others. I have received a copy of this form. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

I voluntarily agree to participate in this study. I hereby authorize the collection, use and sharing of my interview responses and other data. By signing this form, I am not giving away any of my legal rights.

Signature of Person Consenting and Authorizing Date

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.

Signature of Person Consenting and Authorizing Date

Signature of Person Obtaining Consent and Authorization Date

Name of Head of Centre

Appendix H:

Interview Schedule

1. How many offenders is the prison capacitated to carry and what is the actual number of offenders in this prison currently?
2. How many young offenders are there, and how many adult offenders are there?
3. Do you separate young offenders and adult offenders?
4. Do you offer classes for offenders in your institution?
5. How many classes do you have?
6. Are classes separated from prison cells?
7. Which curriculum is used? (ABET, NSC, CAPS)
8. What is the medium of instruction in class (English, Afrikaans, Xhosa, other)
9. How many offenders attend the classes, and what is the overall attendance rate?
10. Who controls the attendance of classes?
11. Are there enough facilities (classrooms, etc.) to teach? And can the space accommodate everybody?
12. Are there enough resources (textbooks, computers), to ensure optimal learning?
13. Which factors might impact optimal learning?
14. What difficulties do you encounter in class?
15. How many educators does the offender institution have?
16. What measures are used by educators and administrators to identify those that may have learning disabilities?
17. Are there any written exams or oral presentations taking place, and what is the method of assessment?
18. Which departments and organisations do you collaborate with to ensure access to education in custody and optimal learning?
19. What is offenders experience and struggles of education in prison?