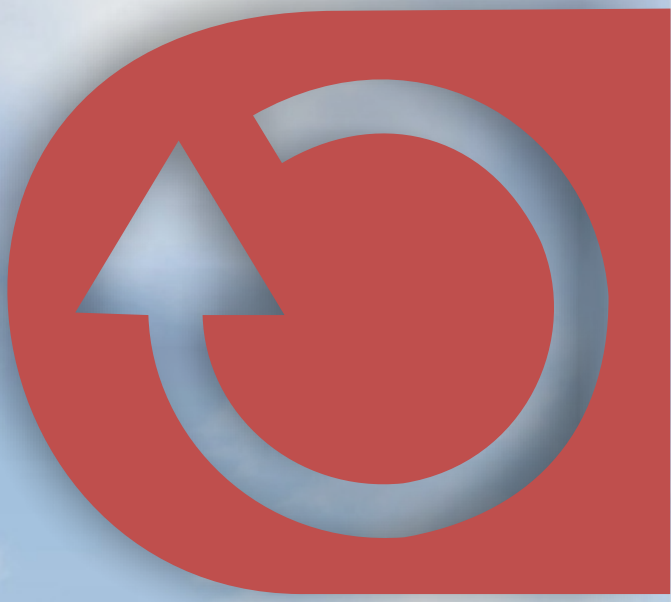
" New Connections"

Embedding Psychology Services and Practice in the Irish Prison Service



A review

June 2015

T3 Associates Inc.
Ottawa, Canada

This report was commissioned by
Mr. Michael Donnellan
Director General, Irish Prison Service.

Acknowledgements

I would like to acknowledge a number of individuals and groups for the support provided throughout this review.

Sincere thanks are due first to Mr. Michael Donnellan, Director General of the IPS, for his willingness to expose his organisation to my scrutiny. His very honest guidance was that in examining how psychology could be re-focused in the IPS, I could discuss issues with whomever I wanted to and look at whatever I wanted to. It set the tone for the review.

To Mr. Paul Murphy, the Head of Service for Psychology, now retired, for his very attentive and friendly support during the on-site visits, but more particularly, for not ever attempting to influence or shape my thinking in any manner. His integrity and commitment is admired.

The senior management, both at the HQ level and in various prisons I visited, who welcomed me warmly and discussed issues with me willingly and openly. It was heartening to see how seriously the review was being taken.

To all of the other various individuals who made submissions for the review and/or realigned their schedules to meet with me, including the Parole Board, Probation Service, and the Prison Training College.

A special thanks to my professional colleagues in the IPS, a refreshingly committed group, easy to engage with, who took the time to prepare formal submissions and give serious preparatory thought to the issues affecting their service in the IPS.

And finally, my thanks to all of the prisoners I met with, especially prisoner A, who helped me remember the reasons why I chose a career in corrections more than 40 years ago.

Without the input from all of these individuals, that was given genuinely and enthusiastically, the progress of this project would have been less well informed and so much slower.

A Review of the Psychology Service within the Irish Prison Service

Contents **Page No.**

A Review of the Psychology Service within the Irish Prison Service

Frank J. Porporino, Ph.D.
Senior Partner, T3 Associates Inc.
June 2015

SECTION 1

Introduction

There will be some who will see this review of Psychological Services within the Irish Prison Service (IPS) as having gone beyond its remit. In arriving at conclusions about the role of psychology, both its current status and its future potential, getting tangled in other issues of organisational functioning was unavoidable. Some issues will be discussed in the report that may be seen as unrelated, or at best only peripherally related, to the provision of quality psychological services. Foremost in this regard will be some of my observations about the context and prevailing culture of the IPS, in other words, the prison environment and broader criminal justice community within which psychology operates. This is done with due respect to the possibility that my perspective, derived from only a quick, two-week immersion into the complexity of the IPS, may not always be on the mark. There is another review that is currently examining structural and cultural issues in much more depth, and I stand completely willing to adjust my views should that review present another more convincing and more evidence informed set of findings.[1]

My logic for addressing these broader issues is simple. Psychology does not (should not and cannot) function on its own in achieving the key aims of modern correctional practice. Most progressive, well-developed prison services now express their Mission along the same lines. For the IPS, its Mission states rather simply that it wishes to "provide safe and secure custody, dignity of care and rehabilitation to prisoners for safer communities". Michael Donnellan, the current Director General of the IPS, has expressed the same sentiment repeatedly and more passionately by saying that the IPS should 'work with damaged individuals to help *build them up rather than tear them down*'. Psychology has some expertise to help accomplish this – but not with any quick fix psychological magic wand nor with some form of mysterious psychotherapeutic skill to tap into the prisoner's inner self. Their expertise, and possible added value, derives from two essential qualities. First is their training in clinical, counseling or forensic psychology that should help them develop a range of 'therapeutic skills' – the ability to engage, motivate and help the individual understand the nature of their difficulties and the possible strategies for change. First and foremost, clinical and counseling psychologists are 'helping professionals' who have a strong ethical commitment to improving the wellbeing of the troubled individuals they work with. What they have to rely on when working within corrections is a knowledge base that has emerged over the last number of decades regarding the developmental, personal and interpersonal pathways to crime. Criminologists are experts regarding the social causes of crime, and the social and community supports necessary to help offenders find their way out of crime. Psychologists (or at least good psychologists) accept this

[1] The structure and culture of the IPS is the subject of another currently ongoing review led by the Inspector of Prisons with the assistance of Professor Andrew Coyle. It was considered appropriate to keep the two reviews distinct. No contact or conversation transpired and I am actually not even aware of the specific terms of reference of this other review.

perspective but also strive to understand individual risk factors, and the dynamic interplay of these factors, be they personal and/or situational/environmental. Psychology is fundamentally concerned with understanding human behavior. It is approaching the status of true science bringing us closer than we have ever been to explaining why we do what we do when we do it – why we react, interact, emote, perceive and think in particular ways. And this encompasses explaining criminal conduct, a specialized field of psychology that has advanced incredibly in the last several decades.

But psychologists should retain a second important quality when working within a system (such as a prison service) where their influence on the individual is not the only influence that counts. In the tradition of the scientist-practitioner model, they should remain oriented to working in an evidence-informed manner; sensitive to *all* of the forces and influences impinging on the individuals they are working with. And herein is the greatest challenge for psychologists working in corrections. Working to reduce the influence of risk factors for the individual prisoner within the prison environment (and then after release) is about following a planned and sequenced process and not just an intervention. It results, at the end of the day, from the breadth and consistency of pro-social influence that can be exerted on the individual at the right time and in the right way. It depends to a large extent on how the prisoner experiences their imprisonment in its *totality* – and not just on how they experience a particular programme, intervention or therapeutic alliance.

Prisoners should experience the exercise of authority they endure in prisons as fundamentally 'legitimate'. Though we may assume that a short prison sentence is less punitive than a longer one, the subjective nature of punishment means that no single prisoner's experience of punishment can possibly be known before it is experienced. When the severity and salience of punishment in the daily lives of prisoners is examined from their perspective ('penal consciousness'), it has been suggested that there is often a significant gap between how punishment is experienced by the prisoner 'on the ground' and conceived by lawmakers 'on the books'. To have a normalising and humanising effect on prisoners, corrections should strive to limit their experience of punishment as both just and proportional to their offending, as difficult but constructive instead of painful and destructive (Nadine & Sexton, 2014).

Alison Liebling, a Cambridge criminologist friend of mine who has become the most acknowledged modern scholar of prison societies, has offered correctional services a significant challenge. In her cutting edge work towards design of the 'moral' prison, she finds that when there is the proper balance of some key dimensions … an orderly, safe, and fair internal environment; an active regime with provision of opportunities for personal development (+ moral growth); respectful and courteous interactions; decent treatment from highly motivated staff … etc., there are also a host of other improved outcomes, including, quite interestingly, lowered reoffending (Liebling, 2004; 2011).

> "It is axiomatic that no one in prison is reprehensible and anti-social all of the time. Another way of putting this dictum is that no inmate is impervious to intervention all of the time, and that means that if the 'right' overture happens to intersect with the 'right' intermission or crisis in even a discouraging chronology, the inmate is likely to resonate and respond."
>
> Hans Toch, 1987

Every interaction and experience within the prison environment can serve to engage or dis-engage. When the culture and context in prisons tends to dis-engage prisoners (command them into submission; provoke them into hostility; or ignore them into apathy), then psychologists have a much more difficult time to engage. A supportive rehabilitative environment detects disruptive and/or disturbed behavior in the early stages, works towards defusing it rather than exacerbating it, notices

readiness for therapeutic intervention, supports the gains that can accrue from that intervention, and aligns all of the services and supports necessary to sustain its impact.

My admittedly brief review of psychological services within the IPS has led me to a singular conclusion. Though the IPS clearly aspires towards the design of moral prisons, it faces a long and difficult struggle to get there. And though psychological services within the IPS have made a concerted and dedicated effort to service the needs of a challenging prisoner population, the focus has been too much on their role as 'helping professionals' and not enough on their role as scientist-practitioner experts in designing moral and rehabilitative-oriented prison environments. The reasons for this are varied and complicated and I wish to lay no particular blame on either the Psychology Service, the senior or local management of the IPS, nor the line prison staff. I have no reservation to say that the job of line officers in corrections, whether in prisons or in the community, is one of the most challenging, depleting, and demanding social and human service oriented jobs in society. Though I will attempt to point to some of the most significant obstacles facing the Psychology Service within the IPS, including oftentimes the lack of support from line prison staff, my emphasis will be on ways to move forward – on ways to capture the opportunity to transform the Psychology Service within the IPS as a more powerful force for systemic change. I hope the IPS will be ready to accept this.

Focus of the Review

The focus for the Review was directed as follows by the IPS.

- Review the current role and function of the IPS Psychology Service;
- In the context of the IPS Strategic Plan, identify specific areas within the prison service where a greater application of psychology would potentially yield significant benefits;
- Liaise with key stakeholders in the IPS and with other criminal justice agencies to consider the potential contribution of Psychology Services to key Prison and Community Through-care initiatives;
- Examine the working arrangements of the Psychology Service so as to optimise its efficient and effective functioning;
- Review Psychology Service needs, structure and staffing levels in light of the recommendations made.

These aims were rather far reaching, especially in the span of only two weeks. I consequently reframed the focus to some degree. I wanted to understand:

- How psychologists were allocating (or being forced to allocate) their time and efforts (who were they working with?);
- How they justified what they were doing (why were they working that way?);
- Service gaps they identified (who they could or should be working with but were not?);

- Service gaps that others could identify (how others thought they could or should be working but were not?);

- Role perceptions of psychology, both the current and the possible, among psychologists themselves, those they worked with most closely (e.g., other helping professionals and prisoners), and those who observed and/or evalauted the impact of their work from more of a distance (e.g., local Governors and HQ staff).

In all of my interviews and meetings with staff at all levels of the IPS, as well as my contact with prisoners, I had no predetermined questions to pose. My approach was primarily to listen and learn, clarify when necessary, probe to dig deeper into issues, and challenge as required to gain a more complete understanding of points of view.

Scope of the Review

Following an introduction and overview of my schedule for the subsequent two weeks, the review began in a friendly and informal manner with a lovely business luncheon hosted on their day off by Mr. Fergal Black, Director of Care and Rehabilitation, and Mr. Paul Murphy, Head of Psychology Service. Other than the gracious Irish hospitality, the complete lack of effort to influence my thinking or perceptions in any particular way was perhaps most striking. A similar welcoming atmosphere and forthright openness without any particular agenda permeated my remaining two weeks of discussions with a broad cross-section of managers and staff. Even in the case of my initial meeting with the Director General of the IPS, Mr. Michael Donnellan, I was greeted warmly, assured that I had carte blanche to conduct the review as I wished, and was directed in no particular manner other than being asked to provide an independent and fresh perspective regarding psychology's role within the IPS – how, where, and how much of it was needed. Mr. Donnellan shared some of his personal background and his aspirations for the IPS, outlined what he saw as some of IPS's achievements, admitted to remaining challenges, and put the review in context by suggesting that he had perhaps given psychology less attention than it deserved. With the retirement of the current Head of Service, he saw the need for a renewed and integrated focus on psychology – to bring it more into the forefront as a key contributor to IPS's strategic vision.

The review unfolded with a set of interviews with operational and HQ managers, focus group meetings with management teams at a number of the prisons I visited, and opportune corridor conversations with line staff as I toured facilities. I met in groups or individually with all of the psychologists currently working within the IPS, and held a closing meeting with a small representative group of these psychologists to fill in some gaps and outline some preliminary conclusions for their reaction. In some instances I met with governors one-on-one and in other instances together with their management teams. I had brief tours of Mountjoy, Wheatfield, Midlands, Portlaoise, and Castlerea prisons, and a more extended tour of Arbour Hill. I visited with the very seasoned Governor of Cork Prison and reviewed the plans for the new Cork Prison. While in Cork I had the opportunity to meet with the very engaging Governor of Limerick Prison, and especially enjoyed my discussion of plans for the new Family Visitation programme. I walked the lovely grounds of Shelton Abbey together with its energetic, fast-talking and fast-walking Governor who took obvious pride in the work of prisoners to improve the facility. I met with the management team and had an extended tour of the Dochas Centre in the company of a refreshingly committed Governor who was unabashed in her justifications for dedicated, gender-responsive psychological input for the female offenders under

her care. I was able to talk informally as well to a number of staff and female prisoners. I toured the high security Portlaoise Prison with a clearly very accessible and 'on-the-ball' female Governor and met with several prisoners. I felt my review would not be complete and well informed without at least some contact with prisoners. I met with a lifer at Mountjoy Prison who shared his journey of change with me -- a transition he attributed to being able to satisfy his need for understanding his offending and his past -- something he allowed his psychologist to assist him with because he had never before 'met a person who sounded like she cared'. At Arbour Hill, I met with four prisoners who had undergone the Building Better Lives programme. They emphasised how the programme had nudged them to stop 'bullshitting' and face their offending. One of the offenders was visibly and genuinely stirred emotionally as he admitted his struggle towards 'telling the truth'; to stop hiding in his denying and minimising. I met a group of seven quite articulate prisoners at Wheatfield, mostly lifers, who easily disclosed their views and thoughts about participation in the Building Better Lives programme for Violent Offenders. I would have liked some pre-programme contact with these same individuals to assess how far they may have moved. But my post-programme exposure left me unequivocal. If nothing else, the group experience had given these individuals both the confidence and the ability to express themselves openly and honestly. To the person (perhaps with the exception of only one young man), they exemplified 'desistance talk' – pride in who they 'were now' but with full acceptance of who 'they had been'. Realistically, and quite impressively, they could also explain what might still put them at risk in the future – and what supports they would need to fully move towards making good.

Returning to the scope of the review, one of the unexpected consequences I was pleased to note was how the review seemed to have generated considerable advance analysis – preparatory thinking about how the level and nature of psychological input could be improved within the IPS. From psychologists, I received numerous written submissions, not to 'whine' about their lack of resources but to present some thoughtful suggestions for how (where and why) to increase and broaden level of service. Submissions were received from teams or individual psychologists at Mountjoy, Arbour Hill, Midlands, Wheatfield, Castlerea and Cork. In discussions with management teams and individual governors at various prisons, it was evident that they had already considered the issue and had a perspective to present. Although they responded quite openly to my questions, often framed as probes and challenges to elicit further opinion, it was obvious that they had prepared for the consultation. Typically, they had a reasoned argument for why the number of psychologists in their facility should be increased in number. As might be expected, the senior managers I had contact with at IPS HQ Longford discussed some of the challenges faced by the IPS more generally. I sensed that there was a less well-grounded and not as well nuanced understanding of what role psychology could play in the development of the IPS. At the same time there was an acceptance that psychology should indeed have a role, even if 'how much' and 'for what' was not exactly clear. Several exceptions stood out. One was my discussion with two representatives from the Staff and Corporate Services Directorate who argued that psychological input was needed on the human resources side, not just with more support for staff training and development (including management and leadership development), but to help design staff recruitment, screening and assessment protocols, competency frameworks for promotions, assist in possibly refocusing the EAP efforts of the IPS, work on organisational initiatives to improve staff morale and professionalism, and generally create a more strategic approach for human resources. These sentiments were echoed by the current head of Estates and ICT, someone with organisational psychology training who was previously head of Staff and Corporate Services. Some other interesting perspectives were provided by a few probation and health services staff I met with, the recently appointed Governor of the Prison Service College and one his Assistant Governors, who articulated the need for greater psychological input into 'organisational learning and development' for the IPS, the Director and Assistant Director of

Operations for the Probation Services, who admitted that there were untapped opportunities for more joined-up work with psychology, and the Chair and one especially well informed member of the Parole Board, who argued that psychology could do more in intervening with life sentence offenders earlier in their sentences.

Although it was actually a first step, a final component of the review worth noting is my reading of various relevant IPS and other related documents. Particularly useful to read were:

- Several previous reviews of the IPS Psychology Service conducted in 1999 and 2003;
- The IPS Three Year Strategic Plan 2012-15 and the more recent Joint IPS and Probation Service Strategic Plan 2015-17;
- The report of the Jesuit Centre for Faith and Justice "Making Progress?: Examining the First Year of the IPS's Three Year Strategic Plan 2012-15";
- A 2013 report from the Office of the Inspector of Prisons, Judge Michael Reilly, on "An Assessment of the Irish Prison System";
- A summary of recommendations from the recent Strategic Review of Penal Policy;
- The IPS Action Plan for the Implementation of Recommendations contained in the Report of the Commission of Investigation into the Death of Gary Douch – May 2014;
- The IPS Annuasl Report 2013; and
- Various other useful documents and reports that were given to me by individuals I met (e.g., examples of several anonymised psychological reports submitted to the Parole Board; a recent Mental Health Awareness Training Package developed at the IPS Training College with input from psychology; a number of letters of support attesting to the useful input of psychology in the IPS … etc.). (See Appendix A for a listing of individuals/groups who were interviewed and/or who made formal submissions for this Review).

SECTION 2

Psychology in the IPS: Prevailing Ethos and Approach

How Is Psychology Resourced in the IPS?

The current level of staffing for the Psychology Service in the IPS is summarised in Table 1. In addition to the Head of Service, for a total sentenced prisoner population of about 3500[2], there are presently 17 psychology posts that are filled across the estate. Because some of these psychologists work only on a part-time basis (i.e., .8 or .6), in real terms this means only 16 WTE's are servicing the prisoner population, translating into a ratio of approximately one psychologist per 220 prisoners. Remand prisoners at Cloverhill presently have no access to the Psychology Service, although other remand prisoners in various institutions outside of the Dublin area might be seen by psychology on an exceptional basis (e.g., for crisis intervention). An additional post to service the concentration of sex offenders at Midlands prison has been approved by the Director General, but is waiting for this review before sanctioning is sought from the Department Public Expenditure and Reform.
When the Psychology Service was first formed in 1980 within the then Department of Justice, Equality and Law Reform, there was a Head of Service and three psychologists for a population of

[2] As of November 2013 taken from the IPS Annual Report 2013.

about 1100 prisoners. This increased a little up to 1999 when a Head of Service, four full-time and two part-time clinical psychologists worked with a prisoner population of about 2800. By 2003, there were five senior clinical psychologists (one only working part-time) and three other psychologists. At that time there were 19 sanctioned posts of which 10.5 were vacant. By 2011, there were 21 sanctioned posts that were filled, a positive outcome from the perspective of filling vacant positions, but only a very modest increase of two sanctioned posts over the period of almost a decade.

TABLE 1: PSYCHOLOGY RESOURCING IN THE IPS

INSTITUTION	# OF PRISONERS OPERATIONAL CAPACITY AS OF ANNUAL REPORT 2013	PRESENT PSYCHOLOGY SERVICE PROVISION	SERVICE RATIO PSYCHOLOGISTS PER # OF OFFENDERS
West Dublin Campus – **Wheatfield** – **Cloverhill (remand)**	**540** **(431) Remand prison not serviced by psychology**	**4.4** **1 Senior Clinical** **2 Counseling** **2 Counseling Part-Time (.8 & .6)**	**1 to 123 prisoners**
Portlaoise Prison Campus – **Midlands** – **Portlaoise (high security)**	**1161**	**3.8 + 1 (recently approved)** **1 Senior Clinical** **1 Clinical (April 2015)** **1 Counseling (May 2015)** **1 Forensic Part-Time (.8)**	**1 to 305 prisoners**
Mountjoy Prison Campus – **Mountjoy** – **Mountjoy West** – **Training Unit** – **Dochas Centre (women)**	**901** **(Including 105 women at Dochas Centre)**	**2.8** **1 Senior Clinical** **1 Counseling** **1 Clinical Part-Time (.8)**	**1 to 322 prisoners**
Arbour Hill Prison	**142**	**2** **1 Senior Clinical** **1 Counseling**	**1 to 71 prisoners**
Cork Prison	**210**	**1** **1 Senior Clinical**	**1 to 210 prisoners**
Limerick Prison	**220** **(Including 28 women)**	**1** **1 Clinical**	**1 to 220 prisoners**
Castlerea Prison	**340**	**1** **1 Senior Counseling**	**1 to 340 prisoners**
Loughan House	**140**	**none**	**NA**
Shelton Abbey	**115**	**none**	**NA**
Total	**3,769**	**16** **+ Head of Service** **+ 1 Approved But Yet To Be Filled (Midlands)**	

It is interesting to note that in other prison services around the world, this was perhaps the decade of greatest growth for Psychology Services in corrections, as was the case, for example, in Scotland, England and Wales, Canada, New Zealand and a number of Australian jurisdictions.[3] Within the IPS, on the other hand, the growth of psychology seems to have stalled. Indeed, in recent years, because of problems in retention of qualified clinical and counseling psychologists who are attracted by promotional opportunities in the health sector, the number of psychologists has constricted rather than expanded. This has been exacerbated by difficulties in gaining sanctioning to fill vacant posts from the Department of Public Expenditure and Reform.[4] At a ratio of only one psychologist for every 220 prisoners, the level of resourcing for psychology in the IPS is currently well below accepted international standards (a case that will be made later in this report).

How Does Psychology Work in the IPS?

It was clear to me that psychologists in the IPS are a tightly knit community who more or less get along (not always something that can be assumed within a professional group), support each other on the important issues, and who definitely share the same ethos of commitment and passion for working with disturbed and marginalised individuals who end up in prison. I sensed no real level of burn-out despite the fact that resourcing for psychology is obviously only bare bones, promotional opportunities are severely limited (some senior clinical psychologists have been in post for over a decade), the prison officer culture in the IPS is too excessively and negatively influenced by the POA, there is a disjointed and still rather un-unified approach for rehabilitative work with prisoners, and all the while the concentration of triple-D prisoners seems to be steadily rising (i.e., the disturbed, disruptive and distressed). In the midst of facing all of these issues, I noted a number of particular aspects of the Psychology Service in the IPS that give it strength, but that paradoxically, also give it weakness.

The first has to do with the obvious latitude the Psychology Service has been given to create its own *model* or framework for service delivery. The clinical model that has evolved is difficult to access and functions mostly apart from, rather than closely interconnected with other services. Essentially, psychology seems to have been left to its own devises, perhaps due in some measure to poor understanding of ways it can contribute. But what is clear is that despite the presence (and acceptance) of psychology on-the-ground, it has been left dangling as a service that is not tied to, or clearly made responsible and held accountable for, the achievement of key organisational objectives. In the IPS Three Year Strategic Plan 2012-2015, for example, the Psychology Service is strangely never referred to directly. Even under Strategic Action # 3: Prisoner Programmes, where one would expect some reference to psychology's important role, we get instead some rather general statements that the IPS:

[3] The reason for this influx of psychology within prison services internationally can be attributed mostly to the growing momentum of the 'What Works' movement where delivery of accredited offending behavior programmes became a core responsibility for psychologists working in corrections. As well, psychology grew in influence at the HQ level in a number of jurisdictions in such areas as *Research and Evaluation* and *Programme Development* (e.g., as happened in the Correctional Services of Canada and in England and Wales with the Offending Behaviour Programmes Unit). Although there was some attempt to introduce offending behavior programmes in the IPS in the late 1990s, primarily the England and Wales originated Enhanced Thinking Skills Programme, system-level implementation seems to have been unsuccessful primarily because of the inability to sustain prison officer involvement in joint delivery of the programme.

[4] This is a problem that has been compounded by the inflexibility in permitting re-allocation of salary euro that are saved as a consequence of the preference for part-time employment among some psychologists. At present the part-time status of some psychologists within the IPS adds up to a full WTE. In view of the difficulties in retaining qualified psychologists, not offering some flexibility to work part-time seems to make little sense and penalising the IPS for allowing this seems to make even less sense.

"Will enhance sentence planning including Integrated Sentence Management and the delivery of prison based rehabilitative programmes including education, work training and resettlement programmes (But no mention of psychology)." (p. 30), and

"Will develop, in consultation with the Probation Service and other relevant stakeholders, a schedule of offender programmes to be delivered in prisons in order to reduce reoffending." (Is the 'we' here psychology or someone else?) (p. 31).

In attempting to organise its work, the Psychology Service has created a set of generally useful internal policies and protocols – e.g., a comprehensive confidentiality protocol, a template for psychological reports submitted to the Parole Board, protocols for management of waiting lists and record keeping with their automated Psychology Case Tracking System (PCTS), protocols for dealing with suicidal and food refusing prisoners, a thorough seven-eyed model of supervision practices in accordance with the dictates of the Psychological Society of Ireland, and a helpful guidance document on the practice of mindfulness approaches. However, as far as I could determine, other than a rather broad statement contained in the Prison Rules (see Appendix B), there are no specific policies or standards within the IPS that *require* psychologists to intervene with particular kinds of prisoners, in a certain way or at a given time. In the case of short-term crisis intervention for managing the mentally unwell, for example, there were disparate views among psychologists as to whether this should even fall under their remit (i.e., too overwhelming to properly take on). Even in the case of assessment of life sentence prisoners for parole reviews, this is a service that psychology provides to the Parole Board at its discretion and as resources allow.[5] It is not a mandated requirement for which the IPS has developed a workload formula and resourced psychology accordingly. As another example, there are fairly detailed policies that have been developed for the Management of both Sex Offenders and Violent Offenders. However, it is not at all clear whether these policy statements have been endorsed or approved by the Director General or Executive Committee of the IPS, whether resources needed to implement these policies were at all carefully considered, or how the Central Oversight Committees that were envisaged actually function to monitor, support, evaluate and/or adjust the implementation of these specialised programmes.[6] Within wide parameters, psychology, in other words, has been given the freedom to direct and design its provision of service, but then this is often neither organisationally embedded nor supported as it could be.

It is both a good thing and a bad thing to be allowed to work rather independently within an organisation. The benefits of the latitude psychologists have been given in the IPS are that they could pursue their particular professional interests and preferred ways of working without much scrutiny or challenge. This obviously contributes to retention and commitment. On the other hand, any group that prefers to work more or less independently within an organisation, in what might be perceived as a bit of a silo, can't then expect rallying support from other sectors of that organisation. In one of the submissions I received it was admitted that 'we have at times been architects of our own exclusion'. Another submission noted that psychology had perhaps retreated into a kind of protective

[5] For example, there are informal arrangements made locally with the probation service as to who takes the initial lead in providing reports to the Parole Board at the first review. This seems sensible from the perspective of avoiding duplication, but comments from the Parole Board suggested that they would value some psychological input on all life sentence prisoners, even if at the first review only to indicate what the plans might be for psychological intervention before a subsequent review.

[6] It is interesting to note that in the Sex Offender Management Policy, the Central Oversight Committee was seen as a body that would also 'review and approve prisoner movements as well as consider issues of policy and strategy'. In other words, extending the role of the Committee to operational issues. Curiously, however, it goes on to note that 'Final decisions on prisoner movements will continue to require the approval of the Director of Operations'. A Sex Offender Management Policy is therefore put in place, with articulation of the process and procedures to be followed in targeting high-risk sex offenders for intervention, but then authority to implement that policy to its full intent is severely constrained.

professional 'bunker' owing to 'a core belief that IPS is a toxic organisation and the best way to manage it is to keep as distant from it as we can'. Toxic may be too extreme a descriptor (and I will address this more a little later) but the point is made that rather than get too heavily involved in complicated issues of 'organisational development' and the design of regimes and policies to push the IPS forward, the Psychology Service in the IPS has chosen, more quietly, simply to cope. The price to pay for latitude may be that we get ignored (or forgotten about) as key partners in driving change. Indisputably, support for enhancement of resources in resource-strapped public services comes only when we can establish *necessity* – clear, active and efficient contribution to the realisation of specific organisational goals.

A second distinguishing aspect of the IPS Psychology Service, related in a way to the first point, is the way that psychology in the IPS identifies or selects its client base of prisoners to work with. Briefly, psychology in the IPS functions primarily on the basis of the flow of referrals to its services. Formal referral criteria have been developed that are quite stringent in some respects, primarily in an attempt to curb this flow of referrals. Based on the quality and nature of relationships that have been developed locally, psychologists will receive referrals from other service-oriented professionals (e.g., chaplains, teachers, probation staff, addiction counselors … etc.), from governors or chief prison officers, from health services, and from prisoners themselves. The Table in Appendix C summarises the distribution in sources and reasons of referral to psychology in 2014. Health care and prison officers account for close to 40% of all referrals and in terms of reasons, offence focused is mentioned about 25% of the times and mental health, bereavement or self-harm about 42%. In every prison it is widely known that there is a long waiting list to see psychology, typically in the range of 12 or more months, so there is clearly an informal process at work that prioritises referrals. But clearly as well, there is no guarantee with this approach that the right prisoners are being referred at the right time and for the right reasons. Mental health referrals, for example, are clearly more frequent than those for some offence-focused work. In the case of the few specialised programmes that the Psychology Service provides, the Building Better Lives (BBL) sex offender programme at Arbour Hill and the BBL violent offender programme at Wheatfield, more formal policies have been developed that direct the referral and assessment procedures for entry into these programmes. But the relatively small capacity of these programmes at present means that relatively few prisoners can benefit from these intensive interventions.

Considering how supply far outstrips demand, it is understandable how psychology in the IPS has settled into a traditional model of servicing by referral, where clearly only those prisoners identified by others as needing psychological intervention are entering the queue. In 2014, the PCTS identified that 1128 individuals were referred for an intake screening assessment. Of those, intake was completed on only 960 (the remaining 15% dropped out because they may have declined, did not attend or were transferred). Ultimately, only 706 were seen by psychology (another drop off of 26% of those who were referred and fully screened (likely, quite often, because the prisoner was no longer committed to engaging with psychology).

During the review, I obviously was not directed to meet with prisoners with whom psychology had tried to engage but failed. Undoubtedly there would be some, and the psychologists I met reinforced the notion that sometimes the offender is simply not ready. Forcing change, they argued, by slotting the offender into a programme, or trying to initiate a therapeutic relationship prematurely is counterproductive. But the missing piece here is the lack of connection with any other possible motivating influences on the offender. If the prison experience more generally fails to motivate interest in change, in fact possibly solidifying lack of interest, then psychologists will be left to deal with only the few offenders who somehow find their way to self-motivate. Time served may be one

factor, especially for lifers, who realise the need to be 'cleared' psychologically as they approach their eligibility for parole review. Reacting in a timely way to prisoner's self-realised need for intervention is important. But intervention with prisoners in corrections has to be more proactive and work to widen the net of interest in dealing with risk factors. It's true that you can bring the horse to water but can't force them to drink. But interest in lifestyle change for many offenders is not like thirst – it doesn't just emerge on its own if we wait long enough. I am purposefully repeating the theme of creating motivating, rehabilitative environments in corrections since I see it as a core challenge for psychology, something it should embrace and that it has the expertise to tackle.

Capturing moments of readiness for intervention is critical within prison environments. Forcing prisoners to remain on a waiting list for an undetermined period may not be the best way to capture these moments. As one of my recommendations that will follow later in this report, it is suggested that psychology in the IPS should seriously consider altering its basic *reactive* model of practice where the flow of referrals is controlled with a waiting list **'red light'**. Instead, it should strive to develop a more proactive and welcoming model where offenders are encouraged to enter a '*roundabout*', and then motivated to enter a particular intervention pathway, that would consider not only their individualised strengths/risks/needs but also the length and phase of their prison term (i.e., early, middle, late), their level of readiness for change, and all of the personal and interpersonal impediments to intervention (e.g., mistrust, reactance, emotional volatility …etc.). Once one pathway in the roundabout is completed, the prisoner would enter the roundabout once again and possibly follow another pathway if necessary. This obviously requires developing a proper and well-conceptualised sentence plan for psychological intervention that is thoughtfully linked with other services and monitored/adjusted as circumstances and the prisoner's response requires. It is not easy to design and it requires a mix of modalities of intervention – individual, group-based, unit-based, educational workshops, peer support, self-help, enhancement of family ties, vocational and employment training …etc. But unavoidably this is the only way that psychology can faithfully adhere to a dictum that was nicely worded in one of the submissions to this review 'to squeese every last drop of efficacy out of what we do'.

And this brings us to the last distinguishing feature of psychology in the IPS – a strength that can also be a weakness. This concerns the prevailing mode or methods for delivery of intervention in the IPS – mostly longer-term, process oriented, psychotherapeutic approaches. Psychology in the IPS is strongly imbued with a particular kind of ethos. It can be summarised as follows:

- The priority of the Psychology Service should be to 'engage' the highest risk prisoners and then provide 'individualised' interventions that are calibrated in intensity (i.e., duration) to match the individual risk/needs profile of the prisoner.
- A proper Psychology Service is not about constantly trying to expand its reach (i.e, breadth that may have no impact), but about defining its reach to have true impact with the highest risk/multiple needs prisoners who present the greatest risk of harm to the community if left untreated (i.e., depth that can make a difference).
- Delivery of short-term, manualised interventions that are spread too thinly and delivered too mechanistically should not be the core business of a Psychology Service in corrections.

This ethos is an especially encouraging strength in one respect since IPS psychology has avoided the trap of getting too exclusively preoccupied with delivery of menus of accredited, manualised and structured, mostly cognitive-behavioural offending behavior programmes – what has been coined as 'programme fetishism' arising out of the What Works movement. There is an argument to be made

that What Works has mutated into a misplaced reverence for programmes that can easily 'fix' offenders, as has occurred for example in England and Wales, Canada, Australia and New Zealand, a number of Scandinavian countries, and even Hong Kong and Singapore.[7] The assess-target-treat paradigm arising out of the predominance of the RNR framework in corrections over the last several decades is now being seriously questioned (Maruna & Immarigeon, 2004; Porporino, 2010; 2014; Ward et al., 2007).[8] Interest is reverting increasingly to how, fundamentally, it is the nature and quality of the therapeutic 'relationship' with the offender that sparks and sustains a meaningful turn towards *desistance*.

We can assume (and expect) that psychologists working in prisons should have some level of adroitness in enabling a positive relational climate with offenders (e.g., *acceptance, respect, support, empathy and belief*). But the challenge in corrections is to explore a variety of ways of reaching out to offenders and group-based interventions can still have a place. Helping offenders unravel and refocus their lives will involve more than delivery 20, 60 or 100 hours of group-based intervention. We have to stop trying to be so efficient and formulaic in how we think we can turn offenders around. There will be different levers for change and we have a responsibility to expose offenders to as many as possible … educational, vocational, artistic, spiritual, a redemptive turn to volunteerism, strengthening of family ties … etc. However, we should also accept that the experience of participating in a well-designed, well-delivered, well-focused, and appropriately timed group-based programme could also become one of those levers.

Psychology in the IPS experimented with the rolling out of at least one acknowledged group-based intervention in the late 90's (the Enhanced Thinking Skills (ETS) programme from England and Wales). The pilot ended after difficulties were encountered in sustaining the involvement of prison officers as co-facilitators (an experience that has been repeated in many other jurisdictions). Some delivery of ETS continues as does some delivery of various Anger Management programmes and some focus on Mindfulness-based approaches. There are now literally dozens and dozens of accredited group-based interventions that have been developed in jurisdictions around the world (e.g., targeting various forms of violence and aggression, addictions, general offending and criminal attitudes, motivation, gender-responsive programmes for women, illness management recovery programmes for the mentally unwell … etc.). But IPS Psychology seems to have no organised, strategic approach for how it could possibly make effective use of some of these quality programmes (without re-inventing the wheel).[9] A first step should be to conduct an exhaustive scan of the availability of these group-based interventions, how they might match with the predominant risk/needs factors of prisoners in the IPS, and address the issues of why (to address what unmet need), when (at what point in the sentence), with whom (which kinds of prisoners), and how (in partnership with what other service providers), these programmes should be implemented.

---

[7] It is interesting to note that the volume of delivery of accredited programmes in England and Wales has dropped dramatically in both the Probation and Prison Services since 2009 (MOJ, 2013).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225196/accredited-programmes-annual-bulletin-2012-13.pdf

[8] It is striking that at a point in time when psychology's influence in corrections is perhaps greater than it has ever been, offenders in many correctional services perhaps dislike psychology more than they ever have. One of the most astute thinkers in the field of criminology today recently asked: "Why Do They Hate Us?: Making Peace Between Prisoners and Psychology" (Maruna, 2011). The key point he makes is that psychology has drifted away from being a 'helping' profession in corrections, to being primarily a 'judging' profession; scaring offenders with our basket of risk prognostication tools and instruments more than reaching out to them. In particular, the widely accepted RNR framework has led to an obsession among psychologists for trying to predict reoffending rather than understanding it, and measuring risk rather than conceptualising and formulating explanations and strategies for how to mitigate it. In the IPS, I was very pleased to note that offenders are not 'afraid' of psychologists.

[9] As just one example, there is an innovative and very well designed programme I am familiar with referred to as COVAID, which is in use in the UK, and that targets offenders who become typically violent and assaultive when under the influence of alcohol. It would seem a particularly interesting intervention to consider for use with the prisoner population in Ireland.

How Is Psychology Perceived in the IPS?

Throughout my meetings with operational and HQ staff I was struck by the uniformly unquestioning acceptance of psychology. No single person I met held the view that the IPS could possibly do without an in-house Psychology Service. Consistently, I was presented with arguments for why psychology input should be enhanced -- increased where there was already some and introduced where there was none (e.g., in the open centres; in the community to work together with probation; at the IPS Training College). One governing governor went so far as to say that "I would gladly give up several prison officers for an additional psychologist". Not everyone on his management team agreed, but only because they felt prison officers were not dispensable for any reason, not because they felt additional psychology input was unnecessary. But the point here is that despite their small numbers, the Psychology Service within the IPS seems to have developed a recognised and quite valued presence. Though there was some joking about how psychologists could be a bit precious – asking for carpeted private offices with plants – the contribution of their work was broadly noticed, as professionals who could therapeutically engage challenging prisoners, but especially, and clearly most helpful on-the-ground, as a resource to turn to in dealing with the distressed, disturbed and disruptive prisoner. Working with those prisoners who are both 'bad and a little mad' was seen intuitively as a proper role for psychology. And this is to be expected since the outcomes of this kind of psychological intervention can be assessed relatively easily in the short-term. As fixers of the misbehaving prisoner, psychologists were seen as adequately responsive, even if they were oftentimes only able to provide advice rather than intervention. Chaplains, teachers, nursing staff and even governors and assistant governors, all identified this role as critical. On the other hand, there was less understanding of the need for long-term therapeutic engagement with prisoners. Even if the outcomes of this kind of work were also recognised, where significant attitude change in prisoners could be identified, the nagging question was 'why should it take so long'.

At both the HQ and operational level, the single most prevalent concern was about the level of access to psychology. Waiting lists for psychological intervention were seen as too long. In one case, bemusement was expressed that the waiting list was actually so long that it was now *closed*. Criteria for referral to psychology were also felt to be too stringent (e.g., remaining sentence to serve of at least 18 months). At the core of these concerns was the view that psychology worked with too few prisoners for too long and thereby limited its influence too narrowly on only a small group of the most interesting and challenging prisoners. Of course psychology's counter argument to this is that unmotivated and uncooperative personality disordered prisoners are difficult to engage. Building rapport and trust is a time consuming process and offering proper long term therapeutic intervention to few is more ethically responsible than attempting to provide only band aid intervention to many. This dilemma of balancing the 'depth versus breadth' of involvement of psychology in the IPS is a major issue this review will try to address later in its recommendations.

There was one particularly interesting disconnect in the perception of psychology's role between the operational and HQ levels of the IPS. The 2003 review pointed to the findings of an interesting needs assessment that was conducted. At the operational level, the top two priorities were seen as:

1) Individual work with offenders addressing mental health needs; and
2) Individual work with offenders on offence-focused issues.

On the other hand, at the HQ level, the top two priorities were seen as:

1) Policy development, steering groups, committees, working groups; and
2) Programme development and review.

When HQ was asked what psychology should most focus on at the operational level, they indicated:

1) Group programmes to reduce re-offending; and
2) Individual work with offenders addressing mental health needs.

Interestingly, HQ managers rated 'individual work with offenders on offence-focused issues' as only sixth in priority.

This review did not conduct a similar formal analysis of operational versus HQ perceptions of psychology's role. However, from the range of views I heard, I would suggest that this similar disconnect very much exists today.

"The problems we see and the solutions we embrace derive from the perspectives we adopt"

HQ managers want psychology to work more 'efficiently' and in a way that can impinge more significantly on policy and organisational development. Operational managers want psychologists to help them manage their prisons, and especially, to address the needs of the mentally unwell. Added to this disconnect in perceptions are the views of other important stakeholders. The Parole Board, concerned mostly with risk assessment of violent life sentence prisoners, wants psychology to have earlier and more substantial involvement with this particular, politically sensitive prisoner group. And Probation senior managers and local probation staff see room for closer, collaborative working relationships as 'equals' with psychology in addressing offence focused issues, rather than only the current amicable division of labor that is most often the case. Finally, as already has been discussed, HQ Staff and Corporate Services managers and Prison College managers want more than just to 'informally leverage the knowledge of the Psychology Service'; they see more formalised psychology input as critical for the 'learning and development' of the IPS.

Psychology in the IPS, in essence, finds itself in the unenviable position of being perceived as a valued resource, and not wanting to lose that credibility, while feeling relentlessly pressured to do more, and finding it increasingly difficult to accommodate and cope. Psychology in the IPS is by no means discouraged or losing commitment, but they are dangerously in the firing line and losing ground, with one grenade of urgency after another thrown their way. It is a situation that needs correcting.

How Is Psychology Supported in the IPS?

There is no doubt that prison governors in the IPS generally give sincere, theoretical support to psychologists. They seem to value their contribution, especially in terms of keeping the peace and working with the most volatile and disruptive prisoners. But prison governors' ability to give psychologists the more meaningful and practical support they need to do their work seems constrained. In terms of the physical requirements to do their work, the spaces and places where psychologists can interact with prisoners, either for one-to-one or group work, the situation across the prison estate is rather uneven. In some prisons, available space does not allow for ease of access to prisoners. Psychologists are located in offices that are geographically quite distant from where they can see prisoners. In other contexts, there is competition with various other services for the little

adequate space that is available. Safety and security issues are not always dealt with satisfactorily, particularly in view of the fact that the majority of psychologists are female.[10] Of course all of this is a prevailing problem in most traditional prisons around the world designed architecturally to contain prisoners rather than service them. But this is a situation that should be addressed in the IPS if efficiency of service delivery is a priority.

But the issue of efficiency of service delivery is affected more significantly by yet another even more disconcerting situation – the lack of reliable prison officer cover for escorting prisoners to/from their scheduled appointments with psychologists. Psychologists typically organise what they refer to as 'clinic' days where they see prisoners most commonly in the am from 9 - 12:30 and in the pm from 2:15 - 4:30. If prisoners are not escorted for scheduled appointments, or escorted late, or if only some prisoners are brought to group at any one time but not others, or if prisoners are not returned to their units when they should be …etc. psychologist time is wasted. It is difficult to re-allocate time on short notice to other work. It is also difficult to continue to explain the reality of the prison context to prisoners who may get frustrated and de-motivated by this kind of unpredictable access to psychology. Psychological work with prisoners, in other words, is not prioritised in the grand scheme of other operational pressures within the prison. Prison officer cover for psychology is by no means considered sacred; indeed, it is perhaps among the first to go when prison officer absenteeism affects other critical security posts within the prison. At its core, psychology challenges prisoners to change their attitudes and behavior, which is of benefit to the prison as a whole, not just the individual prisoner. Psychology is a prison resource, not just a prisoner resource. Prison governors should consequently regard prison officer coverage for psychology as a 'must do', not just a 'nice to do' if staffing levels allow.

How Is Psychology Linked in the IPS?

This review was not able to conduct a thorough analysis of how psychology was linked (or unlinked) with other professionals in delivery of services to offenders. However, the following are some broad stroke observations:

In some prisons, teachers are offering anger management or other life-skills type group work with prisoners and psychology is uninvolved and even unaware of these initiatives.

In recent years, probation has initiated delivery of a number of offence-focused programmes in prisons but again psychology is mostly uninvolved.

Other than some participation in regular review meetings with life-sentence prisoners that are organised in some prisons, psychology has a limited involvement in supporting self-help groups with prisoners.

In terms of information sharing with other services, there is no automated process that has been developed to receive or respond to referrals. The process is paper-driven. Moreover, every service seems to retain their particular file on prisoners (e.g., psychology, probation, health services, education, employment etc.) and there is no common case-management file (either in paper or automated versions) where key documents can be kept (e.g., pre-sentence reports, risk/needs

[10] Several of the psychologists appealed to me personally to say something about safety and security issues facing psychologists in the IPS. It is an important issue that merits serious consideration of Governors. Even during the short period of this review, there were several serious incidents of violence in prisons. Psychologists who might end up working under some cloud of fear or worry will not be working to the best of their capacity. Their personal safety should be a primary concern that is addressed.

assessments) and updates on ongoing work with prisoners can be shared. As will be addressed in more depth later in this review, the Integrated Sentence Management process is not serving this purpose.

Linkages with health services, doctors and in-reach psychiatric and forensic nursing staff from the Central Mental Hospital (CMH) seem especially unorganised and too dependent on relationships that emerge locally. Though the CMH should clearly shoulder responsibility for those prisoners who are diagnosable as mentally ill, there is lack of clarity in terms of who is responsible for the care of the larger group of 'mentally unwell', those prisoners suffering from mood or anxiety disorders, are at risk for suicide or self-harm, are experiencing significant adjustment and coping problems in prison …etc. Referral criteria have been designed justifiably by the IPS Psychology Services to curtail an avalanche of referrals (see Appendix D for samples of referral criteria for Depression and Anxiety Disorders). Unfortunately those criteria assume that other appropriate interventions will be followed by local prison health services in a 'stepped care' approach in dealing with the mentally unwell (e.g., depressed or anxious prisoners). For example, the criteria for referral for major, long term depressive episodes notes that "Referral to the IPS Psychology Service locally should be considered **only** when efforts at guided self help, with associated meetings with G.P. to offer support/encouragement, have not proven effective". It goes further to suggest that wait time for the prisoner to be seen may be up to eight months! Clearly, with the kinds of pressures routinely experienced by both health services and psychology in prisons, a joined up approach is needed to deal more quickly and more consistently with prisoners who are obviously mentally unwell. Otherwise, it is the prisoners who will fall through the cracks.

Finally, the links with the Addiction Counseling Service (Merchants Quay Ireland) that is contracted in by the IPS was seen as problematic in some key ways. There has been some useful joining up in delivery of 'motivational enhancement groups'. However, psychology is not especially involved in the intensive drug treatment programme at Mountjoy and prisoners who graduate from the programme are not followed through in any formal way. The probation service considered it inappropriate to have a protocol in place that precluded psychology and addictions to work with the same person. This was especially objected to in instances where Addictions Counselors apparently assumed a gate-keeping function in keeping probation referrals to psychology from being acted upon. Clearly, substance abuse work with offenders is much too important to leave to the vagaries of local, informal arrangements. The tri-partite role of probation/psychology/addictions specialists has to be more clearly defined in designing an integrated approach to case planning (as will be elaborated later).

How Is Psychology Supervised/Held Accountable?

The process for clinical supervision of psychologists in the IPS has been well articulated in the IPS 'Psychology Service Policies and Protocols Manual'. It ensures that standards for professional oversight and opportunities for professional development follow the Code of Professional Ethics and guidelines set out by the Psychological Society of Ireland. There is a detailed Supervision Framework for Guiding Practice modeled on a quite reasonable 'seven-eyed' process for effective, collaborative supervision. Essentially, the practice has been that Senior Psychologists are supervised by the Head of Service, while their respective seniors supervise basic grade psychologists. Supervision Record Forms are filled and Supervision Contracts are prepared to direct any necessary efforts in improving key aspects of professional practice. Added to this are quarterly meetings with Senior Psychologists as well as further quarterly meetings with the entire psychology team.

The professional, clinical supervision of psychologists in the IPS seems generally without fault. It has been balanced, consistent and seemingly well received and appreciated. However, the focus in many ways has been more supportive than directive. Consistent with the themes developed later in this review, the psychology service in my view should be held more clearly accountable. Providing that the new resources called for in this review are forthcoming, there will be an ambitious new agenda for psychology to pursue, and mechanisms have to be put in place to ensure that *all* members of the team will do their part (e.g., by monitoring the achievement of detailed strategic action plans prepared by the team in each prison and attaching specific, individual responsibilities to particular action steps).

SECTION 3

FUNCTIONING WITHIN A DYSFUNCTIONAL CONTEXT

An overarching issue for the IPS is the reality of miss-alignment of culture – the prevailing culture on-the-ground in the IPS lags considerably behind the spirit of its stated vision, values and strategic aims. My review suggested that the influence of the POA is a significant factor in this regard, especially at the national level. But there are other structural, historical and even legislative reasons that contribute. The following is a summary of some of these major issues that I believe create a *dysfunctional* context not just for the delivery of psychological services, but for the delivery of any other professional services directed at prisoners (and even at staff). In a subsequent Section I outline recommendations for a possible new future for psychology, including a role as culture-change agents for the IPS, which can hopefully contribute, in a more determined and organised way, in resolving some of these organisational difficulties.

The Head Office Vs. Operations Divide

Originally subsumed under the Department of Justice, Equality and Law Reform, the IPS now functions as a separate 'executive agency' within the Department with a relatively recent statutory framework of a Prisons Act and Prison Rules established in 2007. Historically, HQ has been staffed, both at the senior and working level, with mostly civil servants who have no operational experience and no particular informal, career-long connections with the 'corrections family'. HQ staff is generally perceived as out-of-touch watchdogs, protecting the interests of the Government (i.e., the Minister) rather than the attempting to help manage the real challenges of running prisons (where the rubber hits the road). One seasoned senior Governor noted that 'HQ develops policies that tie our feet but they then want us to dance the tango'. As might be expected in the usual we-they mentality that often takes hold, HQ in turn regards operations as too lackadaisical and unengaged in implementing even major new initiatives. For example, in reviewing progress on the Dignity At Work initiative it was noted that the at best only hesitant support of management 'has lead to an absence of leadership and ownership at the local level' (Independent Interim Report, Dignity at Work, December 2014, p. 12). There is a palpable level of distrust and divide between HQ and operations in the IPS, something that is characteristic of many correctional agencies, but that seems to be especially exaggerated within the IPS.

Psychologists are trained to observe, analyse and arrive at evidence-informed conclusions. They should be attuned to how perspectives and attitudes can collide and see the opportunities for mediation. Though not necessarily expert managers, they can certainly serve as expert 'consultants'

to management, a role that seems not to have been capitalised upon by prison governors in the IPS. Psychologists, for example, typically do not sit on the management teams of prison facilities. Policies, procedures and initiatives spearheaded by HQ can only be transformed into operational practice if a way is found that attends carefully to local impediments, capacities and characteristics of the environment at the local level. Psychologists can help manage this transformation. Moreover, top-down policy development should be complemented with bottom-up. Often the most useful ideas for change in operations originate in the field, not at the HQ level. Psychologists should be able to assemble the arguments and the evidence for these kinds of critical changes in policies or regimes, and then lead the charge towards action.[11] At the end of the day, internal strife and divisiveness between HQ and the operational level serves only to stall the organisation's progress. Psychology has to work purposefully to be the peacemaker.

Un-Integrated Sentence Management

The IPS is flooded annually with mostly short-sentence committals – in 2013, for example, close to 90% of all sentenced committals were serving sentences of less than12 months, and close to 70% serving sentences of less than three months (IPS Annual Report, 2013). Added to the mix are a huge proportion of committals for fine default (8,121 in 2013), usually processed and released in only a few days. The attempt to implement an Integrated Sentence Management (ISM) scheme has faltered for a number of reasons, including lack of adequate resourcing, but the fundamental issue is that the few ISM coordinators in place are forced, by necessity and urgency, to focus on pre-release and resettlement arrangements for short-term prisoners. Sentence planning for longer-term offenders, something that is absolutely central to any coordinated approach for service delivery in corrections, has been left disjointed and confused. I noted a number of core issues that I believe make the current ISM scheme dysfunctional:

- Key decisions affecting the prisoner's life and journey within the IPS are not driven by the ISM process but rather by the HQ Operations Directorate AP decision makers who chair Operational Review Meetings and determine suitability for transfers, the Community Return Scheme, and the Community Support Scheme. It was estimated that these meetings, attended by a whole host of characters, can review up to 60 cases in a day, clearly not at all exahaustively for any individual case.

- The ISM database is not seen as fit-for-purpose, is not logged into by various services to provide updates on their interactions with prisoners, does not include any kind of strengths/needs/risk assessment, basic literacy/abilities assessment, analysis of criminal history and offence cycles or motives, or social care needs assessment. In other words, it seems to function as a Sentence Planning process only in name.

- ISM coordinators are too junior to function in the intended manner[12] – to coordinate and monitor whether interventions are being integrated, delivered and sequenced as planned. It is rare for written sentence plans (or Pertsonal Implementation Plans) to be prepared and presented either to any designated case

[11] This is consistent with section 113 (1) g. of the Prison Rules "contribute to the development of policy and regimes within prisons and, when requested by the Governor, to the management of specific operational matters". It is acknowledged that psychologists have certainly contributed in this manner in the past in the IPS. The point here is that this function should be seen as higher in priority, and psychology should be resourced appropriately.

[12] Curiously, they also seem to fall quite inappropriately under the supervision of the Industrial Manager in prisons, a rather strange reporting relationship that certainly lacks profile.

management team at the local level or to the Operational Review Meetings. Basically, ISM coordinators at present function primarly as administrators who record some descriptive information in a First Contact Assessment with the prisoner, and not much else.

An overriding observation I would make is that a well functioning Sentence Planning and Sentence Management process is the glue that holds together any rehabilitative oriented correctional process – it keeps it focused and holds it accountable. Neither psychology, nor any other service can function adequately when this is not taken care of. ISM requires both more profile and credibility. Together with a possibly redefined role for ISM coordinators as they function at present (more as pre-release coordinators), I believe there is an opportunity for the deployment of a cadre of 'psychological assistants' (as sentence planning specialists for longer-term offenders), to significantly refocus and refresh the ISM process.

Illegitimacy in Influencing Pro-Social Change: Contradictory Messages

It is indisputable that the IPS is undergoing significant change. There has been some real and verifiable progress made on its six key strategic actions, especially in regards to improving prison conditions and the general condition of the prison estate (Jesuit Centre for Faith & Justice, 2013). But some of the actions of the IPS in recent years have also had a knock off effect in creating other difficulties.

The Republic of Ireland is ranked as the 16th lowest in rate of incarceration among 57 European countries (International Centre for Prison Studies, World Prison Brief, 2015) – almost half the rate in England and Wales (149 per 100,000), and in the same range as Germany, Norway and the Netherlands. The IPS is fortunate enough to function with fewer prisoners than it has overall capacity (90.8% occupancy level). Owing to a rather unique legislative power to approve 'temporary release' for prisoners serving sentences less than 8 years, the IPS has also been able to mount a rather innovative and remarkably successful early release scheme. In partnership with the Probation Service, a Community Return Programme has been introduced where qualifying prisoners can be released after serving at least 50% of their sentences providing they remain engaged in a period of supervised, unpaid community work (equal to half of their remaining custodial time at the time of release).[13] Prisoners, in essence, receive an incentivised two-for-one deal and the programme has demonstrated a success rate of 89% with the release of 761 participants in just the first two years (between October 2011 and December 2013) (Donoghue, 2014). Prison congestion has thereby been reduced even further.

Sustaining a relatively low rate of incarceration is something the Republic of Ireland should hold onto with pride. But the issue that arises, of course, is how does the character of prison populations change when a Criminal Justice System functions relatively efficiently in making use of community alternatives at the front-end so that custodial sanctions are reserved only for the highest risk offenders (Porporino, 2015), while early release is accelerated at the back end, so that lower risk offenders are screened for de-incarceration and returned to the community as quickly and safely as possible. Logically, what is left over is a concentrated pool of more serious, special-needs and often more difficult to manage prisoners. The IPS is faced with this as a consequence of some of its achievements.

[13] Introduced in line with the recommendations of the Thornton Hall Project Review to reconsider expansion of the prison estate and instead make greater use of 'front door' and 'back door' community options (Department of Justice and Equality, 2011).

How the dynamics of the prisoner subculture have been affected by the increasing concentration of higher risk offenders is difficult to determine. However, some trends are clear:

- There is an accumulation of ageing life sentence prisoners who are expected to serve increasingly lengthier terms of imprisonment before consideration for release (more a political rather than risk-sensitive judgment). Managing growing numbers of life sentence and elderly prisoners presents a set of particular challenges (Porporino, 2014);
- A recent Irish Penal Reform Trust report has highlighted the fact young men aged 18 to 24 are disproportionately represented in the prison population (26% of all committals in 2013 and 20% of the prison population compared to 9% of the general population). This group also tends to show the highest rates of reoffending (68% according to IPS statistics).[14] Importantly, these young adults, typically chronically unemployed, disempowered, dissaffected and drug addicted are also more likely to arrive in prison as substance abusers, and then have their addictive behaviors reinforced in prison environments where there is continued easy access to drugs. The IPS recognises that focused strategies are needed to deal with this mostly unmotivated group of offenders, but little action seems to be directed their way;
- Sex offenders are growing in numbers and there are indications they are becoming increasingly unwilling to participate in treatment since there is no apparent link to any kind of consideration for early release;
- Though a more precise, survey-based determination is needed of the number of mentally ill (and mentally unwell) offenders in the IPS, this is a group that is creating significant management problems and disruption within the prison environment and that merits a much better coordinated and strategic response (Porporino, 2014b);[15]
- Female offenders are an especially vulnerable and emotionally deregulated group of offenders to work with, demanding an enhanced, gender-responsive level of care that can help build some degree of self-confidence, self-sufficiency, and resilience. The process should begin in prison, but critically, should continue with appropriate, multi-faceted, multi-agency aftercare. The Community Return Programme with women has not shown the same degree of success and a large proportion of these women are apparently returned to prison (about 60%). This obviously creates even more difficulties in the prisons where these women are re-incarcerated.

As prison populations are weighted with greater proportions of higher-risk, more complex and more challenging prisoners to work with, the prison environment is taxed in innumerable ways – order and discipline becomes more difficult to maintain, line staff can become more authoritarian and less cooperative, demands for services get increasingly ignored, violence and self-harm increases, and chaos can seem to prevail. Attempts at providing offending-focused intervention or treatment in these circumstances becomes a steep rock-face climb, where the 'interveners' have to deal with, undo, or at least moderate from the onset all of the negative influences of the prisoner's 'life in prison'. It becomes a game of trying to provide legitimate assistance within an environment that breeds perceptions of illegitimacy and injustice.

[14] Retrieved from http://www.iprt.ie/contents/2733

[15]. Although there was a modest increase in resources for in-reach services from the National Forensic Mental Health Services in 2014, it is still seen by the IPS as inadequate. Other problems persist in managing the mentally unwell in prisons. Medical doctors are in short supply in the IPS and contracted-in physicians can contribute to an inconsistency in prescribing practice. Consultant psychiatrists are currently at an impasse with the IPS who they say does not provide enough adequate security cover

Criminologists are focusing increasingly on the role of 'legitimacy' in reducing crime in society more generally (Tankebe & Liebling, 2013; Lerman & Weaver, 2014). In prisons more particularly, in circumstances where prison authorities are perceived as unfair and disrespectful (or even discriminatory and arbitrary), a stream of cynicism and loss of faith emerges regarding how the correctional system can respond to prisoner concerns, resulting in less willingness to comply and more likelihood of withdrawing into the prisoner subculture for mutual support and lessons for survival. When line staff members themselves also feel that their superiors or colleagues are similarly unfair and disrespectful, a formula for serious dysfunction and illegitimacy in promoting pro-social change in prisons is created.

Legitimacy in influencing pro-social change in prisons arises out of a confluence of factors. It is established when prisoners perceive that:

- Responses to their concerns are specific, meaningful, timely and consistent;
- Their efforts towards self-improvement are rewarded fairly and concretely;
- Prison officials are attending to their safety and well being (not just their survival);
- Services and interventions to help them change and re-direct their lives are easily and broadly accessible (when and if they choose);

Of course, line staff should perceive the very same things vis-à-vis how they are treated if, in turn, they are going to treat prisoners the same way.

In a recent survey of the prison climate in the IPS[16] it was noted that close to one quarter of staff strongly agreed with the statement "Some staff get away with coasting in this prison". Almost 40% of prisoners strongly agreed with the statement "To get things done in this prison you have to ask and ask and ask". More than 35% strongly agreed to, "Drugs cause a lot of problems between prisoners in here". The prevalence of prisoner drug use in IPS prisons is still a huge problem. To cope with life in prison, drugs become an easy escape, especially when that life is made even more difficult by virtue of ones daily interactions with other prisoners who bully and staff who can demean and dismiss.

In its defense, the IPS has acknowledged that culture change is needed and attempts have been made to mount a major Dignity at Work initiative focused on the key dimensions of respect, openness, competence, support, fairness and inclusiveness. Culture develops over time and spreads like a virus throughout an organisation. In the case of the IPS, it seems to be getting transmitted by a minority of disaffected, senior officers with influence, who are essentially uninspired by (and hostile to) the new vision for the IPS. It is unlikely that the POA's stranglehold will be loosened by any purposeful, top-down, HQ-driven initiative. More likely to be successful are bottom-up efforts to align the support of line staff, encourage their involvement, and slowly but persistently explain the message of a new evolving role for prison officers -- not just as 'agents of control' but also as 'agents of change'. If the message becomes consistent and they see real evidence of this new direction, most will eventually want to join the team, if they are welcomed, see the prospects for making their work both more satisfying and less stressful, and begin to see the 'other' team as steadily loosing ground. A more visible and growing emphasis on psychologically based interventions for prisoners, which are explained and described in understandable ways, I believe can make a major difference (especially

[16] See presentation by M. Donnellan and M. O'Neil "Exploring Values and Quality of Life For Prisoners and Staff in the Irish Prison Service", 2014.

if training opportunities for staff members, and all of their legitimate concerns, are emphasized simultaneously).

SECTION 4

A POSSIBLE FUTURE FOR PSYCHOLOGY IN THE IPS

Resourcing of a Future IPS Psychology Service

It is perhaps too obvious to say that any possible new future for psychology in the IPS hinges foremost on an increase in resources. In its published set of standards that have served extensively as a benchmark in litigation for inadequacy of mental health service delivery to prisoners in the US and elsewhere, the *International Association of Correctional and Forensic Psychology* (IACFP) refers to the following staffing standards:

- *Prisons*: The minimum ratio of a full-time qualified mental health care professional (licensed psychologist or other mental health care professional practitioner credentialed for independent practice) to adult inmates is 1 for every 150 to 160 general population inmates.
- *Specialised units*: (e.g., drug treatment and special management units for mentally ill inmates), the minimally acceptable ratio is 1 full-time qualified mental health care professional for every 50 to 75 adult inmates. (p.767 of the 'STANDARDS FOR PSYCHOLOGY SERVICES IN JAILS, PRISONS, CORRECTIONAL FACILITIES, AND AGENCIES, Third Edition, July 2010).[17]

The Table below illustrates some examples of psychology resourcing in a number of international correctional jurisdictions. Typically, the level of resourcing for psychology meets the minimum range of 1 psychologist for every 150 offenders, or even better. In the IPS, the level of resourcing for working-level psychologists is currently at about 1 psychologist for every 235 prisoners – considerably below accepted international standards. To match even this minimum acceptable requirement would mean that the psychology resource in the IPS would have to increase to about 26 working-level psychologists – and even higher if the enhanced role for Psychology Services in the IPS that will be elaborated below is to be realised. Whether by suggesting some realignment of salary euro from other posts in the IPS or requesting additional resourcing, it is recommended that:

Recommendation

The IPS should make a strong case in seeking sanctioning approval from the Department of Public Expenditure and Reform to increase the number of approved posts for *working level* psychologists to a minimum of one psychologist for every 150 offenders for fully qualified clinical, counseling or forensic psychologists.

[17] Retrieved from the IACFP Web Site http://cjb.sagepub.com/content/37/7/749.full.pdf+html

TABLE 2: INTERNATIONAL COMPARISONS FOR RESOURCING OF PSYCHOLOGISTS IN CORRECTIONS[18]

JURISDICTION	SIZE OF PRISONER POPULATION	# OF PSYCHOLOGISTS IN POST	RATIO OF PSYCHOLOGISTS PER # OF OFFENDERS
Corrections Canada	22,000 (about 14,000 in prisons)	**283**	**1 to 78**
Scotland	7,534	**61**	**1 to 123**
New South Wales	27,600 (about 11,600 in prisons)	**160**	**1 to 172**
Corrections Victoria	15,771(about 6,300 in prisons	**115**	**1 to 137**
Irish Prison Service	3,736 (as of 15 May, 2015)	**16**	**1 to 233**

The recommendation to increase the resource for working level psychologists does not include the organisational structure that I believe is needed to manage and direct the Psychology Service more effectively. This will be elaborated later.

It would be presumptuous for this review to recommend exactly how additional psychology resources should be allocated across facilities. However, revisiting Table 1 that was shown earlier, and noting the current ratio by facility for the number of psychologists to number of prisoners, a few observations stand out.

TABLE 1: PSYCHOLOGY RESOURCING IN THE IPS

INSTITUTION	# OF PRISONERS OPERATIONAL CAPACITY AS OF ANNUAL REPORT 2013	PRESENT PSYCHOLOGY SERVICE PROVISION	SERVICE RATIO PSYCHOLOGISTS PER # OF OFFENDERS
West Dublin Campus – **Wheatfield** – **Cloverhill (remand)**	**540** **(431) Remand prison not serviced by psychology**	**4.4** **1 Senior Clinical** **2 Counseling** **2 Counseling Part-Time (.8 & .6)**	**1 to 123 prisoners**
Portlaoise Prison Campus – **Midlands** – **Portlaoise (high security)**	**1161**	**3.8 + 1 (recently approved)** **1 Senior Clinical** **1 Clinical (April 2015)** **1 Counseling (May 2015)** **1 Forensic Part-Time (.8)**	**1 to 305 prisoners**
Mountjoy Prison Campus – **Mountjoy** – **Mountjoy West**	**901** **(Including 105 women at Dochas Centre)**	**2.8** **1 Senior Clinical** **1 Counseling** **1 Clinical Part-Time (.8)**	**1 to 322 prisoners**

[18] Information received from Director General or Commissioners who were contacted in each jurisdiction. Some of the jurisdictions use psychologists to service both prisoners and offenders on release, and a clear separation was not always possible to make. The applicable rations were therefore calculated for the entire population. Since typically more psychologists work in prisons rather than community settings, this means that an even more improved ratio would be obtained if looking only at prisons (i.e., even fewer offenders per psychologist). It is noted as well that the ratios do not take into account the number of psychologists working at HQ levels in management positions or other HQ functions (e.g., research), or the additional resources in various jurisdictions for mental health and other related psychological services) that are contracted or outsourced (e.g., for programme delivery).

– **Training Unit** – **Dochas Centre (women)**			
Arbour Hill Prison	**142**	**2** **1 Senior Clinical** **1 Counseling**	**1 to 71 prisoners**
Cork Prison	**210**	**1** **1 Senior Clinical**	**1 to 210 prisoners**
Limerick Prison	**220** **(Including 28 women)**	**1** **1 Clinical**	**1 to 220 prisoners**
Castlerea Prison	**340**	**1** **1 Senior Counseling**	**1 to 340 prisoners**
Loughan House	**140**	**none**	**NA**
Shelton Abbey	**115**	**none**	**NA**
Total	**3,769**	**16** **+ Head of Service** **+ 1 Approved But Yet To Be Filled (Midlands)**	

The *West Dublin Campus* seems generally to be well resourced at present, especially since only minimal service is provided to the remand population at Cloverhill. Wheatfield is also fortunate to have access at present to two trainee counseling psychologists each working two days per week. One of the psychologists at Wheatfield is currently devoted entirely to servicing the relatively high concentration of younger prisoners, a practice that should continue. The Wheatfield team has developed an impressive strategy for intervention with Violent Offenders that they are presently revising and refining. It is acknowledged that specialist treatment is needed for violent offenders but with the growing concentration of violent offenders throughout the IPS, it is unclear as to why this type of programming should be offered only at Wheatfield.[19] A significant portion of the psychology resource at Wheatfield is presently devoted to delivery of this quite intensive violent offender programme. There should be some priority attached over the next several years to spreading this expertise and encouraging replication of the violent offender programme in other centres.

Even with the recent addition of several psychologists, the *Portlaoise Campus* is clearly under-resourced and should perhaps double its complement of psychologists from the present 3.8. The unmet demand for services is clearly reflected in the waiting lists for psychology that are longer than a year. Midlands is also especially under-resourced owing to the concentration of sex offenders (about 340) and the newly conceptualised approach for linking with Arbour Hill prison for the provision of specialised sex offender treatment (which will be discussed later). A psychology post has already been approved for coordinating this new approach for assessing and preparing sex offenders for treatment at Arbour Hill. This review is fully supportive of this new joined-up model for managing sex offenders, within some cautionary parameters that will be discussed later. But the fact will remain that a significant proportion of sex offenders will either refuse or deny need for

[19] Since 2010, Wheatfield has been the designated centre for treatment of violent offenders. It will be noted later that the inefficiencies and complications involved in transfer of prisoners to receive specialist treatment for violence outweigh the advantages of developing expertise in one particular centre. Sentence planning and the design of regimes and programming for the management of violent offenders should be the concern of every prison and it will be recommended that a revised (and shortened) version of the model developed at Wheatfield should be spread to other prisons.

treatment. Psychology Services at Midlands should assume some responsibility for risk assessment of these individuals, and wherever possible, link with Probation Services in developing appropriate risk management protocols for these offenders after release. Psychology at the Portlaoise Campus is also responsible for the High Security Portlaoise Prison. A proposal that merits serious consideration has been developed by the Governor of Portaoise (together with psychology) to turn A Block into a Close Supervision Centre for especially violent and challenging/disruptive prisoners.[20] A dedicated psychology resource will be needed for design and implementation of this approach. Finally, the submission that was received from Portlaoise Campus included two other very sensible proposals for making more efficient use of psychology resources – one dealing with a mental health worker model of care and the other on the development of a "Risk Group" for longer term offenders where, early on in their sentences, offenders are given the opportunity to assess their own risk factors, and then develop their own personal risk-management and reduction strategies. Both of these innovative suggestions will be highlighted later in this review as ways for psychology in the IPS to design a more strategic and inclusive model of service delivery.

The Mountjoy Prison Campus is also currently seriously under-resourced and could usefully double its complement of psychologists. Being the receiving institution for offenders from the Dublin region, Mountjoy manages a complex mix of troubled, violent and drug-addicted individuals, many young and seemingly unmotivated, cynical and suspicious. Programming for this urban-centric population has to be especially engaging, and begin quite often with one-to-one work. The Dochas Centre for women currently does not have a dedicated psychology post, a situation that is quite inconsistent with the now significant efforts being made internationally to provide female offenders with an array of gender-responsive interventions. The recent UN endorsement of the Bangkok Rules, with strong focus on implementation of more humane and responsive approaches for dealing with women, leaves the IPS perilously in violation of even minimum standards. Appointment of a senior (female) psychologist for the Dochas centre, (with a background in work with vulnerable and multiple-needs women) should be prioritised. In view of the fact that well coordinated through care for female offenders is perhaps an even more critical requirement for their success in resettlement, the Dochas centre psychologist should also devote a portion of their time (e.g., one day per week) to working with women following release, for example, in collaboration with the new Abigail Centre for Women operated by the Probation Service.[21]

Although Arbour Hill once had the highest concentration of psychologists in the IPS after the introduction of the new Building Better Lives (Sex Offender) programme (BBL) in 2009, it is now reduced to two positions. Arbour Hill has come under some criticism more generally for being too heavily resourced for managing too small a population of essentially mostly cooperative sex offenders. The issue of location for the National Sex Offender Centre will be discussed later in these recommendations. Suffice it to say here that, in my estimation, the two psychology positions currently allocated to Arbour Hill should be adequate to sustain the momentum of the BBL programme, particularly with the new framework that has been proposed for closer collaboration with Midlands, and importantly, a return to closer joined-up work with Probation in delivery of the BBL programme[22], and in orchestrating vigilant and comprehensive through care for sex offenders.

[20] The proposal is quite sensible and should be endorsed by the EMT.

[21] It is worth noting that the Community Return Programme has shown much less success with women, where much higher proportions have to be returned to prison for failure (or inability) to comply with conditions of release. Access to therapeutic follow up, in a relationship that was commenced in prison, might ameliorate this situation.

[22] Historically, the precursor to the BBL programme was delivered together with Probation, but these arrangements fell apart apparently because of some professional discord, a situation that should be (and can be) avoided in the future.

When we turn to the more remote prisons in the South West Munster Region, both Limerick and Cork prisons are under-resourced, and have been for some time due to the difficulty in attracting professionals to work in those areas. When the new Cork Prison opens, it will have an operational capacity of 310, and consideration should be given to an additional basic grade psychologist to work at Cork. Limerick prison has to manage some especially difficult local gang-related problems, with the need to keep prisoner groups isolated from each other. In addition, the female unit at Limerick is considered to be completely inadequate to properly service women, and a new unit is being proposed to house approximately 50 female offenders. An added psychology post would seem to be essential at that point.

Castlerea prison in the North West Region is similarly significantly under-resourced with only one psychologist for 340 prisoners. That single resource has only recently been given to Castlerea and he has already set plans in motion to give some greater attention to the approximately 30 life sentence offenders residing in communal living in the 'Grove Unit'. The idea is to make a more concerted effort to prepare these offenders for a more accelerated step-down process towards release, from Grove to Loughan, and then possibly by making use of smaller, extra-mural facilities at Castlerea and Loughan House to link life sentence offenders on temporary release to appropriate community services. Psychologists in both the North West and South West regions have to work in relative autonomy given the satellite status of these centres and distance from the Head of Service. They have shown creativity of approach but to preserve retention and avoid perceptions of second-class citisenry, they should be resourced in ways comparable to the central region.

The final two prisons listed in Table 1 are Loughan House and Shelton Abbey, the two IPS open centres that provide offenders with an appropriately more relaxed and pleasant environment before transitioning to the community. What is typically ignored, however, is that even in those less challenging environments, offenders face concerns, worries, frustrations, and even at times, intolerable levels of pre-release anxiety and doubt. For those offenders who have had psychology contact during their term of imprisonment, even brief follow-up counselling contact and reminder, might fairly quickly alleviate problems and set the offender back on track. In other cases of crisis, as a response to some family or other significant life event, access to talk even just briefly to a professional may make some enduring difference. Considering their remote location, it seems unrealistic to suggest any arrangement where IPS psychologists from various prisons could visit these two centres. And besides, emergencies and crises typically cannot wait. An alternative that should be seriously considered is to give both these centres some capacity for video link technology -- where remote, but still potentially effective face-to-face contact can be arranged with various psychologists across the estate.

If we add up all of the allocations of psychologists summarised above, it adds to 10 new posts, which would bring the resourcing of psychology in the IPS to an acceptable range of one psychologist to 150 offenders. However, the change and enhancement in the service delivery model for psychology that will be elaborated below will require even more resources – a cadre of assistant psychologists and mental health workers operating under the supervision of qualified psychologists. Justification for this approach is simple – the IPS should make the most efficient use possible of qualified clinical, counselling and forensic psychologists. Providing a greater breadth of service (to more offenders in more ways), and assuming responsibility for critical functions where psychology has heretofore had limited involvement (e.g., sentence planning and case management for longer-term offenders), will need to involve qualified staff at the assistant psychologist level who are able to sustain these initiatives.

Revamping the Model of Service Delivery for IPS Psychology

1. Proactive Sentence Planning for Longer Term Offenders

The focus on development of an ISM framework was an important and necessary step forward for the IPS. However, in my opinion, all evidence suggests that the ISM is essentially broken and not achieving its intended aims. There is no fault to be attached here. It tried to do too much too quickly, without an appropriate foundation and with limited resourcing. The ISM in its current form, together with the plans to refocus it, should more properly be seen as an *Integrated Release Planning* (IRP) process -- targeting the more than 92% of sentenced committals to the IPS who are serving sentences of two years or less (75% of these actually serving sentences of less than three months). This is group that requires some support in release planning and preparation – from the very point of admission. It is the proper focus for the current ISM process, reframed as an IRP process. However, there is another group of sentenced committals, with sentences of two years or longer (959 committals in 2013), who should be the focus of some much more deliberate and comprehensive sentence planning and vigilant case management. These are the offenders with which psychology should have the greatest contact – but it should be contact that is planned and proactive – not just based on referral waiting lists that may or may not lead to some form of intervention.

An ISM for longer-term offenders should attend to:

- Proper orientation and intake assessment, including a formalised strength/risk/needs assessment (which is not a duplication of what the Probation Services may have already conducted)[23];

- Early identification of mental health concerns or possible adjustment problems in prison (e.g., self-harm, drug abuse, disruptive and/or uncooperative behavior in prison …etc.);

- Likely suitability for the community return program and any 'preparatory' interventions that could help the offender to qualify;

- Timed, sequenced and detailed sentence planning (collaboratively with the offender) to identify what the offender could do during their prison career to better prepare for release;

- Level of need for (and interest in) some particular type of offence-focused intervention to address salient risk factors;

- Ongoing case management and review to help the offender remain on track and ensure that various services (e.g., psychology, education, health, employment training, probation, and eventually the whole

[23] It goes without saying that the intake assessment should also strive to provide an analysis of criminal history and offence cycles or motives, likely adjustment issues in prison, mental health and substance abuse background, relevant information regarding basic literacy/abilities, employment background and vocational training needs, family and community supports …etc. in other words, all of the information needed to assemble an appropriate, timed and sequenced sentence plan.

array of resettlement services) are working together – not apart or disconnected and uninformed about each other's contributions.

Getting a sentence management process right is a herculean task, but it is the only way to set the foundation for doing effective rehabilitative work with offenders. My conclusion is that this is a responsibility that, at least at this point in time, should be assumed by the Psychology Service in the IPS.[24]

Recommendations

- **The IPS Psychology Service should assume responsibility for the design, implementation and ongoing management of a standardised Integrated Sentence Management process for longer-term offenders. This will require development of a well-designed computerised intake assessment technology (that can easily dovetail with all of the various offender information management systems that are currently in use in the IPS). [25]**

- **A formal needs analysis should be conducted to determine the number of ISM 'psychology assistants' that may be required to put this process in place in each facility receiving new sentenced committals. These new staff members, perhaps some of whom can be recruited from inside the IPS, should be trained and supervised by a member of the psychology team in each facility.[26]**

- **One member of the psychology team in each facility, with the support of an assistant governor, should assume responsibility for chairing monthly multi-disciplinary case management reviews (that should complement or replace rather that duplicate the various other review meetings that are currently taking place within facilities).**

- **A strategy should be put in place to prepare abridged sentence plans for those offenders currently in the system (i.e., the stock rather than the new committals), focusing first on those offenders with limited time left to serve before likely eligibility for release, and moving forward to those with lengthier periods.**

- **The Governor of each facility should accord importance and priority to these case management review meetings as the central mechanism for directing service delivery at the institutional level, and determining suitability for progress through the IPS Incentivised Regime, recommendations for transfers to other facilities and participation in the Community Return Programme.**

---

[24] It is possible that under some new form of management structure at the institutional level, with an Assistant Governor of Care & Rehabilitation that would encompass case management, responsibility for ISM could fall under this individual. But I would argue that at this juncture, aligning the function under the Psychology Service is the only option for giving an ISM for longer-term offenders some focus and momentum.

[25] A robust client management system which provides all of the stakeholders access to client files and assessments via a secure portal and provides a medium for stakeholder communication while maintaining some acceptable level of privacy and confidentiality

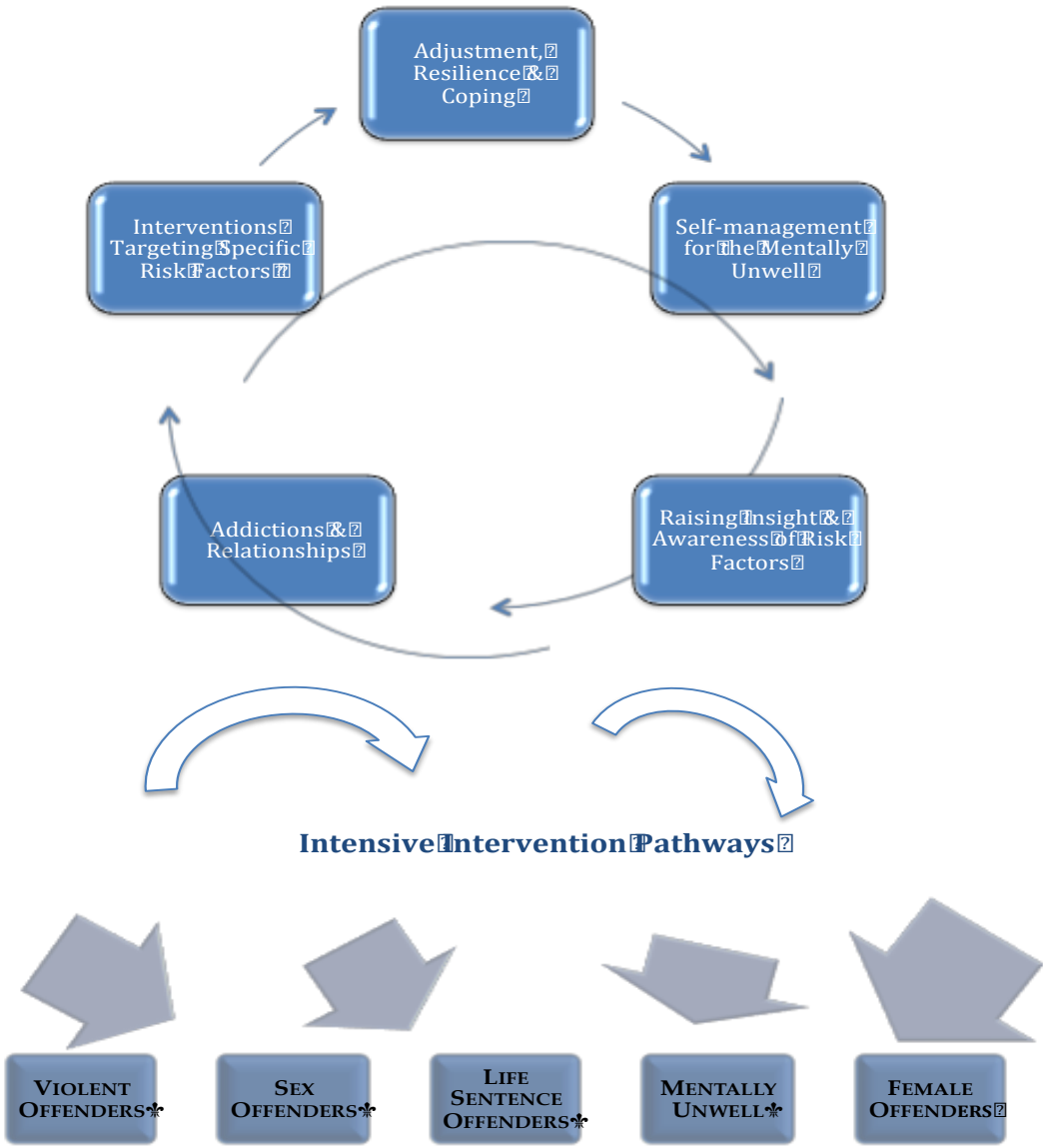
[26] There is a workload formula in Corrections Canada that calls for one qualified psychologist for every 200 hundred annual admissions to what are referred to as 'Reception and Assessment Centres'. Applying this to the IPS situation, with about 1000 admissions annually of longer-term offenders, it would mean that at least about 5 additional psychological assistants should be deployed across the estate.

2. Broadening Variety in the Modality and Intensity of Interventions

Some arguments were presented earlier in this review as to why psychology in the IPS should move more towards a 'roundabout' model for directing the flow of traffic towards its services rather than a reactive **red-light** waiting list approach. It was suggested that offenders should have more access to service delivery pathways and not just one or two modes of service delivery (i.e., intensive one-to-one or lengthy group-based interventions). A visual depiction is illustrated in the Figure1 below.

Figure 1

Integrated Sentenced Management Directing Flow Into Roundabout Model of Service Delivery



In some instances, the initial service delivery pathway might need to focus on adjustment issues, where some effort is made to help the offender develop some level of resilience and coping ability. The Psychology Services' own data suggest that the preponderance of referrals it receives concerns the issue of 'mental health' (37% of all referrals). It would seem to make sense to try and identify the factors that can lead to psychological distress in prisons and design a few brief interventions that can either help prevent these occurrences (for those offenders who may be vulnerable) or more generally alleviate distress and encourage the maintenance of psychological wellbeing. Mindfulness approaches that have already been explored by the Psychology Service might have much broader applicability, and can be delivered easily as workshops or daylong retreats.[27] Offenders might gravitate to these forms of non-intrusive and non offence-focused interventions in large numbers, and consequently receive a non-threatening introduction to psychology (that could turn subsequently into some greater level of motivation for more offence-focused work).

For the more seriously mentally ill, a number of very effective approaches have been developed to help these individuals manage their own illness, once again a way to help prevent eruption of disruptive behavior fueled by mental disorder.[28]

Other intervention pathways might need to emphasise some of the most common 'current concerns' of offenders – for example, family and relationship issues or problems of addiction (the two often being inter-related). Confronting substance abuse may be the single most important risk factor for many offenders, an issue that if dealt with fairly early on in their prison term, before they settle into continued drug use to help 'do their time', can begin to unravel the chaos of their lives and set a new life course in motion. There are a whole host of motivationally oriented, relapse prevention focused substance abuse programmes that have been developed for correctional populations.

Still other intervention pathways might need to encourage offenders to develop some level of insight -- or to actually deal with some of their other most common risk factors – miss-management of emotions (and especially anger), impulsivity and poor problem-solving, rigid thinking and adherence to a set of self-defeating criminal attitudes …etc. In the submission that was received from the psychology team at Portlaoise Campus, for example, a proposal was put forward to develop a "Risk Group" modeled around an approach developed in the forensic services in the UK. Offenders are guided in formulating their own risk profiles and then group discussion focuses on taking responsibility for their own 'risk management and reduction' (see Appendix D). This is the kind of innovative intervention pathway that this review would fully endorse.

A variety of generic offending behavior programmes have been developed, revised and refined over the last number of years and the current-state-of-the art should be relatively easy to access by looking at the kinds of accredited programmes being delivered in some of the most advanced

[27] Although some recent evidence suggests that there may be some serious unintended consequences to mindfulness therapies and caution should be exercised. See Farias, M & Wikholm, C. (2015). The Buddha Pill: Can Meditation Change You? London, UK: Watkins Publishing

[28] For example, the *Illness Management Recovery* (IMR) program, is a standardised, curriculum-based intervention that has been translated into ten languages and is supported by considerable evaluative research (McGuire et al., 2014). The programme can be delivered in a variety of settings (e.g., community mental health center, correctional facility) by trained behavioral health practitioners in either one-to-one or group format in twice weekly sessions over a period of 6–12 months. Essentially, the program adopts motivational, educational, and cognitive-behavioral techniques to help individuals set personal goals and learn more effective strategies for dealing with their own psychiatric disorder. The curriculum is organised so that specific information and skills related to illness management are taught in a set of modules that includes: *Recovery Strategies; Basic Facts About Mental Illness; The Stress-Vulnerability Model; Building Social Support; Using Medication Effectively; Drug and Alcohol Use; Reducing Relapses; Coping with Stress; Coping with Persistent Symptoms; Getting Your Needs Met in the Behavioral Health System; and Healthy Lifestyles*

jurisdictions internationally (e.g., the UK, Canada, Australia and New Zealand, the Scandinavian countries …etc.).[29]

The essential point to be made is that I believe there is opportunity for the Psychology Service in the IPS to provide a greater breadth of service (to more offenders) without sacrificing depth of service (relevance and possible effectiveness). It is therefore recommended that:

Recommendations

- **The IPS Psychology Service should design a more strategic, proactive model for delivery of programming along distinct pathways that would incorporate a variety of modalities of delivery, including shorter group-based psychological interventions and various motivational and self-help oriented approaches. Priority for delivery of these interventions should be driven by the newly devised ISM process where the aim would be to give offenders more access to the right intervention, at the right time, in combination with other services, and in the best order or sequence to impinge on risk for re-offending.**

- **A scanning exercise should be conducted to determine what programmes or interventions currently in use in other jurisdictions might be most usefully adopted and/or adapted by the IPS. Gaps in availability of appropriate programmes should be filled with programme design expertise within the IPS Psychology Service where a number of small 'working teams' are tasked (and appropriately resourced and given time) to develop these new programmes.**

3. Delivering Specialised Intensive Programming – Violent Offenders, Sex Offenders, Life Sentence Offenders, Women and the Mentally Unwell:

It is wholly accepted that at least one intervention pathway for some offenders should be for delivery of specialised and intensive programming. Other than the often-lengthy one-to-one intervention that takes place with a relatively small group of offenders, the two intensive programmes delivered by the Psychology Service include the Building Better Lives programme at Arbour Hill, directed at sex offenders, and for the BBL for violent offenders at Wheatfield.

Turning first to the BBL programe for violent offenders at Wheatfield, it has already been noted that this programme is clearly having some impact on the offenders who participate. I met with a group of graduates and was personally (and unwaveringly) impressed with the thoughtful, introspective, desistance oriented perspective of these offenders. Whether this newfound perspective was actually 'caused' by (i.e., as a result of the programme) or would have emerged regardless because these offenders found their own personal reasons for change (i.e., their own motivation) – is another matter. No amount of evaluation study will likely be able to dis-entangle the actual and specific processes

[29] Sometimes based on evaluation findings that are produced, and at other times simply based on the re-assessment of offender needs and/or service priorities, there is some constant revision and updating of programmes internationally that needs to be considered. Some form of 'scanning exercise' should therefore routinely take place every few years to keep identifying best practice in the field. In the UK, for example, the widely used Enhanced Thinking Skills (ETS) programme was replaced in 2010 by a much more theoretically sophisticated and effectively sequenced and partly 'rolling' curriculum that emphasises a delivery style that is much more motivationally attuned to maintaining 'therapeutic alliance' with offenders rather than challenging with repeated 'socratic' questioning. The IPS, however, still makes some use of the original ETS programme.

that are at play -- not even a randomised control group design. This is simply the hard reality of programme evaluation in corrections. But it is indisputable that with those offenders where some interest in change begins to appear, participation in an intensive intervention can focus their attention on the risk factors they will have to contend with (as well as give them insight and skills as to how they can do it). However, the enduring question becomes 'how long should this take'. Evidence is relatively clear on what the duration of intervention should be for serious, violent, personality disordered individuals – more a matter of years than months. On the other hand, there is considerable dispute as to what the numbers of these kinds of individuals actually might be, and even whether those with clear psychopathic tendencies can even be treated. The fact is that the greatest proportion of prisoners who have committed violent offenses, even murder or other serious assaults, might be quite adequately 'treatable' with quality programming, that is competently delivered, over a reasonable period of time, within a broader supportive context that also addresses a number of their other concerns (e.g., reconciliation with family; prospects for employment after release).

Although Wheatfield has served as the designated centre for treatment of violent offenders, this review has to conclude that the inefficiencies and complications involved in transfer of prisoners to receive specialist treatment for violence outweigh the advantages of developing expertise in one particular centre. Sentence planning and the design of regimes and programming for the management of violent offenders should be the concern of every prison. The greatest number of violent offenders possible (younger and older, life sentence or determinate sentence) should be given access to some form of programming. It is noted that Wheatfield is already focused on revising (and possibly shortening) their BBL model applied to violent offenders. This review recommends that:

Recommendations

- **The Wheatfield psychology team should expand their plans to revise the BBL for violent offenders and develop two versions of the programme – one of medium length duration (six to nine months) and another longer version (twelve to eighteen months). Precise criteria should be set out regarding whom the shorter or longer versions of the programme are most suitable for (and these criteria should not just depend on sentence length). Finally, the programmes should be designed to engage not just the most motivated violent offenders, but also those who may be only ambivalently motivated and even occasionally disruptive (i.e., at best only in pre-contemplation).**

- **Once the new Violent Offender Programmes are piloted, the model developed at Wheatfield should be spread to other prisons, and the delivery expertise from Wheatfield should be shared with other psychology colleagues.**

A second prominent issue for this review was to examine treatment options for sex offenders – especially the rationale for locating the National Centre for Treatment of Sex Offenders at Arbour Hill. The management and treatment of sex offenders is an area where there has been an especially significant amount of psychology-informed research and analysis over the last several decades – e.g., in developing various risk assessment instruments for predicting risk of re-offending, evaluating various therapeutic approaches for treating sex offenders, designing institution-wide regimes for managing sex offenders …etc. My review generally led me to the conclusion that the Sex Offender Treatment Programme at Arbour Hill, which has already undergone several incarnations, is presently both theoretically and operationally well designed, in keeping with state-of-the-art approaches

developed in other jurisdictions (e.g., Canada, the UK). This said, some of the procedures surrounding delivery of the programme were found wanting in several key ways.

The first issue has to do with the regime at Arbour Hill. It would seem that the facility has had the luxury of selecting the most motivated sex offenders for treatment, mostly from Midlands, and has then been able to manage them within a much smaller setting (capacity of only about 140), where there is noticeably less emphasis on static security, access to a fairly wide range of educational, work and training programmes to keep offenders occupied, [30] a generally well embedded multi disciplinary ethos, and a sufficient and stable cadre of senior officers. However, it was apparent that the regime that has evolved at Arbour Hill can not easily accommodate some of the highest-risk and potentially more disruptive sex offenders, leaving Midland prison, as the feeder facility for Arbour Hill, with the sole responsibility to manage these individuals.

Some consideration was given to possibly re-locating the National Sex Offender Treatment Centre to Midlands prison. On balance, and especially in view of the rather inadequate facilities at Midlands for delivery of any intensive programming, this review concludes that Arbour Hill remains as the most logical location for a much-needed centre of expertise in treatment of sex offenders. But some significant change is required and it is recommended that:

Recommendations

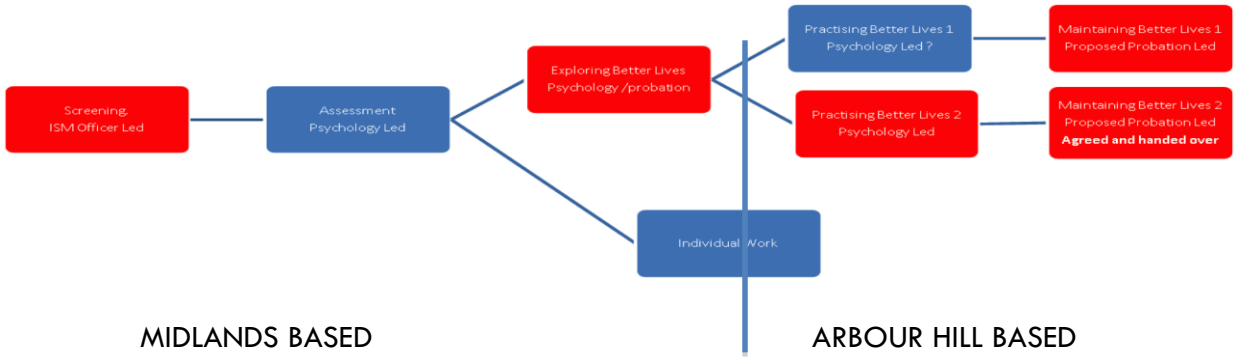
- **Arbour Hill should re-examine its security protocols and procedures, as well as its prison officer culture and expectations for standards of behavior, in order to create a safer and more security-sensitive environment for the management of high-risk sex offenders (without losing its essentially therapeutic orientation);**

- **Related to this, the BBL Sex Offender Treatment Programme should re-define its criteria for entry into the programme to allow for the participation of at least some proportion of more difficult-to-manage sex offenders (who may be at least somewhat amenable to treatment even if also uncooperative and not highly unmotivated).**

As a submission to this review, a proposal was received from the Arbour Hill and Midlands psychology teams for a significant re-design in the delivery of the BBL programme. The suggestion, which this review fully endorses, is to create capacity for treatment of a greater number of sex offenders by essentially dividing the location of delivery for particular phases of the programme, and then incorporating an important hand-over to probation services for delivery of the last 'maintenance' phase of the programme. The new approach is shown schematically in Figure 2.

[30] For example, Arbour Hill claims a participation rate in educational activities of over 85%, well above the average in the IPS.

FIGURE 2: REVISED SEX OFFENDER MODEL OF TREATMENT



There should be some clear benefits to this kind of joined-up work, involving both the psychology teams of two facilities as well as the probation service. It hopefully will be carried forward in the spirit of a true working partnership. But several other critical issues are left unattended in this new framework. First, is the fact that a significant number of sex offenders can be expected to continue 'denying' their sexual offending and refuse treatment. A strategy, as well as a possible targeted intervention, should be developed for this particular group. Second, it has been noted that some form of post-release supervision order is currently in place for only about 50% of sex offenders. The remainder of the group is being released without any supervision. It is therefore recommended that:

Recommendations

- **In addition to the proposed new approach for treatment of sex offenders who are amenable to treatment, some clear policy and procedural guidelines, programmatic strategies and post-release protocols for risk management should be developed to encompass all sex offenders. Both the Midlands and Arbour Hill teams (psychology and probation) should assume a key role, as deemed necessary in cases of serious potential risk to public safety, in preparing dangerousness risk assessment reports for select referral to the multi-agency Sex Offender Risk Assessment and Management (SORAM) process.**

- **As part of the Head of Service management structure for psychology (that will be elaborated later in this review), responsibility should be assumed both to ensure that there is cohesive implementation for this new framework for treatment of sex offenders, as well as to develop mechanisms for continued collaborative efforts with probation and other relevant services for improved management of *all* sex offenders post-release.**

Life sentence offenders are another group that merit a well-coordinated intervention pathway. Comments received from the Parole Board suggested that, in their view, many lifers were left essentially to 'waste their time' up to the point of their first review. This is perhaps extreme. But clearly, since the chances for release are realistically almost nil at the first review, this first review becomes the usual first 'trigger' for some intervention planning for the individual (often because of the recommendations issued by the parole board). A well-accepted dictum in psychology is that first impressions are often the biggest and most lasting impressions. Applied to the issue of lifers being presented for consideration for release, it suggests that every effort should be made to make a positive *first* impression -- and this is wholly contingent on two factors: (a) How well the individual lifer has conducted him or herself up to that point, and (b) How well prison authorities have assisted him or her in charting their prison career.

Clearly, at some point, most life sentence offenders should fall under the treatment pathways for either violent or sex offenders. But perhaps even more importantly, a responsive intervention pathway for lifers should entail the charting of a productive and constructive 'prison career' that can lead to the earliest possible consideration for release (and successful resettlement).[31] It should involve:

- **Helping these individuals adjust to the early phase of their life sentence (making use of lifers groups, lifers forums, Toastmasters, or innovative approaches like the Living With Life programme introduced at Midlands prison by the probation service with some support from psychology);**

- **Keeping these individuals meaningfully occupied through the lengthy middle phase of their sentences (e.g., through education and employment training pursuits);**

- **Engaging them to participate in intervention that deals with any outstanding risk factors; and finally,**

- **Coordinating an eventual step-down strategy, where controls are lessened to assess levels of acquired self-control, responsible conduct in the absence of external controls, and determination to avoid falling back into patterns of risk-enhancing behaviors (e.g. , substance abuse).**

The Psychology Service on its own cannot design these kinds of 'prison career' intervention pathways for life sentence offenders. However, it can help to focus and coordinate a more responsive and planned strategy that is respectful of the needs of these individuals at different points in their sentence. Together with probation services, who will eventually assume responsibility for all lifers after release, it is recommended that:

[31] An interesting qualitative analysis of the Subjective Experiences of Life Sentence Prisoners within the IPS (Milner, 2010) noted that some of the most frequently self-reported needs of lifers were: 1. More access to education, training and other activities; 2. A sentence management system from the 'start of the sentence'; 3. More therapeutic input to 'deal with the past'; 4. Greater attention to their health and well-being; 5. More vigilant control of drug use within prisons; and 6. Increased opportunities for meaningful contact with families. This is a very common expression of needs by lifers in any prison service.

Recommendation

- **A strategic working group should be established, with membership from psychology and probation, in order to chart out a 'prison careers' framework for the management of life sentence offenders in the IPS, that addresses how particular needs and risk factors will be addressed at different phases of the life sentence, how probation and psychology will work together, what supportive and/or programmatic interventions will be applied, and what methods and procedures will be followed to monitor and evaluate individual lifer progress.**

Another quite prevalent group that has already been referred to several times are prisoners who are either mentally ill, or much more commonly, simply mentally unwell in various ways. The fact that prisons have become the 'new asylums' clearly calls for a more determined focus on diversion and alternatives (Porporino, 2014b). Nonetheless, the flow will continue of individuals either arriving to prison already mentally unwell, or becoming unwell because of the prison experience. Some approaches for prevention have already been discussed, where strategies can be applied to help individuals self-manage their illness or learn new strategies for coping and adjusting to prison. But fundamentally, a much broader and purposeful strategy is needed to deal with this quite overwhelming problem.[32]

As a very thoughtful proactive submission to this review, the senior psychologist at the Portlaoise prison Campus presented what I regard as a practical and potentially very cost-effective solution. It involves introducing a framework modeled on an approach designed by the UK Department of Health referred to as 'Improving Access to Psychological Therapies for Offenders'. The submission is included in this report in its entirety since it presents a justification that is both well articulated and compelling (See Appendix E). In terms of new resourcing, it calls for the introduction of 3 Graduate Mental Health Workers at Midlands (GMHW) (with graduate or MA degrees) at a salary level of approximately 25 to 30 thousand euros. Other than the qualifier that the initial introduction of the strategy should include two rather than three GMHW's (which could be increased following initial demonstration of effectiveness), this review would recommend that the:

Recommendation

- **The IPS should support the introduction of an intervention pathway to deal with the mentally unwell as outlined in the Portlaoise proposal, first in the three major Prison Campuses, and then in some modified fashion at Castlerea, Cork and Limerick prisons. This would involve initial recruitment of at least six GMHWs.**

A final group to address in terms of developing a particular kind of intervention pathway is typically much smaller in number and therefore treated in corrections most commonly only as an after-thought. That situation has changed dramatically in recent years with increasing pressure from the non-governmental sector, academic scholars, international human rights and penal reform groups, and now including the United Nations, to give female offenders their rightful share of correctional resources, and access to gender-responsive programmes and treatment. The newly endorsed UN

[32] With close involvement of psychology, the IPS Training College has recently put together an excellent Mental Health Awareness Training Package. This is the kind of system wide approach that is quite obviously needed for this population. It is the kind of initiative that should be applauded by senior management of the IPS.

Bangkok Rules create an especially important set of guidelines and standards for correctional services to meet.

Some comments have already been made about the overall regime at the Dochas Centre for women – which appeared to me as generally quite therapeutically oriented and concerned with both the safety and mental well being of their female 'clients'. In the past, a half-time psychology resource was attached to the Dochas centre, for some intensive one-to-one intervention with women and an attempt at introducing the rather sophisticated therapeutic approach of Dialectical Behaviour Therapy.[33] In keeping with the overall spirit of this review, to encourage more access for more offenders to a greater variety of treatment options, it is important, I believe, for any psychologist attached to the Dochas centre to explore current state-of-the-art in delivery of gender-responsive programming in corrections. A number of well-respected curricula have been developed, for example, incorporating both content and delivery styles that have been designed specifically for women.[34] To deal effectively with the array of issues and concerns presented by women in prison, this review recommends that:

Recommendations

- **Appointment of a senior (female) clinical psychologist for the Dochas centre, (with a background in work with vulnerable and multiple-needs women) should be prioritised.**

- **In view of the fact that well coordinated through care for female offenders is perhaps an even more critical requirement for their success in resettlement, the Dochas centre psychologist should also devote a portion of their time (e.g., one day per week) to working with women following release, for example, in collaboration with the new Abigail Centre for Women operated by the Probation Service.[35]**

4. Joined-Up Intervention Efforts With Other Services, Especially Probation:

Chaplaincy, Education, and Probation within prisons are the three major, potential partners for psychology for joining up in delivery of services.

In the case of Education in the IPS, it is a contracted-in service across the estate that may vary in quality, innovation and willingness to link with other IPS services delivered to offenders. In a sense it seems structured as a 'satellite' service. I noted examples of excellent commitment to provide a quality education programme to prisoners as well as close and open relationships with psychology (e.g., at Mountjoy and Dochas Centre for women). On the other hand, there was also evidence of Education working on its own, for example, in delivery of Anger Management and other personal development curricula, unbeknownst to and disconnected from psychology. Other comments suggested that there was either considerable inefficiency in delivery of some education courses (i.e., with too few prisoners participating), or otherwise, a serious miss-match between the content or

[33] Designed originally for women with severe borderline personality disorder in forensic settings and subsequently adapted for use in a number of correctional jurisdictions.
[34] See Porporino et al., 2003 for a review; or descriptions of the 'Moving On' programme at http://www.impactpublications.com/movingonaprogramforat-riskwomen.aspx
[35] It is worth noting that the Community Return Programme has shown much less success with women, where much higher proportions have to be returned to prison for failure (or inability) to comply with conditions of release. Access to therapeutic follow up, in a relationship that was commenced in prison, might ameliorate this situation.

substance of courses being taught and the qualifications of the instructor. Education is a much too important aspect of effective sentence planning for offenders to be miss-applied in these ways. It is recommended that:

Recommendation

- **In the implementation of the new ISM framework for longer-term offenders that was described earlier, ways are found to work proactively with Education providers at the institutional level, in designing annual plans for delivery of educational services to offenders that match both the prisoner populations' needs and interests.**

Chaplaincy is another important partner for psychological work in prisons. Working closely with Chaplaincy in prisons can give psychology a unique window into some of the often hidden suffering that erupts behind prison bars. Prisoners respect Chaplaincy's singular non-custodial role and reputation for confidentiality. At its best, prison ministry provides prisoners with a non-judgmental counseling niche, helpful when they may be at their most vulnerable, in crisis related to family breakdown, illness, trauma, bereavement, and gripping moments of despair, guilt and self-loathing. Prison ministry, in other words, provides the context where prisoners can reflect on their lives in a restorative manner, face up to the consequences of their crimes, and begin to look for a new way forward. Psychology, for some prisoners, can become that next step. Other than the fact that Chaplaincy in the IPS seems also to be under-resourced, my review suggested that the relationship between psychology and chaplaincy is quite mutually supportive. Each refers prisoners to the other as need arises. Consequently, it is refreshing not to have to make any specific recommendations other than to suggest that:

Recommendation

- **Opportunities should be explored to turn the obvious 'operational' alliance between psychology and chaplaincy in the IPS into a stronger strategic alliance aimed at mounting structured and purposeful, therapeutic-community type milieus within particular prison units.**

Finally, probation is the group with which psychology should be perhaps the most professionally compatible. They are alike in adopting certain codes and modes of behaviour with offenders. Both try to work with risk for reoffending. They assess it, treat it and try to understand how best to manage it. Certainly, I saw some evidence of creative collaborative initiatives (e.g., the Living With Life programme at Midlands, the Families and Imprisonment Parenting Programme at Limerick Prison). But it was also disconcerting to note that both probation and psychology were at times doing offending-focused work with neither group being particularly aware of what the other was doing (e.g., the Choice and Challenge programme at Wheatfield and other group-work programmes popping up here and there). Although it is admitted that both psychology and probation are under-resourced, thereby easily falling into the habit of just 'doing' rather than first 'communicating', it is unlikely that this approach in the end will lessen the burden on either service. More difficult, but also more potentially effective, is to work purposefully together.

There is agreement in place for an ambitious IPS/Probation Strategy (2015-2017) for joined up work. In some areas there clearly has been significant progress – for example, continued successful

coordination of the Community Return Programme, expanding the reach of CAP and various other Community Support schemes for short-term offenders, a more concentrated focus on inter-agency cooperation to address the particular needs of female offenders … etc. Both services should be commended for these efforts. But in a number of other areas, there seems to be considerable room for improvement. A few of the ones I would highlight include:

- Arriving at a stronger agreement regarding the kinds of risk/needs assessment instruments that should be used, especially for sex offenders and violent offenders;

- A less complicated and more automated approach for sharing of information gathered from offenders, not only in the interest of efficiency, but principally, to avoid forcing offenders to repeat 'telling their stories' to different people, at different time for apparently different reasons. Information gathered from offenders should not duplicate, it should accumulate in some useful and ordered way.

- A more formalised arrangement for a better 'focus of efforts' in sentence planning for life sentence offenders, including for delivery of specialised support and other intervention progammes for lifers (e.g., the Living with Life programme), and joined-up work in developing other possible, restorative and constructive activities and involvements for lifers as their prison careers unfold;

- A more rational 'division of efforts' in the preparation of assessment reports for life sentence offenders where psychology can more appropriately focus on 'psychological' risk whereas probation assesses 'community' risk;[36]

- Working in more active partnership in planning, designing and joining up for delivery of new offending behavior group work. It is not the case that more access to offending behviour programmes will necessarily lead to greater reductions in risk for reoffending. Group work with offenders is not guaranteed to work. In some instances it can actually be counterproductive and iatrogenic. Delivery of interventions and services to offenders should be driven by an effective sentence planning process (as was discussed earlier). If the programme is good, there should be clear criteria defining whom it may be good for, and a process in place to encourage the right offenders to participate. Programmes in prisons should not be introduced because we like them. They should be introduced as part of an ongoing, thoughtful and deliberate analysis of offender population needs, and their complementarity with other programmes already in place. Probation and psychology should logically work together in this regard. And finally,

- Just as psychology should contribute more in supporting probation-led programming in prisons, probation should have a role in supporting delivery of psychology-led programming in prisons. This is especially the case in terms of programming for sex offenders, where both the IPS Psychology Services (in delivery of

[36] It is wholly accepted that these two kinds of risk are intertwined. However, the point being made is that psychology is better positioned to address the personal and interpersonal factors that can lead to risk for re-offending, and evaluate whether the offender has made satisfactory progress in understanding and learning to manage these issues. Probation, on the other hand, should address whether the community context that offenders will be returning to, and the kinds of supports that may be available, can effectively assist in managing risk. Probation's assessment focus should be on evaluation of the viability and suitability of the offender's Release Plan, including all pertinent aspects of the plan that might relate to minimising risk for reoffending.

BBL) and probation services (in delivery of Safer Lives in the community) have each developed significant expertise.

Putting all of the above together, this review recommends that:

Recommendation

- **A small group of Senior Psychologists and Senior Probation Officers should be tasked with developing an overarching strategic plan that outlines exactly how psychology and probation will work in a joined up fashion within prisons, and to support more effective reintegration of offenders post-release.**

5. Aligning Support in Creating Responsive Correctional Environments

Correctional settings are customarily custody-centric and unwilling (hesitant to try and accommodate) what is often perceived as a 'care bear' takeover. As correctional agencies move more towards an avowed rehabilitative or reintegration philosophy, the two solitudes collide (control versus treatment, security versus programmes), and the collision can become explosive if not attended to patiently and deliberately. This has been an underlying theme of this review – the need to change culture in order to allow Psychology Services to operate more effectively and influence offender change more consistently. And in this regard, the issue of how to align prison officer support for the work of psychology rises to the forefront.

In previous reviews of the Psychology Service in the IPS, both in 1999 and then again 2003, it was encouraged to focus more on 'developing and utilising the skills/qualifications of prison officers in rehabilitative work' (p.36; 1999 review). I have no contention with the fact that many prison officers indeed have the skills, qualities and commitment that could make them effective in rehabilitative work with prisoners. I have trained literally thousands of prison officers over the years to do just that – to work side-by-side with psychologists and social workers in facilitating delivery of programmes. In the ideal, it is what should happen. At present, however, in view of the fractious relations with the POA, and the apparent lack of consistent coverage for security posts across the estate, I believe it would be asking for more trouble than it is worth. The IPS Psychology Service has experimented with training of prison officers as co-facilitators in delivery of offending behavior programmes in the past. It is an approach that can only succeed when there is then guaranteed availability for officers to do the work. But within the security-is-priority environment of most prisons, this is rare. In Canada, prison officers who showed some interest in and capability for delivering programmes were eventually reclassified as 'programme officers' and taken off the prison officer roster. This is a strategy the IPS could explore in some future years, but certainly not at present. Much more likely to be successful is a concerted effort to co-opt prison officers, at least as stronger supporters of rehabilitative work with offenders, by explaining what these programmes aim to do and elaborating on the importance of the role of the prison officer as active, ever-present, pro-social, *agent of change*.

At least one innovative attempt to do just that has happened at Wheatfield Prison. In introducing the BBL adapted programme for violent offenders, the psychology team at Wheatfield followed a process that could not only inform, but also engage line staff. It went as follows: [37]

[37] Taken from the very thoughtful submission of the psychology team at Wheatfield Prison.

- On several occasions, the senior psychologist addressed all prison officer staff on duty in order to welcome them to find out more about the BBL programme;
- Presentations were also given to the prison management team and all other service providers;
- A one-day training programme was designed to explain the content and focus of the programme, but especially, to emphasise the role and importance of the prison officer in creating a therapeutic prison environment;
- Each day of training ended with a meeting with offender participants in the programme, a process that was credited with significantly altering prisoner-officer perceptions of each other;
- Training was completely voluntary but yet 50 officers and 6 Assistant Chief Officers volunteered to participate.

My argument is that these kinds of bottom-up local initiatives to engage line staff can have significant influence on culture – perhaps only gradually over time and not capturing the total net of prison officers. But yet, they can begin to create a critical mass of prison officers who begin to see, more concretely, that there is another way to interact with offenders, a way that can not only make their work more meaningful but actually less effortful. Surveys of prison climates often find an interesting miss-match in views among prison officers. Most will say that YES, if other officers accepted it as well, then they would also entertain a different role that could be more human-service oriented. Curiously, when asked if they think other officers would also accept it, they respond resoundingly that the majority would not. Prison officers are caught in this trap of not really knowing what their fellow officers think. They only think they know.

There are different ways of changing culture. But typically, it is a matter of avoiding further collision of the solitudes that have emerged. Those closest to the action, who see the nuanced expressions of culture every day, are the best equipped to mount a response.

Even if only symbolically, a visible and significant enhancement of the psychology resource in the IPS should give a clear message – that a 'rehabilitative' focus is the future that the IPS wants to construct. Managed properly, it is a message that can lead to an increasingly greater alignment of support from line staff (who want to be of part of that future), and leave the few others who do not as only an unimportant fringe group.

In order to capitalise on psychology's expertise in ways to influence attitude change, whether with individuals or groups, I would recommend that:

Recommendations

- **Psychology's role in helping design local, institutional initiatives that can impinge on culture and attitudes should be formally recognised with a seat for Senior Psychologists on the local Senior Management Team. Governors should respect this new role for psychologists as the 'culture change consultants' for their prisons and begin to experiment seriously with suggested approaches.**

- **In explaining the nature of their work, every IPS psychology team should make ongoing efforts to deliver 'staff awareness training' along the lines introduced at Wheatfield prison.**

Section 5

Proposed Organisation and Management Structure for IPS Psychology:

This review presents a set of admittedly far reaching recommendations that can fundamentally alter the course for delivery of psychological services in the IPS. I believe that with the enhancement of resources that the review calls for, the psychology group would embrace the new direction. The group is fortunate enough to have some seasoned and very competent leadership at the local level. The Senior Psychologists in place are both knowledgeable and committed. There is no apparent dead wood. Their relationships with Governors and Assistant Governors are uncomplicated. They have local support and they can take charge and move the agenda forward if the signals from HQ are that they should (and now **can** with more resources). Notwithstanding all of this, the group needs Head Office leadership to keep them cohesive and on the mark in their efforts. The Head of Service for psychology has recently retired, someone who had a calming and supportive influence, kept the group engaged, and commanded their respect, both as someone who could be fair and impartial, and who understood intimately the dynamics and difficulties of the organisation. This leadership gap will not be easy to fill, and especially not with the new direction charted in this review, which in my view, creates too much responsibility for one individual to deal with.

Some consideration was given to the proposal received from the psychology group to create three positions for Principal Psychologists (a level higher than Senior). The notion was to put each of the three major prison Campuses under the oversight of a Principal Psychologist who would in turn report to the Head of Service. This seems reasonable in one sense but I believe it can also lead to some unintended difficulties. First, I believe the approach is too top heavy and can create some fracture and friction within the psychology group. One person can lead; three people have to learn to cooperate! A second problem is that the regional prisons are, once again, left out of the picture. Creating yet another Principal Psychologist position for those regional prisons complicates matters even further. A third problem is that clinical supervision of Senior Psychologists, an especially important professional responsibility, would not proceed in any consistent manner; it would fall under the responsibility of more than one person. The proposal for adding a Principal Psychologist layer to the management structure of the Psychology Service is motivated, undoubtedly at least in part, by the desire to introduce promotional opportunities for psychologists, which in turn is seen as an important strategy to improve retention. But my counterargument would be that once a certain level of professional competence and responsibility is reached (i.e., Senior Psychologist) retention is likely more affected by perceptions of the meaningfulness and importance of ones work rather than career advancement. For all these reasons, the management structure I propose for the new IPS Psychology Service is outlined in Figure 3 below. The structure is based on the following assumptions:

- The single Principal Psychologist would assume all of the clinical supervision responsibilities and oversight of day-to-day work of Senior Psychologists. This is currently something that takes up a significant portion of the time of the Head of Service;

- The Principal Psychologist would also coordinate required updates to the Psychology Service Policy and Protocol Manual, and manage all recruitment of psychologists, performance appraisals, professional development, various administrative matters (e.g., requests for leave or travel), monitor workload statistics from the Psychology Case Tracking System, and generally be available to respond to, and help resolve, the operational concerns of the IPS psychology team;

- Under the direction of the Head of Service, this individual would also in responding to important correspondence and requests for information (e.g., parliamentary questions, Inspector of Prisons investigations, mental health reform …etc.) and represent psychology on steering groups and committtees directly related to psychology (e.g., mental health awareness training oversight group; critical incident management policy development group) ;

- Importantly, the Principal Psychologist would function as the 'project manager' to ensure that the variety of initiatives outlined in this review are properly action-planned and kept on track (e.g., the new ISM scheme, programme development and re-design of service delivery models);

- Both the Principal Pschologist and the Head of Service would be supported by a single administrative assistant to ensure that their time is not taken up with routine matters of administration;

Relieved of the responsibility for oversight of the work of senior psychologists, the Head of Service would then be able to focus on:

- Providing overall strategic direction to the Psychology Service and ensuring that its form and focus remains evidence-informed and relevant;

- Establishing a stronger organisational presence for psychology through more involved and frequent participation in cross-sector working groups – with Operations, Health Services, Staff & Corporate Services, ICT and others;

- Leading psychologically informed IPS initiatives for specialist regime development (which may involve personnel other than psychologists and organisations outside of the IPS);

- Leading the development of closer working relationships with Probation Services in providing some level of psychological throughcare support, especially in the case of serious violent and sexual offenders, life sentence offenders, the mentally ill and unwell, and female offenders;

- Working in closer partnership with various Forensic Mental Health agencies and service providers to improve capacity in both diverting the mentally ill from imprisonment in the first instance, and better coordinating service delivery for those who remain incarcerated;

- Serving as an active 'consultant' to both the Staff and Corporate Services Directorate and the Prison Service College in helping develop their Annual Businesss Plans for 'learning and development interventions' that can develop staff competencies, encourage more effective change management and leadership at every level of the organisation, and improve employee engagement and morale;

- Taking responsibility for the deployment of psychology resources in a way that maximises their contribution to the aims and objectives of the IPS;

- Keeping abreast of international developments in the application of psychology to corrections and scanning for opportunities to incorporate innovation;

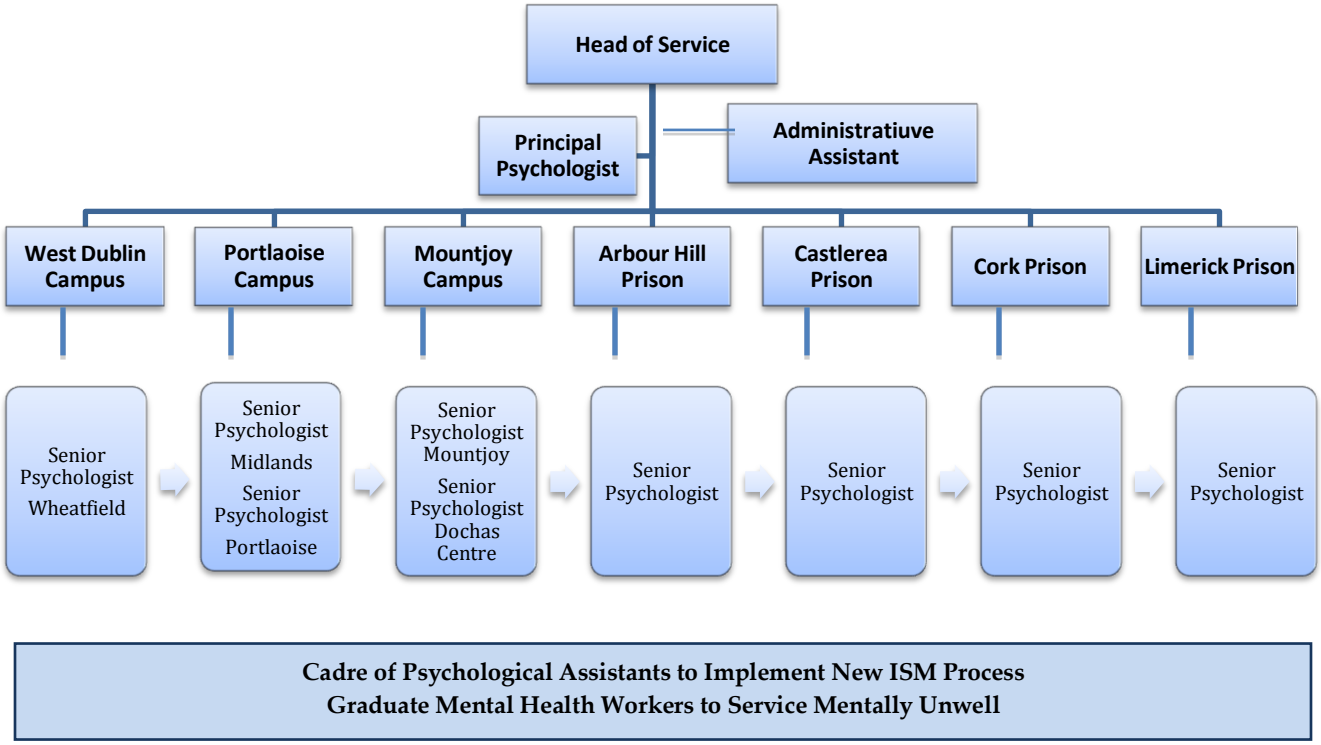
- Maintaining active links with local Universities, key non-governmental organisations concerned with prison matters (e.g., Irish Penal Reform Trust), and other national and international NGOs and bodies that promote evidence-informed approaches to correctional challenges, both to share information and work collaboratively in encouraging relevant applied research and programme evaluations;

- Applying and providing a psychological perspective on all key IPS Policies and Strategies (including by pro-actively identifying initiatives from best international practice in prisons/community services for offenders);

What is being called for in a proposed Head of Service is someone who can attend to leadership of the Psychology Service but while retaining a broader IPS focus – on the organisational culture, improvement of operations, stakeholder alignment, workforce development, strategic planning, and measurement, analysis, and knowledge management for improved results. My inclination is to suggest this individual should be a member of not only the IPS Strategy and Policy Group, and HQ Management Team, but also at least a frequently invited member to meetings of the IPS Executive Management Team.

This would be an individual with considerable correctional experience and a track record in managing professionals, with intellectual gravitas but no hubris, interpersonally skilled in building alliances, and with a strong strategic sense and ability to keep their eye on the bigger picture. It is a mix and balanced set of skills that may be difficult to find, especially since the person, regardless of their other qualifications, should also be a psychologist who can command the respect of his/her professional colleagues in the IPS. But if the right person can be found, I am convinced that they could help create a new future, not just for Psychology but also for the IPS.

Figure 3
Proposed Organisation and Management Structure for IPS Psychology Service



Section 6

Conclusion

There is only one way to conclude this review. The IPS has entered a critical phase in its evolution – to become a world-class correctional service and not just an imprisonment service. There are significant challenges to contend with. Organisational and institutional structures need change, new ideas and technologies need to be assimilated, and dysfunctional traditions and practices of the past that are embedded in the culture need to be dislodged. The challenges will continue for a few years to come. I believe a well-resourced Psychology Service can make a difference. It can serve as the nudge the organisation needs. Well managed and held together cohesively, it can give visibility and focus, and genuine evidence-informed respect to the challenge of providing 'dignity of care and rehabilitation to prisoners'. On the other hand, if the service continues to be inadequately resourced, it will stumble along as best it can.

Correctional environments are difficult to get right. Political masters often make it even more difficult asking for quick solutions but without adequate support for the resources to turn those solutions into practice. I am hopeful that this review will convince the IPS Executive Management Team to press for an enhancement of resources in spite of the political atmosphere of austerity. Psychology should be given at least a reasonable chance.

REFERENCES

Department of Justice (2011). *Report of the Thornton Hall Project Review Group,* accessed at http://www.justice.ie/en/JELR/Pages/ThorntonHallReviewRpt.

Department of Justice, Equality and Law Reform (1999). *Report of the Group Established to Review the Psychology Service of the Department of Justice, Equality and Law Reform*. Dublin: Government of Ireland.

Donoghue, P. (2014). *Community Return: A Unique Opportunity* (A descriptive evaluation of the first 26 months (2011-2013)). Irish Prison Service/Probation Service Research Report #5.

Farias, M & Wikholm, C. (2015). *The Buddha Pill: Can Meditation Change You*? London, UK: Watkins Publishing

Jesuit Centre for Faith and Justice (2013). *Making Progress: Examining the first year of the Irish Prison Service's Three Year Strategic Plan 2012-2015*. Dublin: JCFJ.

Lerman, A. E, & Weaver, V. M. (2014). *Arresting Citizenship: The Democratic Consequences of American Crime Control*. Chicago: The University of Chicago Press.

Liebling, A.; (assisted by Arnold, H.) (2004). *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life*, Oxford: Clarendon Studies in Criminology, Oxford University Press

Liebling, A (2011). Moral performance, inhuman and degrading treatment, and prison pain. *Punishment and Society*, 13(5): 530-550.

Maruna, S. (2011). Why Do They Hate Us? Making Peace Between Prisoners and Psychology. *International Journal of Offender Therapy and Comparative Criminology, 55(5),* 761–765.

Maruna, S. & Immarigeon, R. (2004). *After Crime and Punishment: Pathways to Offender Reintegration*. Cullompton: Willan.

McNeill F (2006). A desistance paradigm for offender management. *Criminology and Criminal Justice,* 6(1): 39–62.

McNeill F., Raynor P. & Trotter C. (eds.) (2010). *Offender Supervision: New Directions in Theory, Research and Practice*. Abingdon: Willan.

Milner, C. (2010). *The Psychology of the Life Sentence: The Subjective Experiences of Life Sentence Prisoners*. Dublin: Irish Prison Service.

Ministry of Justice (2013). *Accredited Programmes Annual Bulletin 2012/13, England and Wales*. London: Ministry of Justice Statistics Bulletin.

Nadine, F. & Sexton, L.(2014). *Through Their Eyes: How Prisoners Make Sense of Their Incarceration*, NIJ Journal 273 (2014): 60-65, available at http://www.nij.gov/journals/273/ Pages/through-their-eyes.aspx.

Porporino, F. (2010). *Bringing Sense & Sensitivity to Corrections: From Programs to 'Fix' Offenders to Services to Support Desistance*. In Brayford,J., Cowe F., & Deering,J. (Eds.) *What Else Works? Creative Work With Offenders*. London: Willan Publishing

Porporino, F. (2014). *Programs in Corrections: The 'Big Bang Theory' Revisited*. In M. Vollan (Ed.) *Knowledge, Directions & Internationalisation: A Book of Lectures Dedicated to Harald Fosker*. Oslo: Norwegian Prison Service.

Porporino, F. (2014a). *Managing the Elderly in Corrections*. Invited Address to the participants of the 157th International Training Course of the *United Nations Asia and Far East Institute* (UNAFEI), May 2014.

Porporino, F. (2014b). *Correctional Services for the Mentally Disordered Offender: A Challenge That Merits an Integrated Response*. Invited Address to the participants of the 157th International Training Course of the *United Nations Asia and Far East Institute* (UNAFEI), May 2014.

Porporino, F. (2015). *Implementing Community Alternatives to Imprisonment: Answering the Why, What and How?* Keynote Address to the Seminar on Promoting Community-Based Treatment in the ASEAN Region, Thailand Institute of Justice, February. 2015.

Porporino, F.J. , Van Dietan, M. & Fabiano, E. (2003). *Theory and Application Manual: A Programme for Female Offenders*. Ottawa: T3 Associates Inc.

Raynor, P., Ugwudike, P. and Vanstone, M. (2014). The impact of skills in probation work: a reconviction study. *Criminology and Criminal Justice,* Vol. 14, No. 2. 235-249.

Tankebe, J. and Liebling A. (2013) (eds.) *Legitimacy and Criminal Justice: An International Exploration*. Oxford: Oxford University Press

Ward, T., Melser, J., & Yates, P. M. (2007). Reconstructing the risk-need-responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior*, *12*, 208–228.

Appendix A

List of individuals and/or groups who were consulted and/or made submissions

1. **Submissions were made by the psychology and/or management teams of the folowing facilities:** Mountjoy Prison Campus, Arbour Hill, West Dublin Prison Campus, Portlaoise Prison Campus, Castlerea Prison, Cork Prison and Limerick Prison.

2. **Meetings were held with all senior pschologists and with the psychology and/or management teams at:** Mountjoy Prison Campus, Arbour Hill, West Dublin Prison Campus, Portlaoise Prison Campus, Castlerea Prison, Cork Prison and Limerick Prison. In addition, indivual interviews were conducted with either Governors or Assitant Governors (or both) at Wheatfield, Portlaoise, Midlands, the Dochas Centre, Castlerea Prison, Cork Prison, Limerick Prison and Shelton Abbey.

3. **At the HQ level, meetings were held with:**
    a. Mr. Michael Donnellan, Director General, IPS
    b. Mr. Fergal Black, Director, Care & Rehabilitation
    c. Mr. Paul Murphy, Head of Pschology Services
    d. Mr. Martin Smyth, Director of Operations; Mr. John McGuckin, Governor, Poloicy and Procedures; Miss Dolores Courtney, Assistant Principal Office; and a number of Higher Executive Officers
    e. Helen Casey, Principal Officer Staff & Corporate Services, and Donal Landers, Personnel Officer
    f. Mr. Eric Brady, Director, Estates & ICT (Occupational Psychologist & previous head of the Irish Pscholopgical Society)
    g. Ciaran Enright, Head of Chaplaincy Services
    h. Melanie Rhatigan, Head of Intergated Sentence Management
    i. Deirore O'reilly, Chief Pharmacist (Acting Head Health Services)
    j. David Clarke, Governor at the Irish Prison Service College, and one of his Assistant Governors

4. **With other IPS Partners, meetings were held with:**
    a. Mr. John Costello (Chair) and Mr. Shane McCarthy (member) Parole Board
    b. Mr. Vivian Geiran, Director Probation Servises and Mr. Brian Dack, Assistant Director, Operation

5. **In a number of prisons, contact was also made with a number of Chief Prison Officers, Education Services, Chaplaincy, Healthcare Nurse Managers and Chief Nurse Officers, one MD (Dr. Sohail Rasool), several ISM Officers, and a number of Senior Probation Officers, including Anne Ansboro at Arbour Hill and Helen Redmond & Jane McCarroll at Midlands.**

6. **Finally, meetings were also held with a number of engaging, offender 'service users' at Mountjoy, Arbour Hill, Wheatfield and Portlaoise High Security Unit.**

Appendix B
Prison Rules 2007

PART 14
PSYCHOLOGY SERVICE

Provision of Psychology Service
112. In so far as is practicable the Minister shall make arrangements for the provision of such psychological services as he or she considers appropriate to provide for the psychological needs of prisoners.

Performance of functions by psychologist
113. (1) A person providing psychological services at a prison shall in the performance of his or her functions –

(a) provide a Psychology Service that is in accordance with the Code of Professional Ethics of the Psychological Society of Ireland,

(b) comply with these Rules and any local order for the time being in force,

(c) treat prisoners with the same dignity and respect as would be afforded to any person availing of his or her services who is not a prisoner,

(d) provide a Psychology Service to a prisoner or prisoners to address their mental health needs, to assist in their personal development and to encourage them to take responsibility for their lives, including their offending behaviour,

(e) cooperate with the Governor, prison officers and other persons employed or engaged in the provision of services to prisoners and in the preparation and implementation of sentence management plans to which paragraph (6) of Rule 75*(Duties of Governor)* applies,

(f) participate in the development, implementation and maintenance of programmes for prisoners, in partnership with the Governor, prison officers, and other persons employed or engaged in the provision of services to prisoners, aimed at addressing those needs of prisoners that put them at risk of re-offending,

(g) contribute to the development of policy and regimes within prisons and, when requested by the Governor, to the management of specific operational matters,

(h) develop and maintain links with appropriate community based services to facilitate, as far as possible, post-release access to follow-up therapeutic services for prisoners, and

(i) as he or she considers appropriate, bring to the attention of the Governor any matter relating to the psychological well-being of a prisoner or prisoners, or the provision of psychological services.

(j) participate in and contribute to multi-disciplinary working in the prison for the effective delivery of services.

(2) Where a psychologist makes a recommendation in writing to the Governor to address any matter having, or likely to have, significant impact on –

a) the psychological well-being of a prisoner or prisoners, or

b) the provision of psychological services in the prison,

The Governor shall, subject to he or she considering that such a recommendation is reasonably necessary and consistent with the requirement to maintain good order and safe and secure custody, implement the recommendation.

(3) Where the Governor decides not to implement such a recommendation, he or she shall so inform the psychologist as soon as may be and notify the Director General of the psychologist's recommendation, his or her decision not to implement the recommendation and the grounds for that decision and any other relevant observations.

Appendix C

Sources of Referral for Contact With IPS Psychology (2014)[38]

Referral Source	% of Referrals
Healthcare -G.P.'s (11%) -Unspecified healthcare (9%) -Psychiatry (4%) -Nurse (4%)	28%
Prison Officer	11%
Self	9%
Integrated Sentence Management	9%
Psychology * these were referral for follow up episodes of intervention or transfer between establishments.	7%
Addiction Service	7%
Governor	6%
Blank (no referrer entered) *majority of these indicate automatic referral, i.e. transfer to A/Hill assess for BBL.	6%
Probation Service	5%
Mentoring Service	4%
Chaplaincy	2%
Education	2%
Other	2%
Parole Board	1%
Prisoner	1%

[38] This listing was generated from the PCTS by randomly selecting a sample of 100 referrals from 2014, weighted to represent the referral totals for each establishment. Thanks are owing to Aaron Swift for assisting in generating these statistics.

Appendix D

Agreed Procedures for Stepped Care Approach to Referrals from Primary Healthcare to Secondary Care (IPS Psychology Service) in Cases of Depression (21.3.13)

NICE guidelines[39] recommend a stepped care approach to the management of depression, including major depressive disorder, mild depression and dysthymia. Five steps have been identified:

Step 1: Detection and measurement of severity

Step 2: Management of mild depression in primary care

Step 3: Management of moderate to severe depression in primary care

Step 4: Referral to secondary care (specialist mental health services)

Step 5: Management of depression requiring in-patient care

This protocol embodies this stepped care approach.

1. **Detection / Severity**
   - 1.1 The care pathway followed differs depending on severity, so it is crucial to assess severity. G.P. asks relevant questions[40]to formally diagnose major depression, mild depression, or dysthymia.
   - 1.2 Major depression is diagnosed if low mood or loss of pleasure for minimally 2 weeks is accompanied by 4+ of the 7 other DSM IVtr[41] criteria for major depression and causes clinically significant distress or impairment of functioning.
   - 1.3 Mild depression is diagnosed where low mood or loss of pleasure for minimally 2 weeks is accompanied by up to 3 of the other 7 criteria and day to day functioning is not significantly impaired.
   - 1.4 Dysthymia is mild depression persisting for 2 or more years.
   - 1.5 Appendix 1 offers approximate thresholds on 3 validated questionnaire measures of depression, recommended by NICE, for use by G.P.'s in considering treatment. It is important to also use clinical judgement when interpreting such scores – attention should be paid to: the level of impairment of functioning; depression history; and depression treatment history.

2. **Management of Mild Depression within Primary Care.**
   - 2.1 NICE guidelines assert individuals experiencing mild depression should firstly be monitored for 2 weeks to assess if they develop more severe symptoms.
   - 2.2 Guided self help materials and informal support (acceptance and reassurance that the client is not 'going mad') should be commenced during this period.

---

[39] National Institute for Health & Clinical Excellence (2004). Depression Clinical Guideline, at http://www.nice.org.uk

[40] Kendrick, T. & Tylee, A. (2009). Depression. In Gask, L., Lester, H., Kendrick, T., & Peveler, R. (eds.). Priary Care Mental Health. Royal College of Psychiatrists Publications. London.

[41] American Psychiatric Association (2000). Diagnostic and Statistical Manual for Mental Disorders (4th edition, text revision). APA.

2.3 Therapy for mild depression is questionable - systematic reviews have indicated benefits from therapy for mild depression do not typically persist by 12 months follow up.

3. Management of Major Depression (Recent Onset) within Primary Care.

3.1 Evidence highlights that a sizeable portion of those with recent onset (just over 2 weeks) major depression experience symptom amelioration in the ensuing weeks. At initial presentation, informal support (acceptance & reassurance that the individual is not 'going mad') and the offer of symptom review in 1-2 weeks may be beneficial in screening out self-resolving cases in those with more recent onset of major depression.

3.2 Such individuals should also be encouraged to engage in guided self help within the Primary Care setting.

3.3 NICE offers guidance with regard to the use of first and second line antidepressant treatment.

4. Management of Major Depression (Duration Beyond 2-4 weeks) within Primary Care.

4.1 Such individuals should be encouraged to engage in guided self help; with associated supportive follow-up meetings to review progress.

4.2 NICE offers guidelines with regard to first and second line antidepressant treatment.

4.3 Review meetings within the Primary Care setting should be offered to support and encourage engagement with the above strategies.

5. Referral to Secondary Care.

5.1 Referral to the IPS Psychology Service locally should be considered **only** when efforts at guided self help, with associated meetings with G.P. to offer support/encouragement, have not proven effective.

5.2 The completed referral form should also have attached:

5.2.1 A diagnosis of severity (major/mild/dysthymia) & recency of onset.

5.2.2 An account of primary care interventions to date

5.2.3 A clinical impression as to why these may have not elicited or maintained adequate gains.

5.2.4 Incomplete referrals will be returned to source and may result in unnecessary delays in clients accessing wait list & intervention.

5.3 Standard CBT for depression is of typically 15-20 sessions duration. In addition, wait times can be up to 8 months at present. This means clients will generally need to remain at Midlands Prison for 12-13 months if they are to obtain the treatment in totality (wait time added to treatment duration). Therefore, a referral criterion is that clients have 12+ left to serve. Clients with less than one year to serve should instead be offered community referral as part of their release plan and be managed within Primary Care in the interim.

5.4 In addition, clients being referred for therapy for depression should be willing to give a commitment to remain at Midlands for at least one year, as the local IPS Psychology Service cannot guarantee continuity of therapy should they transfer to another site.

6. **Atypical Cases**

6.1 The local IPS Psychology Service recognises atypical cases may arise from time to time and remains committed to being available for informal/formal liaison with colleagues on a case by case basis.

Agreed Pilot Procedures for Stepped Care Approach to Referrals from Primary Healthcare to Secondary Care (IPS Psychology Service) in Cases of Anxiety (21.3.13)

1. Take a history of sufficient detail in order to confidently diagnose or otherwise, specific anxiety disorder.
2. Direct all clients to guided self help material (material with G.P. currently, proposed to be held in library also in 2013). Collaboratively encourage all clients to engage with same for a period of 4 weeks minimally. Consider further primary care treatments, (see NICE guidelines, 2007[42]).
3. Indicate to clients that after this period they can revert to G.P. should they feel they need further assistance in their ongoing management of their anxiety.
4. For clients who do revert after this period, review & decide if other primary care strategies may be helpful (see NICE, 2007; Gask et al, 2009[43]). Where practical, offer further support in implementing self help strategies.
5. Where, at (minimally) 4 week review or subsequent review, a client has not responded to primary care strategies, a referral from Primary Care to Secondary Care (including Psychology Service) can be considered.
6. Where time left to serve precludes referral to IPS Psychology at Midlands (i.e. currently less than 12 months to serve), referral should be directed to Community Psychology. Where practical, G.P. to continue to offer interim ongoing guidance in implementing primary care strategies.
7. Where steps 1-6 have been followed and a client has 12+ months to serve, a referral may be made to IPS Psychology Service at Midlands. Along with the 'tick box' details required on the referral form, the written referral should contain:
    a. Details of the diagnosis & history supporting same.
    b. Details of primary care interventions undertaken, gains/reversals made and the nature of complications encountered that have necessitated referral from Primary to Secondary Care.

[42] National Institute for Health & Clinical Excellence (2007). Anxiety. Clinical Guideline (amended), at http://guidance.nice.org.uk/CG22

[43] Gask, L., Lester, H., Kendrick, T. & Peveler, R. (eds.). (2009). Primary Care Mental Health. Royal College of Psychiatrists Publications. London.

c. Please note that incomplete referrals are returned to referral source for completion & may thus cause unnecessary delays in accessing wait list, triage and intervention.

8. Where practical, G.P. to continue to offer interim ongoing guidance in implementing primary care strategies whilst client is awaiting secondary care intervention.
9. These procedures will be reviewed in approximately 3 months by G.P. & IPS Psychology Service locally. The IPS Psychology Service local team remain available for drop in or telephone consultation with regard to any queries.

Appendix E

Proposal to Develop A Risk Group

Identified need.

The Midlands prison holds a total of 860 prisoners, of which approximately XX% are convicted of a violent offence. Of this group of violent offenders the IPS Psychology department can only intervene in a minority of the most complex cases in relation to their offending behaviour (typically life sentence prisoners) due to resource difficulties as well as demands on Psychologists time in relation to other needs such as mental health related problems. The Probation Service are similarly resource restrained and currently only meet with prisoners who have Probation requirements in the final 18 months of their sentence (the exception being life sentence prisoners whom they see for risk assessment and parole reports).

There is currently no violent offence focused group work available in the Midlands prison in order to meet the need on a larger scale. Thus, a large number of violent offenders come to the Midlands prison with limited opportunities to identify their specific risk factors and consequently work on these risk factors related to their violent offending from the beginning of their sentence.

Clinical experience indicates that long term prisoners feel 'at a loss' at the beginning of sentences with a felt sense of little or no direction in how to manage their sentence effectively, particularly in terms of tackling their individual risk factors related to violent offending.

By the time long term and life sentence prisoners meet with the parole board in year seven or thereafter, they are often in denial about the notion that they may be at 'high risk' of re-offending. A risk assessment is completed prior to The Parole Board review which often identifies the individual offender as 'high risk' and they are often left feeling angry with a label that they do not agree with and a lack of understanding as to why they are 'high risk'.

Furthermore, research indicates that risk assessments are typically completed in a manner that excludes the offender, leaving them none the wiser about *why* they are considered 'high risk', just that they are 'high risk' (Horstead & Cree, 2013).

Due to the above difficulties being identified in other jurisdictions, the 'HCR-20 Risk Group' (Clarke, 2012) was established in Lambeth Hospital's secure forensic psychiatric ward in 2010. The aim of this group is to take group members through the Historical Clinical Risk – 20 (HCR-20) violence risk assessment (the most widely used violence risk assessment). The group goes through each of the 20 risk factors most related to violent behaviour and supports group members to use these risk factors to formulate their own violence risk (each individual has different risk factors that relate to each other in different ways to increase their risk of violence). In the groups facilitators own words, the group is used to "*facilitate discussion about risk*" and "*promote transparency*" in relation to treating risk. This encourages individuals to take responsibility for their own risk management and reduction. Whilst empirical validation is continuing, the clinicians indicate that outcomes include an increased understanding of risk, increased self-efficacy, empowerment through knowledge, positive peer influence and the promotion of positive working between staff and group members (Clarke & Hebagulph, 2012; Clarke, Hebagulph & McIvor, 2012).

Current Proposal.

The IPS Psychology Service at the Midlands prison proposes, in part, to meet the needs of longer term and life sentenced prisoners by engaging them in a similar group framework to the 'HCR-20 Risk Group'. Here at the Midlands Prison the group would be specifically designed to:

a) Support violent offenders to develop a solid concept of their offending and in particular their unique risk factors for violence early in their sentence (year 1-3).

b) Increase the number of violent offenders being seen by clinicians for preliminary offence focused work.

c) Ensure that violent offenders consider how they will integrate work on their individual violence risk factors into their sentence management in order to support increased risk management.

d) Move away from the secretive nature within risk assessment is typically completed by promoting openness, understanding and transparency in relation to risk factors, risk assessments, and risk of violent offending.

e) Promote exploration of personal risk factors and sharing this information within the group context.

Proposed Format

- Rolling, 12-weekly groups lasting 2 hours per week (mornings) facilitated by two members of the IPS Psychology Service (Dr Emma Regan, Clinical Psychologist and Ms Valerie Burke, Assistant Psychologist).
- Group made up of up to 12 members and two co-facilitators.
- Attendance is voluntary.
- Use of simplified HCR-20 risk assessment that individual group members rate based on a fictional violent offender and then their own violent offences.
- Candid discussion of each risk factor is encouraged.
- Individual support (outside the group) will be provided in relation to rating individuals own violence risk.
- Historical risk factors will be discussed in relation to their association with violence. 'Clinical' (current dynamic) and 'Risk' (future dynamic) risk factors will be focused on because of how amenable they are to change.
- Assessment of 'change' in attitudes to risk and violence will be engaged in pre and post group.
- Follow-up groups will be considered.

Inclusion/Exclusion Criteria

Initially, the group will invite those inmates serving life sentences who have spent a significant number of years already serving the life sentence, who have increased levels of violence in prison (P19's) and those who struggle to engage with the services which may support them in tackling their risk factors. Following meeting the needs of this cohort, the group aims to focus on individuals sentenced to life imprisonment and those who have committed violent offences who are eligible to meet with the Parole Board.

Inclusion

- Convicted of a violent offence with sentence of 7 years and over (eligible for parole hearing).
- Capacity to engage in group programme (cognitive capacity, literacy skills, behavioural controls).

Exclusion

- Individuals convicted of a sexual offence.
- Incompatibility with one or more group members.
- Individuals not able to attend group setting due to protection status or incompatibility with one or more group members.

Resource requirements

- Appropriate group room
- Prison officer detail one morning per week
- Protected time to support supervision and pre and post group assessment and write up.

Dr Emma Regan
Clinical Psychologist

References

Clarke, A. & Hebagulph, S. (2012) The HCR20 - A Recovery Approach Implementing the Recovery Model in Forensic Services using the HCR-20 Risk Assessment, *Behavioural and Developmental Psychiatry Clinical Academic Group (CAG)*.Retrieved 2/12/13 at:http://www.rcpsych.ac.uk/pdf/Clarke%20HCR-20%20%20Recovery%20RCPsych%20Newcastle%202feb2012.pdf

Clarke, A., Henagulph, S. & Mc Ivor, R. (2012) Risk and Recovery Group for Offenders With Mental Disorders. *Psychiatric Services,* 63 (1) doi: 10.1176 Retrieved 05/12/13: http://ps.psychiatryonline.org/article.aspx?articleID=181287

Horstead, A. & Cree, A. (2013). Achieving transparency in forensic risk assessment: A multi-modal approach. *Advances in Psychiatric Treatment, 19*, 351 – 357.

Appendix F

Mental health worker / Model of mental health care proposal

INCREASED ACCESS TO PSYCHOLOGICAL SERVICES
PORTLAOISE PRISON CAMPUS (Two year pilot proposal)
IPS PSYCHOLOGY SERVICE

Executive Summary

Rates of severe mental illness are estimated to be 10 times higher amongst prisoner populations than amongst the general Irish population (O'Neill, 2011). This mental distress in all its forms is integrally related to risk of offending and community safety.

At the Portlaoise Complex, bed capacity has increased by almost 100%. Psychologists are the only full-time mental health professionals employed by the Irish Prison Service (IPS). At present, 2.8 Psychologists are unable to meet multiple demands being made of them including intervening at a primary and secondary care level with acute mental health problems, as well as tertiary care work (offending behaviour, community safety and risk assessment / parole work). This necessitates changes to both services delivered and models of service delivery.

At the Portlaoise Campus, our long term objective is to ensure safe and secure custody, dignity of care and rehabilitation to prisoners for safer communities (IPS Three Year Strategic Plan, 2012). Therefore, it is key that the *right* individuals (those of risk to the community; those with mental health needs) gain access to the *right* service (evidenced-based primary, secondary and tertiary rehabilitation services), at the *right* time, and that this culminates in the *right* result (safe and secure custody, and safer communities) (taken from Improving Access to Psychological Therapies, UK Department of Health).

In order to achieve this objective, our goal is to integrate into our way of working, a model of best practice care with a proven track record in other jurisdictions who have faced similar high demands on scarce resources. Implementation will require support and a shared vision and purpose between the IPS Psychology Service and other relevant IPS stakeholders. Such collaboration will be important in supporting key pillars of the IPS Three Year Strategic Plan, 2012.

Specifically, it is proposed that we implement two changes to service delivery that have a proven track record in improving community safety and mental health outcomes including:

1. A stepped-care model as recommended by the National Institute of Health and Clinical Excellence (NICE; UK Department of Health).
2. A model which increases access to psychological therapies adapted from 'Improving Access to Psychological Therapies (IAPT) for Offenders' (Department of Health, UK, 2009).

The employment of three Graduate Mental Health Workers for the duration of a two year pilot project, supervised by qualified psychologists would see the following benefits:

1. Free up qualified Psychologists to shift the emphasis of their work from primary and secondary care mental health interventions to more specific tertiary care, risk/community safety interventions.
2. Ensure equality of care for prisoners (Office of the Inspector of Prisons, 2011).
3. Support the management of prisoners e.g. reduce the need for 23-hour lock up / protection status, support more disruptive prisoners, reduce the likelihood of self-medication with drugs and alcohol, increase the likelihood that prisoners will engage with other services in prison e.g. Education, exercise, Addiction Services, Probation Service etc., and support the management of violence risk within the prison.
4. Go some way to meeting the significantly increased mental health needs found amongst prison populations (O'Neill, 2011).
5. See a reduction in primary and secondary care therapy costs of up to 75%.
6. See an increase of 106 primary / secondary care therapy hours weekly (an increase of over 135%).
7. Reduce GP referrals by up to 30%.
8. Increase the number of those being referred on to appropriate community services.
9. Increase prisoners' quality of life and that of their families.

Summary of IPS Psychology Services (current)

IPS Psychology Services

The role of Psychologists in society varies depending on the clinical population in question. Typically, Psychologists are based in Primary Care (GP surgeries – anxiety, depression etc.), Secondary Care (Community Mental Health Teams - personality disorder, psychosis, self harm, suicidality etc.) or Tertiary Care mental health services (Psychiatric Hospital, Prisons, Child Services, Intellectual Disability Services).

As a prison is thought of as 'a world within a world', it falls on the Irish Prison Service (IPS), and in particular, the Care and Rehabilitation Directorate, to implement models of care that will meet the Primary, Secondary and Tertiary care needs within the campus in order to ensure equality of care to that of the community (Office of the Inspector of Prisons, 2011). As Psychologists are the only full time mental health professionals employed by the IPS, they are in a key position to support the implementation of appropriate models of care and rehabilitation.

IPS Psychologists are trained to engage in the following work:

- Direct individual and group work with the broad spectrum of mental health and offence-related needs across the developmental lifespan.
- Auditing the outcomes of this work.
- Supervision of staff engaging in individual and group work with clients if it is related to psychological needs.
- Staff training.
- Writing e.g. mental health, risk management policy.
- Implementing policy e.g. models of care.
- Meeting clinical governance requirements.
- Consultation to multidisciplinary colleagues.
- Supporting management in the implementation of organisational change.

- Departmental managerial responsibilities.
- Academic responsibilities

Our current role within the Portlaoise Campus

The IPS Psychology Service in the Portlaoise Campus consists of 4 posts. Currently, 1 post is unfilled. At present, the majority of the work is two-fold:

1. Primary and Secondary Care: Intervening directly with those who suffer with acute and complex mental health problems such as anxiety/depression with co-morbid, PTSD, personality and relationship difficulties, addictions, and difficulties arising from childhood abuse etc.
2. Tertiary Care: Intervening directly with those who require individual offending behaviour / community safety work. There are three pillars of community safety work: risk assessment, risk reduction, and risk management. The IPS Psychology Service operates in all three:

    a. Risk Assessment: Using the Violence Risk Scale.
    b. Risk Reduction: Individualised programmes focused on reduction of risk factors associated with recidivism.
    c. Risk Management: Consultation with Probation and other Community Services, as well as the Irish Prison Service in relation to risk management strategies.

Key problems identified

1. Rates of severe mental illness are estimated to be 10 times higher amongst prisoner populations than amongst the general population (O'Neill, 2011). This mental distress in all its forms is integrally related to risk of offending and community safety. Bed capacity at the Portlaoise Campus has expanded by almost 100% in the past number of years. At present, 2.8 Psychologists are unable to meet the demands being placed on them to intervene at Primary, Secondary and Tertiary care levels. This necessitates changes to both services delivered and models of service delivery.

2. In prison, individuals suffering from mental distress are more likely to be disruptive, remain on landings during unlock, be placed on protection including 23 hour protection, self-medicate with drugs and alcohol, and have relationship difficulties with staff and other inmates. They are at increased risk of harm to self and others and are less likely to engage proactively with services such as Education and the various workshops.

3. At present, Psychologists are the only full time qualified mental health professionals in the IPS and therefore, have no choice but to intervene at the level of serious primary and secondary mental health needs. Even focusing on primary and secondary care needs only, we cannot access a large proportion of these individuals due to the increasing number of prisoners and dearth of mental health professionals 'on the ground'.

4. As Psychologists' time is taken up intervening at a primary and secondary care level, we are not engaging heavily enough in tertiary care areas specifically focussing on risk relevant community safety interventions, e.g. introducing programmes for community safety, working with high risk, high needs individuals, developing and implementing staff training, consultation, management, policy development and implementation etc.

5. In terms of time and money, qualified Psychologists are an expensive resource when intervening at a Primary and Secondary care level when other practitioners could intervene under the supervision of qualified Psychologists. This would free up qualified, experienced Psychologists to focus more on tertiary care interventions.

6. The IPS Psychology Service's capacity to engage in staff training to roll out e.g. offending behaviour and mental health programmes as per the Strategic Plan is also contingent on being freed up in this way from Primary / secondary care work.

7. The IPS Psychology Service (Portlaoise Campus) wait list is approximately 12-18 months long at present. Wait times resulting from the dearth of Psychologists and rising prison population, prevent us from intervening with individuals who have less than 18 months to serve when referred. As significant numbers of inmates are 'falling through the cracks', on leaving prison, individuals living with mental distress are not being referred to appropriate agencies to support their mental health needs in the community. This has been evidenced to lead to increased rates of recidivism amongst these individuals and across generations, amongst their offspring. It also is associated with worsening of symptoms, continued self-medication, and ongoing social problems, at great social and fiscal cost to the community.

8. Portlaoise prison (one of the two prisons making up the Portlaoise Campus) has access to only .2 Psychologist input, yet it is Ireland's only high security prison.

9. The campus includes Ireland's largest prison and has the poorest prisoner to Psychologist ratio within the IPS. It also has the highest ratio of life sentenced prisoners to Psychologist in the IPS. Similarly, it has the highest ratio of parole board eligible prisoners to Psychologist across the prisons estate. The strain this places on reduced resources is unsustainable.

Goals and objectives

Our long term objective on the Portlaoise Campus is to ensure that the *right* number of individuals gain access to the *right* service, at the *right* time, and that this culminates in the *right* result (Improving Access to Psychological Therapies, UK Department of Health). In terms of an offender population, the *right* result is two fold:

1. A reduction in mental distress with benefits to the individual, their families and communities, and to the IPS.

2. An increase in community safety by intervening in mental health needs and other risk factors for recidivism in prison in the first instance, and by ensuring a smoother pathway of care into the community, in conjunction with our multidisciplinary colleagues both in the prison and in the community.

In order to achieve these objectives, our goals are:

1) To introduce a new model of evidence based best practice care in conjunction with relevant IPS stakeholders (e.g. Care & Rehabilitation Directorate, Operations Directorate, Local Management, Local ISM Officers and Referring Agents). The implementation of this model would directly support Strategic Actions **2** (Prisoner Progression), **3** (Prisoner Programmes)

and **4** (Management and Staffing), as well as the Strategy to Manage Mental Illness, Prisoners requiring Protection, and Reducing Reoffending by Violent and Sex Offenders (IPS Three Year Strategic Plan, 2012).

2) To increase access to talking therapies and other alternative treatments based on a stepped-care model within the Portlaoise Campus.

3) To increase the number of referrals to community mental health services where necessary.

4) To increase the number of hours qualified Psychologists are working with complex, high risk, high needs individuals.

Outline of proposed service change / Service Provision / Scope of Services

1) Improving Access to Psychological Services for Offenders

Following a large-scale review of mental health and related needs in UK (Kent) prisons, Harding *et al* (2007) recommended that consideration be given to piloting and evaluating the use of programmes such as Improving Access to Psychological Therapies within the prison system. Since this time, the UK has developed a specific model of care for offenders known as 'Improving Access to Psychological Therapies (IAPT) for Offenders' (UK Department of Health, 2009).

The IPS Psychology Service are proposing to pilot a similarly adapted model of care within the Portlaoise Campus. This model of care includes the use of Graduate Mental Health Workers (GMHW's[44]) whose primary role would be to provide Primary and Secondary care psychological therapies under the supervision of qualified Psychologists. They would also work closely with the Healthcare team[45]. They would look to improve the mental health of offenders by identifying and tackling the broad social, health and mental health needs of a vulnerable and socially excluded population. This would free Psychologists' time to engage in the more complex, tertiary care work required by those high risk high need offenders, and to support the IPS in further developments as appropriate. The community safety literature consistently indicates that where resources are limited, they should be targeted in this way, i.e. at those with the greatest complexity and risk.

Increasing access to psychological services for offenders would look to intervene in the following mental health problems (not exhaustive):

- *Depression*
- *Post Traumatic Stress Disorder*
- *Generalised Anxiety Disorder*
- *Complex Bereavement / Grief*
- *Panic*

[44]GMHW's are recruited in the UK under the IAPT scheme at Band 5 (circa £21,000 pa). They hold a relevant qualification in Psychology (at least a Degree or Masters) and are typically working toward training in a related professional field e.g. clinical / counselling psychology training. They are trained 'on the job' to provide evidence based treatments. They typically have some relevant experience with the clinical population in question.

[45] It is important to note that this proposal does not conflict with the proposals for a new HSU at the Portlaoise Campus as GMHW's primary role is with individuals at the other end of the mental health spectrum (Primary and Secondary Care) whereas the HSU focuses more heavily with Tertiary Care mental health problems. Furthermore, the GMHW's could potentially provide the HSU with talking therapy as an adjunct to medical treatment which is best practice with more complex mental health problems.

- *Difficulties adjusting to prison life*
- *Agoraphobia*
- *Relationship Difficulties*
- *Specific phobias*
- *Difficulties arising from childhood abuse*
- *Obsessive Compulsive Disorder*
- *Health Anxiety*
- *CBT for psychosis*
- *Sleep Problems*
- *Aftercare arrangements in the community*

Therapies offered may include:

- *Psycho-education and supported self-help (reading, audio, seminars, gym 'prescriptions' etc).*
- *Psycho-educational groups on common mental health and prison related problems.*
- *Relaxation techniques.*
- *Problem solving.*
- *Individual evidence-based interventions (ranging from one-off sessions to more intensive interventions of up to 12-15 sessions).*
- *Regular information seminars to promote 'on the ground' mental health awareness and treatments.*
- *Joint mental health clinics in conjunction with GP's to improve joint working and efficiency.*

The key to increasing access to psychological services for offenders is that mental health care would be 'on the ground' and available in meaningful, less stigmatising ways to those who are already stigmatised by the nature of their offending, and who may be reluctant to seek support for a variety of reasons. Diagrams 1 and 2 outline current and proposed changes to the IPS Psychology Service to support this model of increasing access to psychological services.

Diagram 1: *Current* IPS Psychology Service (Portlaoise Campus):

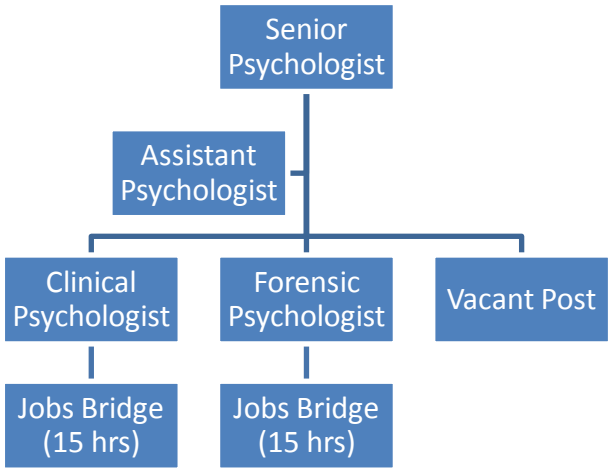
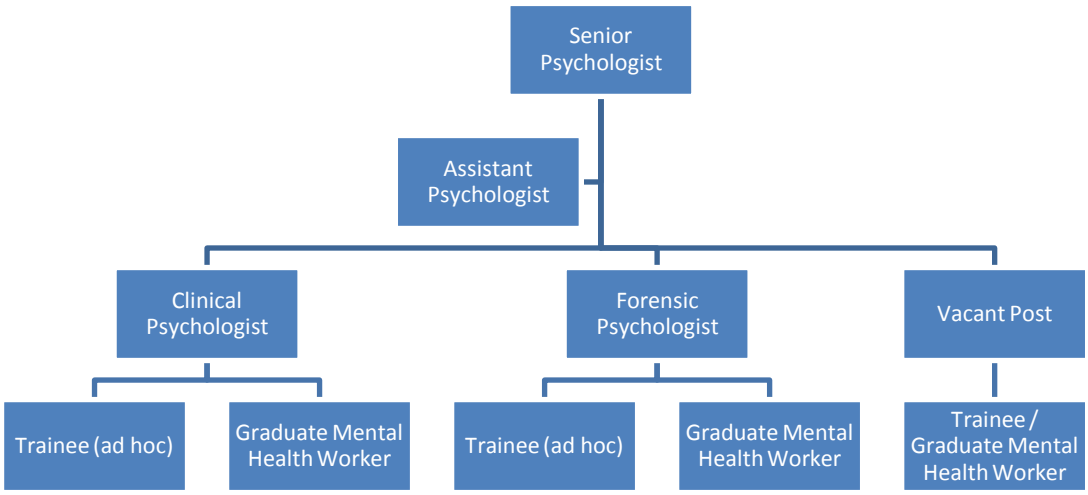


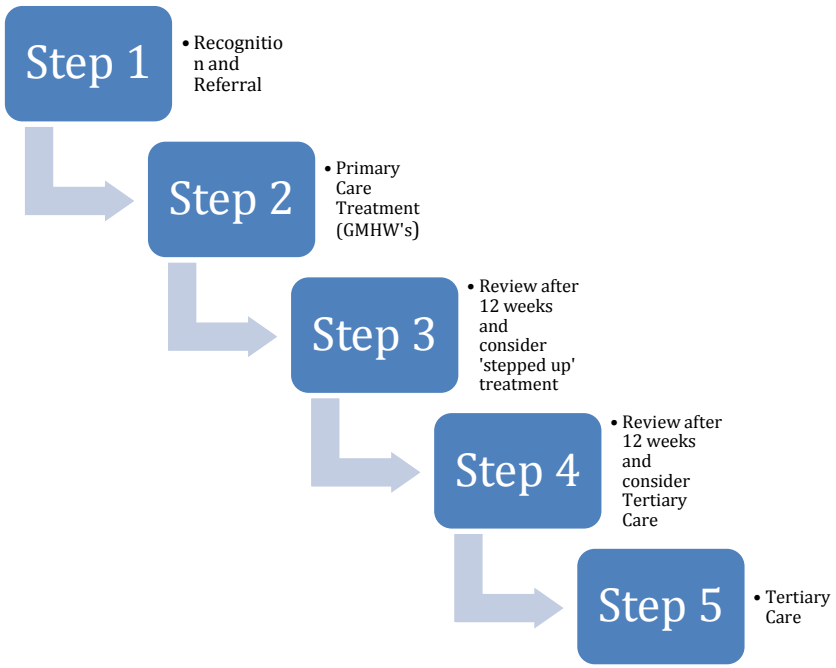
Diagram 2: *Proposed* IPS Psychology Service to increase access to psychological services (Portlaoise Prison Campus)



2) Stepped-care model

In conjunction with a model to increase access to psychological services, the IPS Psychology Service proposes to promote a model whereby mental health care is treated through an internationally recognised 'stepped care' approach in close collaboration with the Care & Rehabilitation Directorate (particularly Healthcare) and the broader IPS. Individuals would be treated more quickly and with an intervention suited specifically to their needs, from the least intrusive and intensive, through each step to the most complex treatments, depending on the individual's need and response. IAPT for Offenders sits neatly into this new way of working as Diagram 3 demonstrates:

Diagram 3: Stepped Care Model



Potential benefit to Community Safety, Prisoner Mental Health, Irish Prison Service

1) Estimated costs of current Primary and Secondary Care mental health interventions in the IPS range from €26.15 - €46.15 per hour. Recruiting GMHW's to meet primary and secondary care mental health needs in the IPS sees a reduction in estimated costs to €12.82[46] per hourly Primary and Secondary Care intervention or €1.07 per individual in a group setting (based on a group of 12 participants).

2) Preliminary figures estimate that with the recruitment of three GMHW's over the Campus, each could provide group and individual treatment to at least 51 individuals each 12 weeks[47]. With three rotations in a year (allowing for treatment preparation, auditing outcomes, linking with the community and making referrals, supervision, meetings etc.), each GMHW could see approximately 153 clients per year x 3 GMHW's yields at least 459 clients.

3) Furthermore, the IPS Psychology Service locally provides approximately 75 client contact hours per week. The proposal would facilitate an increase in client contact hours of 5,500 annually, or 106 additional hours for each week of the year – an increase in excess of more than 135%.

4) Local prison GP's estimate that 30% of their referrals received are for mental health interventions. The introduction of GMHW's could support the reduction of referrals to GP's in relation to mental distress and a more thorough, best practice intervention provided (through the proposed programme of multi-disciplinary stepped care).

5) The provision of GMHW's means that more complex mental health needs relevant to community safety are identified far earlier in the sentence, and importantly that Psychologists are freed up to be able to respond to these more complex needs.

6) Improvements may also be seen across a broad range of areas including:

    a. Prisoner Management: Increased number of prisoners off landings and accessing services, reduced incidents of harm to self and others, prisoners on enhanced, protection prisoners and those on 23 hour lock up.
    b. Prisoner Wellbeing: Both in prison and on release, reducing the likelihood of more serious mental health problems.
    c. Increased multi-disciplinary working.
    d. Increased community referrals.

7) IPS becomes one of first Irish public service agencies implementing evidence based, alternative models of care to increase access to psychological therapies, currently being promoted by EU Parliament (see conference hosted by Ms Nessa Childers, MEP at the University of Limerick in May 2013 – 'De-medicalising Primary Mental Health Care').

Resource Requirements

[46]Based on a salary of €25,000.
[47]This is based on 12 week individual or group interventions. If less intervention required, say 6 weeks instead of 12, then this figure could be doubled).

- Three Graduate Mental Health Workers to work over the Portlaoise Campus (both prisons),
- Direct supervision provided by Psychology.
- Filling of the 4th Psychologist post (recently sanctioned).
- Implementation of Clinical Governance Meetings between relevant multi-disciplinary stakeholders, including but not limited to local Healthcare, Addiction Service and local Management to ensure best practice treatment and improved multi-disciplinary working.
- Continued officer detail where necessary for the provision of treatment interventions. This requirement can be offset significantly by looking at a dynamic and pragmatic approach to risk management within the campus.
- Suitable individual intervention and group rooms at both prisons within the campus.

Dr Emma Regan
Clinical Psychologist
Midlands Prison
Portlaoise Campus

Date: 4th March 2014

References

De-medicalising Primary Mental Health Care, Conference held at University of Limerick, hosted by Nessa Childers, MEP, May 2013.

Department of Health (2009) *Improving Access to Psychological Therapies: Offenders – Positive Practice Guide.* http://www.iapt.nhs.uk/silo/files/offenders-positive-practice-guide.pdf

Harding, C., Wildgoose, E., Sheeran, A., Beckley, G. & Regan, E. (2007) Study to Undertake a Mental Health Needs Assessment Across Kent and Medway Prison Estate. www.kmpho.nhs.uk

Improving Access to Psychological Therapies, UK Department of Health.www.iapt.nhs.uk

National Institute for Health and Care Excellence (2011).*Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care.* CG 113 http://www.nice.org.uk/cg113

Office of the Inspector of Prisons (2011).Guidance on Physical Healthcare in a Prison Context. www.justice.ie

O'Neill, O. (2011). *National Overview of Forensic Mental Health Services Ireland.*http://www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/National_Overview_Reports/NOFMHS_report11.pdf