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# Editorial

## Re-addressing the balance

The articles in this edition of the journal make it clear that Corrections remains true to its vision of "creating lasting change" and is continuing to succeed with the people Corrections manages. The articles demonstrate commitment to embracing change, trying new ways of working, and building knowledge – and systems – that challenge old assumptions while improving current practice.

I found in these articles a strong understanding of the relationship between practice and theory; our practice forms a critical part of our research, and our best practice is based on solid evidence.

It is particularly encouraging to see a strong focus on women who have offended in this edition. Like other jurisdictions across the world, we are experiencing a rapid rise in the number of women serving sentences. We recently launched *Wahine – E Rere Ana ki te Pae Hou: Women's Strategy 2017 – 2021* (women rising above a new horizon) so it's pleasing to see Hannah McGlue's article exploring the development of this. The strategy aims to improve outcomes for women by working in more gender-responsive ways to begin to address the imbalance in opportunities. I feel the article skillfully explains why women need a strategy and how it relates to the reality of their lives.

### **Stephen Cunningham**

*Director Offender Employment and Reintegration  
Department of Corrections*

The focus on women continues with Marianne Bevan's in-depth study of case management practice for women. Guided by the Corrections Integrated Practice Framework, this article introduces five principles for working with women based on lessons learnt.

In the July 2017 journal, the previous editor remarked that Corrections traditionally distinguished between two domains of activity relating to reducing the risk of re-offending: the rehabilitative and reintegrative. Most would accept that the reintegrative domain has traditionally been the poor cousin to rehabilitation – but no longer: Diane Hallot and Madeline Patterson have created a professionally run and much expanded suite of reintegration services with excellent quality assurance. Many of our reintegration services are delivered by service providers, and they've been working alongside us to improve outcomes for the people they serve.

I'm sure you will agree that the article line-up is impressive, and I hope this issue of the journal helps you link theory to your practice, enriches your working life and makes you more effective with the offenders you manage.



# Addressing the imbalance: Enhancing women's opportunities to build offence free lives through gender responsiveness

**Hannah McGlue**

Principal Adviser Women, Department of Corrections

## Author biography:

Hannah has recently been permanently appointed as the Principal Adviser Women after being seconded to the role for 12 months. Prior to this appointment she worked on developing a strategy for women while in the Chief Custodial Officer's Team as the Principal Adviser National Systems. Hannah joined Corrections as a Corrections Officer at Auckland Region Women's Corrections Facility. This was after completing a law degree and post-graduate study to become a barrister in England. Since 2013 she has worked in strategic and operational policy roles at National Office.

*"Some of the most neglected, misunderstood and unseen women in our society are those in our jails, prisons and community correctional facilities. While women's rate of incarceration has increased dramatically ... prisons have not kept pace with the growth of the number of women in prison; nor has the criminal justice system been redesigned to meet women's needs, which are often quite different from the needs of men." (Covington, 1998)*

Since 2015 the Department of Corrections (Corrections) has been developing and beginning to implement a strategy and programme of work to improve outcomes for women on sentence in New Zealand. In that time the author has fielded a wide range of questions which all boil down to: "why do women need their own strategy, what about treating men and women 'equally'?" In the context of the world we live in, this question is not surprising. This article answers that question and outlines how Corrections is seeking to change its approach to the women who come through our doors by addressing the imbalance in opportunities available to women, and the relevance to the reality of their lives.

## Women and the criminal justice system in New Zealand

Women make up the minority of people managed by corrections services across the world. In the majority of countries, women account for between four and 14 percent of prison populations, and around 20 percent of people serving community based sentences. In New Zealand, women currently account for 7.5% of the prison population, and 17% of the community sentenced population.

On the whole, women commit less serious crimes than men and re-offend at lower rates. These are the main reasons why criminal justice systems' policies, process, practices, services and interventions are usually designed with men in mind.

Over recent decades the world has seen significant increases in the rates of women's imprisonment and changes to the offences and characteristics of women in the criminal justice system.

New Zealand has not fared any differently and, in particular, over the last decade we have experienced increases in:

- the total number of women managed by Corrections
- the number of women starting community sentences
- the volume of women sent to prison for serious offences, particularly drug related offending (methamphetamine) and violent offending
- the proportion of women being sentenced to imprisonment for breach offences
- recidivism among women
- the proportion of women who are categorised as medium and high risk
- the numbers of women remanded in custody at any one time
- Māori women's overrepresentation in prison.

Women tend to be in prison for less serious offences than men, with violent offenders making up a smaller proportion of women's prison starts. Across prison and the community, the most common offence type for women is dishonesty (approximately 30%). This is followed in the community with traffic offences (approximately 29%) and in prison starts by violence (approximately 18%) and breach offences (approximately 16%).

## Gender responsiveness in the criminal justice system

These trends, alongside greater academic interest about what works to enhance women's opportunities to live offence-free lives, have led to the concept of gender responsiveness in the criminal justice system. Gender responsive services for women are those which are *designed* to meet women's needs, and are not confined to criminal justice.

Gender responsiveness has been slowly adopted in various forms across corrections systems. Canada, Scotland, Australia, England and Wales and parts of the United States all have strategies, standards, policies and practices predicated on becoming more responsive to women's needs.

While the intricacies of gender responsiveness in corrections settings vary, and jurisdictions are at different stages of implementation, current best practice dictates that to be gender responsive:

- programmes and services, including reintegrative services, are designed to meet women's unique needs (offence related, socioeconomic, mental health, alcohol and drug, trauma)
- women are provided with a safe, respectful and dignified environment to address their risks and needs (trauma-informed care and practice)
- relational approaches to women's management are taken, and healthy connections and relationships encouraged and fostered (Bloom, Owen and Covington, 2003).

To put these principles into practice, other jurisdictions have implemented a range of initiatives including building small regional units focused on treatment rather than building a large women's prison (Scotland), building culturally responsive healing centres in place of prisons (Canada), focusing on greater use of non-custodial sentences for women (England and Wales), innovative expansion of policies to enhance women's relationships with children, partners and family (Australia, England and Wales), introduction of healthy relationships programmes (all) and introduction of trauma-informed practice (USA, Scotland, England and Wales).

## Why women need a distinct approach

There is strong international and domestic evidence that a specific approach for women is required in New Zealand, and in some areas we already take one. There are two key differences between men who offend and women who offend, which support the need for a gender-specific approach. The first is that women's offending needs and pathways to crime are often different from men's. The second is that women's responses to treatment and management are different.

This means that *what we work on* and *how we work* with women needs to be informed by evidence of what works for women.

## Women's needs – what we work on

There are a number of factors which influence, or cause, the offending of men *and* women regardless of gender. In line with this, Andrews and Bonta's evidence-based principles of risk, need and responsiveness are the basis for Corrections' programmes designed to reduce women's risk of re-offending. The focus of this treatment is on the personal characteristics of women that can cause their offending behaviour. These include antisocial attitudes, antisocial associates, history of antisocial behaviour and antisocial personality pattern, personality as well as substance use, problematic home/family circumstances, school/work circumstances and leisure/recreation circumstances (Andrews and Bonta, 2017).

Having said that, research focusing specifically on women's pathways into crime has shown that women's fundamentally gendered experiences are often factors in their pathways to offending. These "gender specific" factors include:

- Lifelong trauma and abuse (Bevan, 2017; Salisbury and Van Voorhis, 2009)
- Mental health issues (Indig, Gear and Wilhelm, 2016), with self medicating behaviour and coping mechanisms
- Unhealthy personal relationships (Bloom, Owen and Covington, 2003)
- Parenting difficulty and stress (Covington, 2007)
- Economic marginalisation, including difficulty providing financially for dependent children and other family (Wright, Van Voorhis, Salisbury and Bauman, 2012).

In particular, research consistently shows that women are likely to present with multiple needs (greater than their male comparators), and those needs are likely to be intertwined (Bevan and Wehipeihana, 2015). For example, traumatic experiences such as sexual abuse leading to post-traumatic stress disorder, leading in turn to substance misuse as a coping strategy.

Research conducted by Corrections on women's experiences of re-offending and rehabilitation (Bevan and Wehipeihana, 2015) mirrored the international research about the needs and re-offending triggers of women. Four key trigger areas were identified by women as things that had "gone wrong" and led them back to offending, sometimes after long periods of desistance. These triggers were relationships going wrong; reliance on drugs, alcohol and gambling; economic pressures; and lack of good support networks and services (Gobeil, Blanchette and Stewart, 2016).

Additionally, it was typically the underlying beliefs they held about themselves, their roles in society and their perceived levels of agency that influenced how they responded to the challenges they faced. Within the context of relationship difficulties, economic pressures, substance abuse issues and a lack of support, many women felt they did not have the capacity to create a different life and remain resilient when confronted with instability.

This research also asked women about their experiences of the rehabilitation opportunities provided by Corrections. While the women in the research highly valued the rehabilitation that they had received, they also frequently felt that their rehabilitative needs were not adequately met. In particular, their needs relating to the experiences mentioned above (relationship issues, trauma, mental health and substance use) and the way they interact with each other were frequently cited as having not been identified, addressed or addressed in sufficient depth for them to make the changes in their lives they needed to stop offending.

In summary, research has highlighted the importance of paying attention to gender. This includes research which has compared outcomes for women who have received gender-neutral interventions, with women who have received gender-responsive interventions, which supports the idea that women are more likely to respond well to gender-informed approaches (Gobeil, Blanchette and Stewart, 2016). This means we must understand the way that gender shapes women's early experiences, opportunities, expectations about their roles in society and the way they try to manage the range of tensions in their lives, and support them to overcome these when they are barriers to reducing their risks of re-offending.

### **Women's responses to treatment and management – how we work**

Working with women in criminal justice settings is different to working with men. People who have worked in both women's and men's prisons, and with different genders in the community, frequently articulate the differences and challenges from each group. Women's different life circumstances, needs and ways of behaving and interacting with other people are all relevant and need to be accounted for to successfully manage them in a gender responsive way.

For example, research focused on behaviour in prison has shown that women often have different communication styles and interpersonal skills than men: they are more likely to communicate openly with staff, including being more open about their needs and emotions and more likely to form close relationships with others on sentence (Wright, Van Voorhis, Salisbury and Bauman, 2012). New Zealand research into women's case management in prison has recently

confirmed this in our context (Bevan, 2017, draft). This means that staff will be more effective with women when they take a collaborative approach which allows time for a trusting and empathetic working relationship to be built. Support for women to navigate the stresses of their relationships is also a required skill when working with women.

Mental health issues, substance dependence and trauma often play a significant role in the lives of women who offend, which directly impacts how they should be managed. While the prevalence of mental health and problematic substance use issues is high across the male and female offending population, analysis indicates that it is starker among women (Indig, Gear and Wilhelm, 2016):

- 75% of women in prison have diagnosed mental health problems (61% male prisoners)
- 62% of women in prison have co-morbid mental health and substance disorders across their lifetime (41% male prisoners).

The prevalence of post-traumatic stress disorder is particularly high among women prisoners. The source of trauma is varied; however, a high proportion of it is likely to be through violent and sexual victimisation as a child or adult. Recent analysis has shown that 75% of women have experienced family or sexual violence in their lifetime (Bevan, 2017). Historical trauma, "the cumulative emotional and psychological wounding...spanning generations, which emanates from a massive group trauma" (Brave Hearts, MYH, 2005) is also a relevant consideration, particularly for Māori women in prison.

While traumatic experiences do not always translate into long term difficulties, some experiences have pervasive impacts. It can be particularly difficult for those individuals to cope in a prison environment or while on sentence in the community. Women's mental health issues and on-going symptoms of trauma can be difficult for staff to respond to and manage, especially when they are not trained to work in a trauma-informed way with women.

The relational theory of women's psychological development is also important here. It maintains that fostering relationships and strong connections with others is a primary motivation for women that directly informs perceptions of self-identity and worth. Relational management is about the way we engage with women, and the strategies we implement to best engage women in their pathway to desistance. In practical terms, relational management sees staff proactively forming empathetic relationships with the women they work with and encouraging the growth of healthy relationships with children, whānau, partners, family, other women on sentence, community services and corrections staff.



## Applying gender responsiveness in a New Zealand context: Wahine - e rere ana ki te pae hou, women rising above a new horizon

In response to the changing shape of the women's offending population in New Zealand, including a 40% increase in the women's prison population in two years, we have incorporated what we know about women who offend in a new Women's Strategy (the strategy). The aim of the strategy is to enhance women's opportunities to create offence free lives for themselves through:

1. Providing women with access to interventions and services which meet their unique risks and needs
2. Managing women in ways which are trauma-informed and empowering
3. Managing women in ways which recognise the importance of relationships in their lives.



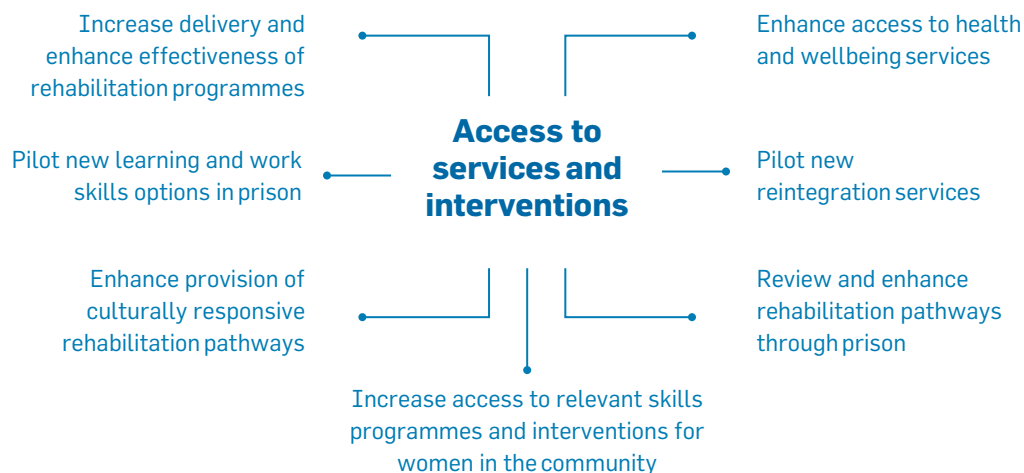
For the avoidance of doubt, the Women's Strategy is not about neglecting men. It is not about ignoring men's needs. It is not about making prison or community sentences easier for women than for men. It is, in fact, not about men at all. The strategy is about making sure that we are giving women the best chances we can to change their lives.

## Providing women with access to interventions and services which meet their unique risks and needs

This priority is about addressing the imbalance. As the minority population, services provided to women in the criminal justice system have often been retrofitted from those designed for men, or not provided in equitable quantity or quality. Through this priority we will make sure that women on sentence have sufficient access to rehabilitation treatment, interventions and services to enhance their ability to build offence free lives in the community.

To achieve this priority, we will increase provision of individualised and timely gender and culturally responsive rehabilitation and intervention. This includes rehabilitation programmes, and services to address responsibility barriers such as trauma symptoms. For example, we are employing additional psychologists and programme facilitators to increase the delivery of our medium intensity programme for women, Kowhiritanga. We will provide services to identify and meet mental, physical and spiritual health needs. As well as direct health services, this includes access to health education and opportunities to improve overall wellbeing. We will provide opportunities for education, skills training, and work which broaden women's experiences and take into account the realities of their lives. For example, training in the construction and hairdressing industries will be introduced to women's prisons. These will lead to sustainable and meaningful employment. We will also provide reintegration services with the right mix and length of emotional and practical support for women to successfully re-join their whānau and communities.

The diagram below shows some of the initiatives we are pursuing to achieve this priority:



## Managing women in ways which are trauma-informed and empowering

This priority is about challenging and changing the way we manage women on a day-to-day basis. As stated above, a high proportion of women on sentence have had traumatic experiences. The impact of trauma can be “subtle, insidious, or outright destructive” (SAMSHA, 2014) and, unaddressed, can leave sufferers in a constant state of shock and self-preservation leading to behaviour such as aggression and self-harm. Corrections environments, especially prisons, can compound and worsen trauma symptoms. Moving towards practice which is trauma-informed can have positive impacts for staff and women. These benefits include a decrease in conflict between women, and between women and staff, as well as improved engagement in rehabilitation and improved mental health.

To achieve this priority we will provide training for staff so they understand the prevalence and effects of trauma, recognise the signs and symptoms of trauma and can respond to women effectively. We will integrate our knowledge into our practice, policies and procedures, and will empower women to have confidence in their abilities to build offence free lives.

The diagram below shows some of the initiatives we are pursuing to achieve this priority:

### Trauma-informed and empowering

- Develop and introduce trauma-informed practice into women's prisons and probation services
- Upskill our staff to work more effectively with women
- Seek to recognise and build on women's self-efficacy
- Pilot trauma counsellors in women's prisons

## Managing women in ways which recognise the importance of relationships in their lives

This priority is about enhancing the services we provide women to recognise the importance of relationships in their offending, *and* changing the way we manage women. Research tells us that women's relationships play a unique role in their offending behaviour, and we know that relationships can be integral to the way women see and value themselves.

In a corrections context, women often value closer relationships with staff than men do, and work more effectively with staff members in that context. Additionally, women are more likely to form close emotional relationships with other women on sentence. This means that we can be more effective working with women when we seek to enhance and foster healthy working relationships in our environments. Women's relationships, healthy and unhealthy, with partners and children are also important here as a stable or de-railing influence. Enhancing women's abilities to end unhealthy relationships, and foster healthy ones can be integral to their pathways to offence free lives.

The diagram below shows some of the initiatives we are pursuing to achieve this priority:

### Relational

- Upskill staff to work in relational ways with women
- Seek and encourage appropriate involvement of children and whānau in women's sentences
- Provide healthy relationships programmes for women on sentence
- Pilot social workers in women's prisons

## What next for the Women's Strategy?

In the context of increasing convictions of women for violent and drug related crime, and a significantly increased women's prison population, it is time to try new approaches to reduce re-offending by women. Guided by international best practice, and developed in conjunction with a growing body of research about women's offending, the Women's Strategy has the potential to transform Corrections' management of women on sentence.

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# Collaborative, relational and responsive: Principles for the case management of women in prison

**Marianne Bevan**

Senior Research Adviser, Research and Analysis Team, Department of Corrections

## **Author biography:**

Marianne started at Corrections in May 2014, and has completed a range of projects related to the offending, treatment and management of female offenders. Prior to working at Corrections, she conducted research, and implemented projects on gender and security sector reform in Timor-Leste, Togo, Ghana and Liberia.

**KEYWORDS:** female offenders, gender responsiveness, case management

*"It's just having conversations. You know those conversations where women feel empowered, and they believe that they can do what they need to do to stay out ... They might not want to do things in the beginning, but with a little support and encouragement, not only from case management but from the wider team, they quite often get through it." – Casemanager*

Research on gender and crime has shown that there are important differences between men and women who offend, which have rarely been considered in the design and implementation of prison services (Bloom, Owen & Covington, 2002). Accordingly, international research suggests that the approaches taken to the management of women in prison need to be conducted in a gendered way that takes account of women's different life circumstances, risks and needs, and ways of behaving and interacting while in prison (UNODC, 2008; Bloom, Owen & Covington, 2002; Schram, Koons-Witt & Morash, 2004). Currently, there is little known about how these issues pertain specifically to the case management of women. Therefore, in 2016, the Department of Corrections conducted a study on the case management of women in prison to explore whether the way case management was operating in women's prisons worked for women and staff, and how it could be improved. The research involved interviews with 35 women in prison, 10 case managers, and 13 corrections officers, across the three women's prisons – Auckland Region Women's Corrections Facility, Christchurch Women's Prison and Arohata Prison.

In New Zealand's prisons, the case management of those in prison is led by the case manager, who assesses the factors driving a person's offending and

plans a programme of actions and work to support them to address these factors and plan for release. This includes identifying rehabilitation programmes and reintegration activities women can complete, and supporting them to complete these activities and address their offending. Case management is guided by the Integrated Practice Framework (IPF). This is an offender-centric approach whereby decisions are made based on the Risks, Needs, and Responsivity (RNR) factors of the individual prisoner. This means that any interventions people receive should match their level of risk, and be targeted at the factors which have been shown to influence their offending. Corrections officers also play a role in case management, although custodial practice is not guided by the IPF. Each corrections officer has a caseload of women in their unit who they act as case officer to. The case officer supports the case manager by keeping them informed of any issues of concern related to women on their caseload, and by motivating and supporting women to attend rehabilitative and other activities recommended by their case manager. Given the key intermediary role case officers play, they were also included in this study.

This paper brings together lessons from the study to provide five principles for working with women. These are:

1. Recognising difference
2. Practicing collaborative planning
3. Designing rehabilitation pathways that work for women
4. Practicing relational management
5. Supporting staff to work with women.

While this work was focused on the role of case managers, these lessons can be applied to wider case management practice, including the ways in which all staff work on managing an individual case.

## Recognising difference

*"Women are far more difficult to manage than men ... Women's needs are quite different." – Case manager*

Staff who had worked with both men and women in prison generally noted that there were many similarities between them. However, there were also differences in three areas: the complexity of women's needs, their familial responsibilities on the outside, and the ways women relate to staff. There is also a tendency within research on women and crime to portray women as a homogenous group, which is problematic as it can mask the vast differences between women. Feedback from staff and women in this project showed that there were differences *between* women which affected how they responded to case management, such as age and cultural background, prior exposure to imprisonment, familial responsibilities, and their levels of trust. The differences necessitated different approaches to case management for women, the most successful of which are discussed below.

## Collaborative planning

*"It's a big issue, women and trust. It's much more difficult with women because I think they've been more damaged and it's harder for them ... That initial engagement, you can't rush that and you need to take as long as you need to build that trust." – Case manager*

Case managers are required to identify women's offence-related needs and work with them to plan the best course of action to address these needs and plan for their release. As part of this, case managers work with women to develop Offender Plans, Parole Board Reports and Release Plans. Feedback from staff and women showed that *how* women are engaged noticeably affected their level of buy-in to the content of these plans and women generally responded well to a collaborative approach to planning.

To work collaboratively, staff described needing sufficient time in the planning process to build women's trust and engagement. Feedback from women and staff showed that women frequently had difficulty trusting people, often on account of having experienced sexual abuse and other forms of victimisation, which diminished their trust. For these women, having their case manager spend time getting to know them, and giving them time to open up, was important. This was the case for Sophie (not her real name), whose case manager, "was so patient with me when I came in and waited for me to open up. She's been awesome." Staff used a range of approaches to build trust with women. For example, one case manager described how when she was working with some Māori women she would

start discussions about where they were from, which developed a "better foundation" from which to work, as she explained:

*"I go back to where they are from ... And that is how I start with my girls, getting to know them on that grounding place. What did you do as a kid? Were there rivers that you played in? ... To allow them to tell me all about it."*

Ensuring that women felt they had sufficient input into planning processes was also important. Case managers did this by gathering women's perspectives on what led to their offending, which made women feel valued and listened to, and ensured they felt that their plans reflected their needs. At Christchurch Women's Prison, they used an "intake panel" which was thought by staff to help facilitate this. The intake panel is a multi-disciplinary approach to case planning where prior to developing the Offender Plan, selected women meet with representatives from case management, probation, Māori services, custodial, programmes, and psychological services. Women were asked about themselves, what they thought led to their offending. One case manager described how:

*"It's about giving them some of that control back and not making them feel so vulnerable ... They are a person and they have value and no-one knows their story better than they do ... The ones that have gone through the panel, I think are more motivated to engage with the different activities."*

The one woman interviewed who had been through the process confirmed this, describing how she felt staff on the panel got to know her and what she needed. As she explained:

*"They were asking questions about me which felt good because they were getting to know me and what I needed, and at the end of it I felt good ... I ended up getting what I wanted to know too and said what I needed."*

Overall, women often wanted to feel known by staff, and that staff understood their key issues, which was also relevant when it came to planning for parole and release.

## Designing rehabilitation and reintegration pathways that work for women

The study confirmed that women's needs are generally complex and multi-faceted (Bevan and Wehipeihana, 2015). Along with accepted criminogenic needs such as substance abuse, anti-social attitudes and associates, case managers also included unhealthy relationships,

past victimisation, low self-esteem, lack of support, and poverty as factors influencing women's offending. Designing rehabilitation and reintegration pathways that addressed these needs required that staff identified the "lynch-pin" needs, and recognised and planned for responsivity barriers.

The complexity of women's needs meant that there was skill required in untangling them. Feedback from both women and staff showed that while women's needs were often multiple, they commonly had a lynch-pin need or needs around which other needs sat. Identifying and targeting the lynch-pin need was important when deciding what interventions women were best suited to. As one case manager noted:

*"The first thing is to identify what their needs are, why they're here and what they need assistance most with. If they get released, what are going to be the one or two critical things that, if they don't start working on now, nothing is going to change. For one person it might be abusive relationships, for other people it might be alcohol or drugs."*

These lynch-pin needs were not always the issues women initially disclosed. One case manager described how a woman's offending may be assessed as drug-related, with the automatic assumption being that an addictions-focused programme was the most urgent. However, the case manager noted that drug use may be driven by another issue, such as abusive relationships. In this sense, relationships may be the lynch-pin need, meaning a programme with a stronger relationship focus should be scheduled first, such as Kowhiritanga, which is a medium-intensity group-based rehabilitation programme.

Women often had a strong sense of what was driving their offending, be it unhealthy relationships, grief and loss, or anger. For example, Jane's case manager suggested that she do an addictions programme, but Jane felt that a drug problem was not her key issue, rather that depression and grief were more important factors in her offending, and were what drove her addiction. Consequently, good case management of women required communicating effectively to women how the interventions on offer related to their perceived lynch-pin need(s). The Intake Panel at Christchurch Women's Prison helped facilitate this. Having a wide range of staff (i.e. programme facilitators and psychologists) present allowed case managers to more accurately gauge what programmes women were best suited to, and for the appropriate staff member to explain how the programmes related to the individual woman's needs.

The other key area of consideration staff noted was responding to responsivity. Responsivity factors are one of the three pillars of the RNR approach. The concept

describes those factors which can affect *how* people respond to interventions targeted at their needs. For women, these often include recent or historic trauma, low self-esteem and self-efficacy, and mental health issues. One case manager described how, "motivation is a huge thing for men, or lack of, I should say ... [for women] it's not necessarily the lack of motivation, it's the lack of everything that contributes to it; it's the other people, it's the trauma, it's the unresolved issues from the past". Responsivity factors influenced women's willingness to engage in rehabilitation, and affected how they responded to interventions, which meant it was important that responsivity factors were identified and addressed in the development of rehabilitation pathways.

Women were often apprehensive about engaging in group programmes, due to concerns about disclosing personal trauma. Staff noted it was important to ensure that there was sufficient "pre-work" done with women where they had access to the right services to address responsivity factors. This included services like ACC counselling for women with historic trauma so they learned coping strategies for managing the continuing effects of trauma prior to engaging in rehabilitation, if necessary. This was more of a focus now for staff, as one case manager explained:

*"I think we're changing to more of a focus on what is the right pathway for that offender. We will no longer take someone off ACC counselling to do a rehab programme, because while that rehab programme is important, that ACC counselling is also very important. It's about prioritising and some better thinking and planning around what that person is going to do."*

Case managers also noted that it was important to take responsivity factors into consideration when deciding which rehabilitation programmes women would do. This was to ensure they were not put on programmes which would bring to the surface historical or recent trauma, which the programme was not designed to deal with, as this risked women reacting adversely. In some cases, women's responsivity factors meant they benefitted from doing individual psychological treatment instead of, or prior to, group programmes. For example, Tina spoke about how on a previous sentence she had been placed on the DTU but had exited prematurely because she found it too "intensive", and was reluctant to discuss the traumatic drivers of her addictions in a group setting. However, on this sentence she was given the opportunity to complete individual psychological treatment, which had provoked a major mind-set change for her, and as a result she was now properly engaged in a group programme for the first time.

Responding to responsivity issues also included identifying and building on women's strengths as this would increase motivation and self-belief. For a number of women, attending the Tikanga programme, or the Māori Women's Leadership programme supported this. Janet described how the Māori Women's Leadership programme benefited her:

*"Just kind of gives you a sense of who you are, and where you're from and your people ... it was just encouraging for me to set in my mind to do something, I can do it ... Because in my life I was always told you're shit, you ain't going to get shit and so that's what happened, that's my thought."*

Developing a positive self-identity has been shown to aid desistance from crime, and therefore identifying interventions to help women build a sense of agency was important.

## Relational Management

*"Women say 'I'm worried about my babies, I'm worried about my house, and I'm worried about when I get out'. So there is a lot of stuff going on for women." – Case manager*

Women are often described as "relational" in research on women and imprisonment; that is, that relationships and building connections are important to their sense of self-worth and so having an environment which promotes healthy relationships between staff and women, amongst staff, and between women and their family/whānau on the outside is crucial. Feedback from women and staff in this research demonstrated the importance of a relational approach in the case management of women in three areas: how staff organise contact with the women, the role staff play in supporting women's relationships on the outside, and how staff work together.

## Relationships with staff

There was a general opinion amongst staff that the quality of relationships women had with staff played an instrumental role in succeeding with women, and that contact needed to be scheduled in a way that took account of this. Women generally responded better when they were given clear and consistent information about when they could expect to start activities, and that staff undertook the actions they had agreed to. This ensured women maintained trust in staff, and that women did not, as one case manager explained, "think you're just another person from the system who's not doing anything to help."

For some women, relationships with staff were seen as purely functional; so long as they were given clear and consistent information they were satisfied. However, other women needed more contact focused on their general wellbeing to feel supported, particularly if

it was their first time in prison. One case manager described how contact was important for women:

*"I think women want to spend more time with you, like to see you often ... Yeah, I think the contact is a lot different, because women tend to want a lot more time than the guys ... maybe it's just [having] a person listening."*

One woman appreciated how, "she [case manager] saw me every six weeks. She wanted to know how you were going and how you were feeling, not just 'I'm your case manager and here are the programmes you should be doing'." Another described how this makes "you feel like you matter." Therefore, some staff would regularly schedule "catch-up" sessions where they would go into the units and be available to those who needed to "check in":

*"You go down knowing that and spend some time just catching up. Sometimes ... five minutes is all you need to just let that person know that you're still on goal with them and you're still there ... I just get out of the office and let them sit and talk for half an hour. They feel someone's heard them."*

Women who experienced this type of contact found it beneficial because it demonstrated that staff were invested in their progress, which built their engagement in the case management system. This demonstrates the importance of women's prior experience of imprisonment being taken into consideration as a responsivity factor when the level and type of contact is organised.

## Relationships with family/whānau

International and local research has often described how women's experience of prison is commonly different to men's, as women continue to manage family and other commitments from the inside. Providing women with practical and emotional support to manage and maintain relationships with family/whānau meant they were better placed to address their offending needs. Staff often talked about women arriving in prison in "crisis mode", where they had a range of issues pertaining to child care, family, pregnancy, and property, that needed to be addressed in order for women to feel able to progress with their sentence. These challenges continued to impact women throughout their sentence and affected their motivation to address offending behaviour, for example by making it harder for them to engage in programmes. As one case manager explained:

*"If they start a programme and in that very beginning phase of that programme something happens outside or with the kids and family, it would take a bit more work to keep them on that programme and move them through that programme whilst managing the stuff that's going on."*

In this sense, these issues were a key responsibility factor, and some case managers saw it as their role to help women develop strategies to manage the family-related stressors that they often disclosed. Being successful with women was “not just getting them through the programme as such, [but] teaching them how to manage all the stresses that are going on, not just in here, but on the outside.” This was evident in some women’s descriptions of how they benefited from staff being attentive to situations with family and partners on the outside. For example, Jade found out her son had attempted suicide; as a result she found it more difficult to concentrate on programmes and work. Jade’s case manager was available and attentive to these issues, which helped her get back on track. As Jade explained:

*“I can talk to her about everything and anything. And ... some of the problems and issues I have are personal, and I take them to her and she’ll give me that five minutes ... otherwise she knows I’ll be hysterical and frantic.”*

Women also benefitted from practical support provided by staff to maintain or re-gain links with family/whānau. For example, Ashley had been estranged from her children who were in Oranga Tamariki care for a long period of time. Her case manager helped to organise for them to visit her, which she identified as a “watershed” moment. As she explained:

*“When I had my visit with my kids, it was just so good. [Case manager] has helped. I thank her heaps for that. We’ve got a really close relationship ... we are joined up now. We work as a team.”*

Given that relationship difficulties (with family, partners, and children) are a key factor in women’s re-offending (Bevan and Wehipeihana, 2015), working with women on relationship challenges made good case management sense.

### Relationships between staff

Relationships between staff, in particular between case managers and case officers, were also important. Most case officers believed they had a role in motivating women to complete rehabilitative activities. This was seen by women and staff to work well when the role of the case officer was recognised by case managers, and both parties consistently shared information about women’s upcoming activities and any personal issues she may be experiencing. One case officer described how:

*“It’s like having a laptop and having a printer, the two of them go together but if you don’t plug the printer to the laptop there’s no point having it. We are the printer, the laptop is the case manager. They can do that all day long but unless they’re attached to the printer what’s the point?”*

Women appreciated when this happened. For example, women in the DTU consistently perceived there to be excellent communication between staff because it was a therapeutic environment and the custodial staff were more involved in women’s treatment. One woman explained that, “they play a different role in the DTU, the officers are in the loop of what’s going on” which built women’s trust in the process. Therefore relationships *between* staff were also important in keeping women engaged in the case management system.

### Supporting staff to work with women

Staff described a different experience working with women, and a need to be properly supported to optimally conduct this role. Through years of frontline experience, staff working with women developed valuable information about women’s unique needs and responsibility factors, how to best identify them, and how to build and maintain women’s motivation to address their offending behaviours. They noted that it was important staff entering women’s prisons were properly trained on how best to work with women. As is evidenced above, case management of women worked best when the complexity of women’s needs, their familial responsibilities on the outside, and the different ways women relate to staff, were factored in, and staff had sufficient time to perform their role. Staff noted that while they were available to listen and assist with family/whānau issues, they were not counsellors, psychologists, or social workers. Therefore, supporting case managers to work with women also required providing clarity about what constitutes the bounds of the role, and ensuring that the right services – such as counsellors and social workers which are now available in women’s prisons – were available for case managers to refer women to for specialist assistance.

### Conclusion and going forward

Case management practice is guided by the Integrated Practice Framework (IPF) which allows the flexibility for staff to work appropriately with women. This study identified five lessons in what works in the case management of women:

- Women need a different approach to men which is relational, collaborative and responsive to their unique needs, and which is also sensitive to the diversity of their needs and characteristics
- Women benefit from collaborative approaches to planning where staff have sufficient contact time for trust and engagement to be built, and meaningful input sought
- In designing rehabilitation and reintegration pathways that work for women, their lynch-pin need(s) and responsibility factors such as prior exposure to trauma, need to be properly identified and targeted in the right order



- Women's management should be relational; having good relationships with staff where women felt informed and valued, and able to address issues with family/whānau helped build their engagement and put them in a better place to address their offending needs
- Staff need to be properly supported to work with women by receiving specialised training on women's unique risks, needs and responsivity factors, and by having clear bounds around their roles.

The Department of Corrections recognises the need for a different approach to women's treatment and management, and as a result has launched Wahine – e rere ana ki te pae hou: Women's Strategy 2017–2021. The strategy states that women's management should be relational, trauma-informed and empowering, and should meet women's unique risks and needs. There is a range of activities which have been, or are soon to be, implemented, as part of the strategy, which will enhance case management practice with women. These include:

- Support for staff working with women will be enhanced through the implementation of training on trauma-informed practice for staff
- Rehabilitation pathways that work for women will be enhanced through the development of new programmes and services including a "primer" programme for women on arrival to prison, healthy relationships programmes, a high-risk women's programme, the expansion of current programmes, and the continuing development of a rehabilitation pathway founded on kaupapa Māori therapeutic values
- Relational management will be enhanced by the continuation of social workers and counsellors in women's prisons, the introduction of trauma-informed practice and investing in staff development.

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# Methamphetamine use disorders among New Zealand prisoners

**Jill Bowman**

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## **Author biography:**

*Jill joined the Department of Corrections' Research and Analysis Team in 2010. She manages a variety of research and evaluation projects, and has a particular interest in desistance, employment outcomes of released prisoners, how probation officers work with offenders and the needs of female offenders. As well as working for Corrections, she volunteers at Arohata Prison, teaching quilting to the women in the Drug Treatment Unit.*

## **Introduction**

A 2015 study of mental health and substance abuse disorders among New Zealand prisoners found that the prevalence of methamphetamine disorders had increased almost 10-fold since a similar study was conducted in 1999. A *Practice* article by the author reported on the overall results from this study (Bowman, 2016).

Given the significant harms and increased mental illness attributable to the use of methamphetamine, the Department of Corrections contracted the Australian research consortium that had analysed the data from the 2015 study to conduct further analysis, focusing on methamphetamine use. The purpose of this additional work was to better understand the mental health, comorbidity, treatment seeking and other associated factors for prisoners with and without a methamphetamine use disorder, and to inform programmes the department has recently implemented to assist prisoners with a methamphetamine use disorder.

## **Study methodology**

Between March and July 2015, 1,209 offenders in 13 New Zealand prisons were interviewed about their mental health issues and substance abuse. The prisoners who participated in the study had either been sentenced within the three months preceding their interview or were remand-convicted prisoners, so their responses were based on their experiences while in the community. In addition, interviewers reminded participants that their responses should reflect the period before their admission to prison. The full methodology for carrying out the research was described in a *Practice* article by the author (Bowman, 2015).

## **Findings about methamphetamine use**

Significant findings from the research included:

- a high level of methamphetamine use amongst prisoners
- high levels of comorbidity with a mental disorder or abuse of other substances amongst prisoners with a methamphetamine disorder
- the earlier occurrence of mental health issues for prisoners with both a mental health disorder and a methamphetamine disorder.

These and other key findings are discussed below.

The analysis revealed a high use of methamphetamine amongst New Zealand prisoners. Over half of all prisoners (56%) had used methamphetamine at some time during their lives and, of those who had used it, over half (58%) had used it in the previous 12 months. More male prisoners had used methamphetamine over their lifetimes than female prisoners (56% compared with 49%), but women were more likely to have used it within the preceding 12 months (67% compared with 57%). There were no significant ethnicity differences in methamphetamine use.

Over a third of prisoners (38%) had abused methamphetamine (that is, it had caused problems in their lives) or had a dependency over their lifetimes, with males more likely to have an abuse disorder (16% compared with 6%) but females more likely to have a dependence disorder (32% compared with 23%)<sup>1</sup>. Over the last 12 months, 16% of prisoners had a methamphetamine abuse disorder (3%) or a dependence disorder (13%). This is much lower than was found in a 2001 Australian study of 1,500 prisoners (27%), using the same diagnostic tools. As with the lifetime disorder figures, women were more likely than men to have a 12-month dependence disorder (19% compared with 12%).

<sup>1</sup> Simply put, abuse reflects "too much, too often" and dependence is the inability to cease methamphetamine use.

Both abuse and dependence on methamphetamine was highest among prisoners aged 25-44 years, but younger prisoners used methamphetamine for the first time earlier than older prisoners. Those aged between 17 and 24 years first used the drug at the age of 16.8 years, compared with 25 to 44 year olds who first used it at 20.8 years, and those aged 45 years and older who first used it at 29.8 years. There was no significant difference in age of first use between men and women or between ethnicities.

Lifetime methamphetamine dependence was found to be most prevalent among prisoners whose first imprisonment occurred at a younger age, who had spent more time in prison and had more custodial sentences.

With regard to types of offending, prisoners with a lifetime methamphetamine dependence disorder were more likely to have a current offence related to drugs or burglary, and offenders who had used methamphetamine in the last year were more likely to have a current burglary offence. This suggests that the prisoners were under the influence of methamphetamine when they committed their offence, or they had committed the offence to enable them to obtain methamphetamine.

Compared with prisoners without a methamphetamine dependence disorder, prisoners with a lifetime dependence disorder were nearly twice as likely to have a comorbidity with another substance use or a mental disorder. They also had a significantly higher prevalence of most anxiety or mood disorders than prisoners without a methamphetamine dependence disorder. The age of onset of the mental health disorder in prisoners who had a comorbid anxiety or mood disorder always occurred before the age of onset of the methamphetamine disorder. This suggests that prisoners with these mental health disorders are at a higher risk of substance use disorders and may be self-medicating with methamphetamine and other substances.

There was no association between methamphetamine dependence and the presence of psychosis symptoms for either a lifetime or 12-month diagnosis. However, it should be noted that the psychosis screener in the tool used in the study is not a diagnostic instrument.

Most prisoners with a methamphetamine dependence also used other drugs, and they were three times more likely (58% compared with 18%) to have another drug dependence than prisoners who did not have a methamphetamine dependence. The age of onset of the methamphetamine dependence compared with the age of onset of the other drug dependence varied,

depending on what the other drug was. Prisoners with a dependence on alcohol, marijuana, inhalants and hallucinogens had an earlier age of onset for these drugs than the age of onset for their methamphetamine dependence, lending credence to the "gateway" theory of drug use. For all other substance dependence comorbidities (for example, club drugs, cocaine, opiates, painkillers, and sedatives), the methamphetamine dependence occurred at an earlier age than the dependence on the other drugs.

The following tables summarise the findings from the report. However, the full report *Impact of stimulant dependence on the mental health of New Zealand prisoners* is available on Corrections' website [www.corrections.govt.nz](http://www.corrections.govt.nz)

## Summary of findings

Table i. Correlates of stimulant use and disorders

		% ever use stimulants	% use stimulants in past year	Stimulant abuse disorder (%)		Stimulant dependence disorder (%)	
				12-month	Lifetime	12-month	Lifetime
Gender	Men	56.2	57.2	3.4	16.0†	12.4	22.5
	Women	48.8	66.7	2.0	5.6	19.2†	31.8†
Age group	17-24 years	51.2	65.5	2.9	14.1	13.1	19.1
	25-44 years	64.5	61.1	4.4	17.6	16.9	29.5
	45+ years	40.4	38.8	1.4	11.7	3.8	11.9
Ethnicity	European	60.0	54.4	3.1	14.8	14.5	23.7
	Māori	60.5	59.8	4.1	18.2	13.4	24.6
	Pacific peoples	34/4	64.8	1.6	9.7	8.2	15.5
	Other/NA	33.8	38.6	2.2	6.1	6.7	21.5
Country of birth	New Zealand	59.1	58.8	3.5	16.4	14.0	24.7
	Other	30.1	40.3	2.2	8.0	3.6	10.1
Offence type	Drugs	70.0	52.2	3.2	18.1	19.9	35.8
	Burglary	66.9	70.8	3.4	17.1	19.2	34.9
	Violence	56.2	53.8	3.3	17.6	10.9	21.6
	Other	44.4	55.1	2.7	11.9	7.9	15.3
Time in custody	<1 year	47.9	60.5	3.3	12.8	10.4	18.5
	1-<3 years	57.9	60.3	2.8	15.3	17.8	26.0
	3-<5 years	72.6	49.2	2.8	17.3	13.8	28.7
	5+ years	78.2	51.0	5.1	27.4	14.2	35.4
Age first time in custody	<20 years	68.2	58.8	4.5	21.1	16.2	28.9
	20-24 years	57.6	63.3	2.4	14.6	14.0	22.8
	25+ years	44.9	52.1	3.0	11.4	9.5	18.4
Number previous custodial sentences	None	42.8	60.8	3.0	10.8	10.4	18.3
	1-2	54.1	55.8	3.2	14.3	11.6	20.1
	3+	68.7	56.9	3.8	20.4	15.8	29.2
<b>Total sample</b>		<b>55.7</b>	<b>57.7</b>	<b>3.4</b>	<b>15.4</b>	<b>12.8</b>	<b>23.0</b>

†Statistically significant (P<0.05)

Table ii. Comorbidities by stimulant dependence disorders

		12-month diagnosis		Lifetime diagnosis	
		No stimulant dependence % (n=1035)	Stimulant dependence % (n=174)	No stimulant dependence % (n=910)	Stimulant dependence % (n=299)
<b>Anxiety disorders</b>	Generalised anxiety disorder	4.9	7.3	8.4	10.6
	Panic disorder	3.9	7.9†	4.8	8.5†
	Post-traumatic stress disorder	14.6	25.5†	20.0	36.0†
	Any anxiety disorder	20.6	35.6†	26.1	44.3†
<b>Mood disorders</b>	Bipolar disorder	8.1	15.1†	9.0	18.4†
	Dysthymia	4.3	3.5	4.3	7.7†
	Major depressive disorder	13.7	20.2†	18.8	26.6†
	Any mood disorder	22.0	35.3†	28.0	45.3†
<b>Substance use disorders</b>	Alcohol abuse	13.1	3.7†	45.7	33.4†
	Alcohol dependence	16.8	26.9†	31.1	51.5†
	Other drug abuse*	7.1	18.0	33.6	54.9†
	Other drug dependence*	8.2	42.9†	17.8	58.2†
<b>Comorbidity and multiple disorders</b>	Any comorbidity	15.2	55.7†	35.7	62.1†
	No disorder	43.4	0.0†	11.8	0.0†
	One disorder	31.0	33.6	31.0	6.6†
	Two disorders	14.4	32.5†	28.7	35.0†
	Three or more disorders	11.2	33.9†	28.5	58.4†
<b>Other mental health</b>	Any eating disorder	2.8	6.1†	3.7	9.8†
	Psychosis symptoms	6.1	9.4	12.4	14.8
	Psychological distress (past 30 days)	27.2	36.5†	26.5	34.3†
	Any personality disorder	31.3	44.0†	30.4	41.6†
<b>Suicidal behaviours</b>	Suicide ideation	13.9	16.0	33.7	37.3
	Suicide plan	6.5	8.7	15.4	23.7†
	Suicide attempt	5.2	7.6	17.9	23.7†
<b>Treatment</b>	Any mental health treatment (past year)	34.5	46.1†	32.9	46.5†

†Statistically significant (P&lt;0.05); \*Excluding stimulants

## Implications for Corrections' practice

These findings suggest the need to intervene early with young people who have a mental health disorder or an issue with alcohol or "softer" drugs to prevent their moving on to methamphetamine or other more serious drugs. The results also highlight the need to treat the drug and alcohol and mental health needs of all prisoners together.

The Department has expanded its mental health interventions to improve the treatment and care of offenders (both in prison and in the community) who have mild-moderate mental health needs. In addition, specific measures to assist prisoners with methamphetamine abuse have recently been introduced. These include immediate help to remand prisoners who are identified as having methamphetamine problems plus referrals to longer term treatment options, as well as a methamphetamine elective option as part of the drug treatment programmes in prison. A new burglary treatment programme being developed by Corrections offers opportunities to deal with the apparent relationship between burglary offences and methamphetamine dependence.

## Further research

These findings suggest areas where further research would be useful, including exploring the reasons for commencing methamphetamine use and the pathways people take to its use. In addition, a better understanding of how people acquire the drug, and the relationship between offending and drug use would be useful.

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# Strengthening continuity of care: Corrections' Alcohol and Other Drug Aftercare Worker Pilot

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Caitlin specialises in the design and implementation of alcohol and other drug (AOD) rehabilitation programmes. Caitlin has both worked on and led various AOD projects including residential AOD programmes, offender digital health services, the AOD Aftercare Worker Pilot and the Methamphetamine Strategy. Prior to her senior adviser role, Caitlin worked as a probation officer in Auckland.

**KEYWORDS:** AOD, alcohol and other drug, aftercare, aftercare worker, Department of Corrections, AOD treatment, AOD interventions, AOD response

The risk of relapse is a concern for anyone who has completed alcohol and other drug (AOD) treatment and hopes to achieve long term recovery from their addiction. Researchers and clinicians suggest that the risk of relapse can reduce if a participant undertakes aftercare following primary treatment (Inciardi, Surratt, Martin & Hooper, 2002). Inciardi et al. (2002) define aftercare as "a set of supportive and therapeutic activities designed to prevent relapse and maintain behavioural changes achieved in previous treatment stages". Aftercare in the Corrections context can include transitional support following the completion of intensive prison-based AOD treatment as well as continued support and aftercare in the community following a prisoner's release.

Research on aftercare is somewhat limited. However, there is some empirical support for the assertion that participation in aftercare activities is associated with better AOD treatment outcomes (Pelissier, Jones & Cadigan, 2007). A study from the United States showed that offenders are less likely to be re-imprisoned if they participate in aftercare activities following AOD treatment (Prendergast, Hall, Wexler, Melnick & Cao, 2004). The study's re-imprisonment rates for the group that accessed aftercare support was just 27% compared to those who did not participate in any aftercare activities (79%). Relapse rates for those with alcohol addictions have also been lower for those engaged in aftercare compared to those who have not (Inciardi et al., 2002). In addition, aftercare has been linked to other positive outcomes such as better social stability, and improved cognitive and psychological functioning (Inciardi et al, 2002). Based on this evidence, ensuring offenders have access to post-treatment aftercare support in prison as well

as in the community should ensure Corrections' investment in AOD treatment programmes achieves the best outcomes.

## **Enhancing our AOD response according to need**

A Corrections' review conducted in early 2015 highlighted some service gaps in the provision of AOD treatment and aftercare services across the Corrections estate. The review also emphasised the benefits of investing in aftercare from both a crime-reduction and a health perspective. In March 2015, the department applied to the Justice Sector Fund for funding to develop a suite of AOD aftercare support services and was successful in being awarded \$8.625 million to invest over a three-year period.

The additional funding meant a suite of new AOD services could be deployed to strengthen Corrections' response to individuals with specific AOD treatment needs. The enhanced AOD response included three key components: an AOD support line (*RecoverRing*), new intensive community AOD treatment services and a pilot of an AOD Aftercare Worker Service. Each service provided a different level of support, depending on the needs of participants. This article will focus on the AOD Aftercare Worker Pilot, and provide an overview of the service as well as the successes and lessons learned so far.

## **AOD Aftercare Worker Pilot**

AOD aftercare workers were established to support and guide prisoners to achieve their AOD rehabilitation and reintegration goals. The role involves supporting graduates of the prison based Drug Treatment Programme (DTP) and AOD Intensive Treatment Programme (ITP) to practice their skills and maintain their treatment gains – while they are in prison and during their reintegration into the community.

The aftercare worker works alongside Corrections' case managers, probation officers, custodial staff, health staff and other support workers. Specifically, the role of the aftercare worker is to:

- provide one-to-one counselling
- facilitate maintenance groups
- assist in the development of the relapse prevention plan (with the participant and AOD treatment staff)
- support the participant to develop resilience and self-efficacy
- build pro-social support
- engage with whānau, if appropriate, to support the participant's relapse prevention plan
- navigate the participant to community-based AOD support and services
- provide mentoring and resources to support healthy living.

The Aftercare Worker Pilot went live on 4 July 2016 at 11 prison sites. Existing Corrections' contracted DTP and ITP providers recruited staff with the necessary skills and experience to deliver the AOD aftercare worker service at each site. Corrections worked collaboratively with the providers to develop the aftercare worker practice guidance and induction processes.

### Three-month process review

A three-month process review of the AOD Aftercare Worker Pilot was completed. The process review had three components. The first component was relationships; assessing the quality and appropriateness of contact between the AOD aftercare worker and Corrections staff, whānau, and community-based AOD providers. The second component included an assessment of demand by the targeted client group and level of engagement with the service. The final component assessed the approach to service delivery and whether aftercare services are being delivered in a manner that meets the needs of the individual (including the identification of barriers and opportunities for success).

The process review suggested that the AOD Aftercare Worker Service has quickly become a key component in Corrections' AOD treatment response. Feedback from both clients and practitioners has been very positive. Overall, 88% of participants reported feeling satisfied with the service they received. Feedback from interviewed participants was that the AOD aftercare service was making a positive difference in their lives. Participants reported that the service helped keep them on track following their release either back into a mainstream prison unit or into the community and ensured they remained focused on their goals and gains made during treatment.

The limited amount of negative feedback from participants was generally process related. These issues were often quickly addressed by the National Office project team. Awareness and understanding of the AOD Aftercare Worker Service amongst Corrections staff was initially an ongoing area of development. However, at the time of the review, it was reported by aftercare workers that considerable progress had been made in that area.

The review also highlighted a number of improvements that could be made to the service to make it more effective. For instance, the importance of whānau engagement needed to be emphasised to encourage aftercare workers to facilitate whānau visits more frequently, where possible. Service provider managers also needed to improve their understanding of the aftercare worker role so ongoing training, coaching and support of aftercare workers could be maintained for new and existing staff. Practice guidance for aftercare workers has since been updated to include more information about whānau engagement. An expansion of the service, as detailed below, will also increase the capacity of aftercare workers to conduct visits with whānau more frequently. The project team distributed the updated practice guidance to clinical managers (as well as aftercare workers) and completed audio visual link (AVL) meetings with the clinical managers to further develop their knowledge and understanding of the aftercare worker role.

### Current state and next steps

Since its inception 1,400 people have accessed Corrections' AOD Aftercare Worker Service. Recent workload analysis shows that aftercare workers' caseloads grew swiftly during the first six months of service delivery. It appears that the increase can be attributed to fewer early exits from the DTPs and ITPs, the increased aftercare worker's familiarity with the role, and the service becoming more embedded into the department's overall AOD treatment response. Data shows that caseloads over the last six months have settled and are unlikely to increase due to the finite number of treatment programme graduates available.

Consultation undertaken as part of the workload analysis revealed that the number of participants on an aftercare worker's caseload does not directly equate to their actual workload. Each participant has varying levels of need for support, which can be influenced by various factors including access to other support, progress made in treatment, and whether the participant lives in the prison or the community.

Despite the variance between caseloads and workloads among aftercare workers, the analysis concluded that some aftercare workers are managing high caseloads which is impacting on their capacity to continue to work with individuals who transition into the community.



In response, Corrections is funding a total of 6.5 additional aftercare workers for prisons where there are capacity issues with existing aftercare workers. This will strengthen the existing service and increase the capacity of aftercare workers to work with participants in the community as well.

In August 2017, Corrections hosted a training and development day for aftercare workers to provide a further opportunity to share good practice ideas and reinforce key practices. The day was a valuable opportunity for relationship building between the existing and new aftercare workers, as well as with Corrections staff managing the project.

Corrections is currently finalising plans to complete an evaluation of the suite of AOD aftercare interventions. This is due for completion by July 2018.

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# Suicide in New Zealand Prisons – 1 July 2010 to 30 June 2016

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## **Introduction**

Suicide is a significant issue, both in our prisons and in our wider communities. The New Zealand Department of Corrections is committed to reducing the impact of suicide and self-harm on people in our care, their whānau, families, friends, and our staff.

Since 1 July 2000, Corrections has generally experienced between three to six suicides in prisons each year. In 2015/16 there were 11 deaths as a result of confirmed or suspected suicide. In light of this particularly high number, the Department of Corrections Executive Leadership Team commissioned a review of all 39 confirmed and suspected suicides in prisons from 1 July 2010 to 30 June 2016.

In order to address prisoners' mental health issues and improve their quality of life, we have recently introduced a number of new initiatives. In 2016, the Justice Sector Fund granted funding to improve the management of offenders with mild to moderate mental health needs by introducing more specialised mental health clinicians into prisons and community corrections sites. We have also introduced social workers and counsellors in women's prisons, provided support for vulnerable whānau of offenders with mental health disorders, and introduced supported living for community offenders with mental health needs. In 2017, Corrections developed a strategic plan titled, *Change Lives Shape Future: Investing in better mental health for offenders*. We also secured Budget 2017 funding to develop a new model of care to support prisoners who self harm or experience suicidal ideation while in prison, which will be trialled at three sites in 2018. We are pleased to report that the high number of suicides in 2015/16 has not continued in 2016/17, with only one suspected suicide in that period.

We acknowledge the loss of life that has made the review imperative to undertake:

*"Ngā mate aituā o tātou  
Ka tangihia e tātou i tēnei wā  
Haere, haere, haere.*

*The dead, the afflicted, both yours and ours  
We lament for them at this time  
Farewell, farewell, farewell."*

## **Background**

### **International Context**

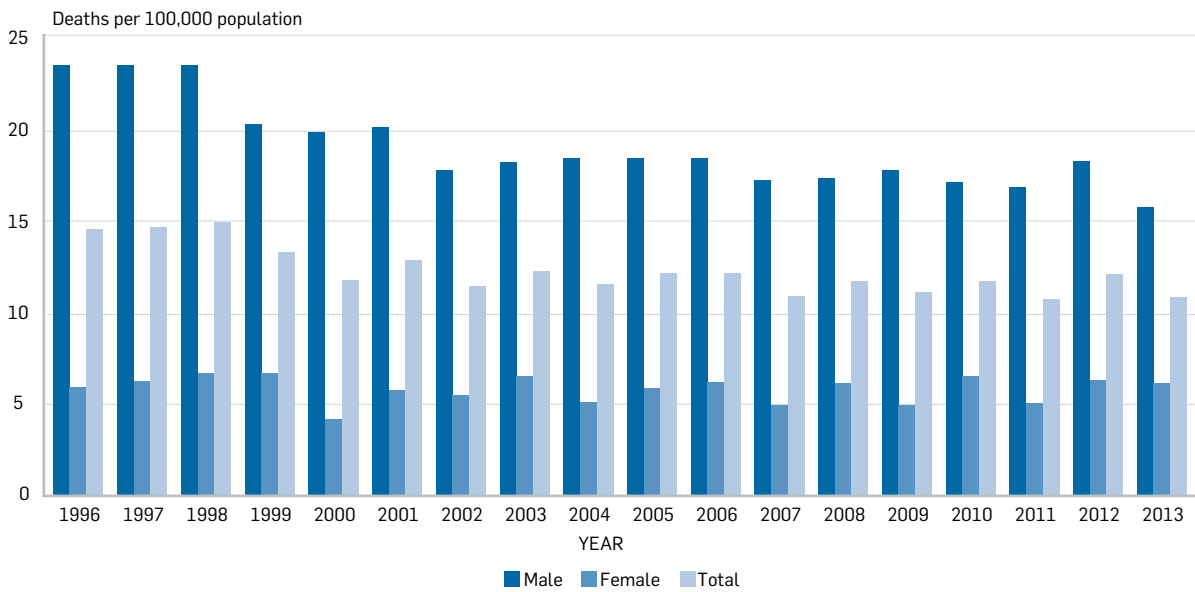
Suicide is acknowledged as a serious international health problem. The World Health Organisation estimates that one suicide attempt occurs every three seconds, and one completed suicide occurs approximately every minute (World Health Organisation, 2007).

Suicide is often the single most common cause of death in correctional settings worldwide. These incidents can have far wider impacts beyond the immediate impacts for the person involved and their families. A prisoner's self-harming behaviour can adversely impact on the wellbeing of staff and other prisoners. Prisons, jails and penitentiaries are responsible for protecting the health and safety of their prisoner populations, so, in addition, suicides can be subject to legal challenge and the related media interest can lead to political ramifications. Accordingly, reducing the number of suicides in prisons, jails and penitentiaries is a priority for all international jurisdictions (World Health Organisation, 2007).

### **New Zealand general context**

In New Zealand, approximately 500 people die by suicide annually, more than those who die in road traffic accidents and homicides combined. The table below outlines the age-standardised rates of suicide deaths per 100,000 people from 1996 to 2013 (Statistics New Zealand, 2017). The suicide rates for men declined from 1996 to 2000, and have since remained relatively steady: they were 23.8 per 100,000 in 1996 and 16.0 in 2013. In contrast, the suicide rate for women has remained low and relatively stable: it was 6.1 per 100,000 in 1996 and 6.3 in 2013.

Suicide deaths  
Age-standardised rate, by sex, 1996 to 2013

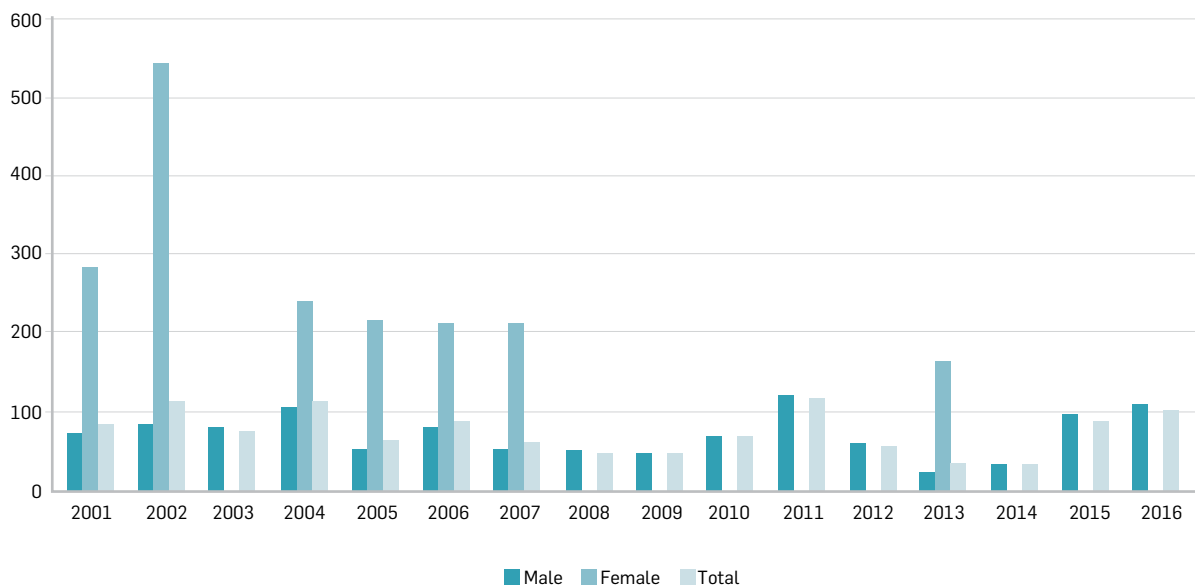


### New Zealand prison context

Suicide in New Zealand prisons has been a source of ongoing concern for many years. A number of research reports have highlighted that prisoners have higher rates of suicide and self-harm than the general population, and subsets of prisoners are particularly at risk, such as Māori and youth prisoners (Mason et al, 1988; Skegg & Cox, 1993; Ministry of Health, 1996).

The table below outlines the rates of suicides per 100,000 prisoners from 2000/01 to 2015/16<sup>1</sup>. The suicide rate for male prisoners was 73.1 per 100,000 in 2000/01 (n=4) and 112 in 2015/16 (n=11). The suicide rate for female prisoners was 286.3 per 100,000<sup>2</sup> in 2000/01 (n=1) and 0 in 2015/16 (n=0). These rates are highly volatile due to a small sample size compared to the general population, particularly for female prisoners.

Suicide deaths  
per 100,000 prisoners



1 Corrections electronic records date from 2000/2001 onwards. The rates are not age-standardised as per the national table.  
2 The average female prison population was 349 in 2000/01, which translates to a rate of 286.3 per 100,000 or 22 times the rate for the general population of women that year.

## Review Method

The review aimed to build on previous studies and consisted of a retrospective data analysis of all 39 cases over the period 1 July 2010 to 30 June 2016. The data was collected through individual case analyses, which included details of the circumstances of the death, the demographics, history, social connectedness, and health status.

The review incorporated additional statistical data about the 39 cases sourced from Corrections' internal reporting systems. Where possible, the aggregated data about the cases has also been compared to the wider New Zealand prison population, the wider New Zealand general population, and international prison suicides. Statistical data on these groups has been sourced from Corrections internal reporting systems, New Zealand coronial reports, national literature, and international literature.

## Discussion of the cases

Corrections completed individual case analyses for all 39 prisoners, and themes from the analyses and related literature are outlined below.

### Circumstances

The "circumstances" of the cases relate to their date of death, time of death, prison site, specific location (single or double cell) and means of suicide. The primary findings relating to the circumstances of the cases are outlined below:

- *Time of death:* Approximately half of the cases were identified as having died between 06.01am and 10.00am, and the remainder were distributed relatively evenly throughout the day. These results are generally consistent with international studies which found that most suicides occur in the early morning (Bennefield, 2012; Bartsch et al, 2015; Joukamaa, 1997).
- *Prison site:* The highest number of cases occurred at the largest prisons across the estate. Spring Hill Corrections Facility stands out as a large prison with a lower level of suicides over the review period than similar sized prisons.
- *Specific location (single or double cell):* All cases committed self-harm in their cells, and all except one were in single cells. Cases who died in single cells are over-represented compared to the total number of prisoners who occupy those cells. These results are consistent with international studies which highlight that single cells are a risk factor for prison suicides (Fruehwald et al, 2004; World Health Organisation, 2007).
- *Means of suicide:* The majority of the cases died by hanging and a wide range of objects were used as

ligature points. These results are consistent with other international and national studies on the means of prison suicides (Hayes, 2012; Bartsch et al, 2015; Joukamaa, 1997; O'Driscoll et al, 2007; Patterson & Hughes, 2008; Sakelliadis et al, 2013; White, Schimmel, & Frickey, 2002; Wobeser, Datema, Bechard, & Ford, 2002).

### Demographics

The "demographics" of the cases relate to their age, gender, ethnicity and sentence status. The primary findings relating to the demographics of the cases are outlined below:

- *Age:* 25 to 29 year olds were over-represented when compared to the general prison population. 20 to 24 years olds were under-represented when compared to the overall New Zealand population statistics. There were no cases from 0 to 20 years of age, which is inconsistent with a previous national study on prison suicides. That study found that young prisoners aged 15 to 19 were at the greatest relative risk (Le Quesne, 1995).
- *Gender:* All of the cases except one were men, who were slightly over-represented when compared to the proportion of men in the overall prison population. All cases are believed to be cisgender with no cases recorded as transgender, intersex or any other gender variation. These results are generally consistent with international studies on prison suicides (Bartsch et al, 2015; Fazel et al, 2011; Fruhwald & Frottier, 2005; Opitz-Welke, Bennefeld-Kersten, Konrad & Welke, 2013; Patterson & Hughes, 2008).
- *Ethnicity:* Māori, Pacific and Asian prisoners were under-represented within the cases. New Zealand European and Other/Unknown prisoners were over-represented. The cases were inconsistent with current Māori suicide trends in the general New Zealand population, and inconsistent with Māori prison suicide trends in the mid-1990s (Le Quesne, 1995; Cox & Skegg, 1993).
- *Sentence Status:* Remand prisoners were over-represented in the cases when compared to the general prison population. These results are generally consistent with international studies which have found that remand status is a risk factor for suicides (Fazel et al, 2008; Hayes, 2012; Joukamaa, 1997).

### History

The "history" of the cases relates to their time since admission into prison, nature of offending, security classification, risk of re-offending, other sentences, movement history, segregation status, gang affiliation, and New Zealand Parole Board recommendations or

decisions. The primary findings relating to the history of the cases are outlined below:

- *Time since admission:* The majority died within a year of admission into Corrections' custody.<sup>3</sup> This finding is consistent with international studies which have found that prisoners generally die by suicide at an early stage of their confinement.
- *Nature of offending:* Violence offences were over-represented. These results are consistent with international studies, which have found that prisoners accused or convicted of violent crimes are at risk of suicide in prison (Fazel, Cartwright, Normann Nott, & Hawton, 2008; Hayes, 2012; Konrad, 2002).
- *Other sentences:* Prisoners on their second or subsequent sentences were over-represented among the cases. These results are consistent with the international literature, which found that the prisoners who made near fatal suicide attempts were significantly more likely than control groups to have had two or more previous prison sentences (Rivlin, A. Hawton K, Marzano L, Fazel S, 2013).
- *Segregation status:* None of the cases were on directed segregation at the time of death, approximately half were on voluntarily segregation. The cases are over-represented when compared to the percentage of the prison population who were under voluntary segregation, and under-represented when compared to the percentage of the prison population on directed segregation. These results were inconsistent with international studies which found that a disproportionate number of prisoners die by suicide while under "directed segregation" type conditions (Metzner & Hayes, 2006).
- *Gang history:* Gang membership was slightly over-represented within the cases: 38% (n=15) had a recorded gang affiliation and 62% (n=24) had no recorded affiliation. The Black Power and Mongrel Mob cases were generally consistent with the overall population.

### Social connectedness

Social connectedness is regarded as an important protective factor against self-harm and suicide (World Health Organisation, 2007). However, people who are vulnerable to suicide may have poor social support because of their life course, rather than their being predisposed to risk because of a lack of social support (Beautrais, 2005). People may generate their own social environments, which reflect their temperament and genetic predisposition to mental illness (Kendler et al, 1997). As a result, social connectedness should not be seen as an environmentally created measure in isolation from a person's individual temperament and other unique characteristics.

International literature has found that marriage is a protective factor against suicide in the general population (Klien, Bischoff, & Schweitzer, 2010) and in correctional settings (Bartsch et al, 2015; Benefield, 2012; Hayes, 2012). The relationship status of the cases was cross referenced against visit applications to identify if they had partners and received visits from them: approximately 30% of the cases were married or had a partner outside of marriage or civil union, and the rest were single. These results appear consistent with previous studies in that most cases were single.

The review results also found that the majority of cases had records of some other forms of social contacts such as family contact or approved visitors.

It is important to note that social connections are dynamic and the above statistics represent records of connections throughout the case's sentences of imprisonment, rather than the quantity and quality of connections at their time of death. Furthermore, in light of the need to consider social connectedness in the context of a person's life course, some of the cases who could be viewed as social 'loners' had been so for many years both in the community and prison. As a result, it is difficult to draw strong conclusions about the overall social connectedness of the cases on the basis of this information.

### Health

"Health" relates to general health, mental health, and at-risk and aftercare status. The findings relating to the health of the cases are outlined below:

- *General health:* Approximately 20% of the cases were noted as having "chronic" physical health conditions. Corrections holds limited national aggregated data on the physical health of the general prison population. As a result, comparing the health of the cases to the health of the general prison population is not possible.
- *Mental health:* Approximately half of the cases had a record of self-harm, a diagnosed mental health condition and a record of engagement with Forensic Services during the course of their sentence. Approximately 80% also had a record of alcohol or other drug dependence.
- *At-risk and aftercare:* 46% of the cases had spent no time in an At-Risk Unit (ARU). Of these cases, six had a recorded history of self-harm, and five had a diagnosis of depression. The remaining cases had spent time in an ARU at some point during their imprisonment. For the 12 cases where the time between exiting the ARU and death was identified: six died between one and seven days afterwards; one died between 14 and 30 days afterwards; and five died more than 30 days afterwards.

<sup>3</sup> Note that admission into custody refers to the date the case was received at prison, either on remand or recall order.

## Offender management

The “offender management” of the cases relates to the status of their offender plans, access to psychological services, engagement with the Right Track approach, and Multi-Disciplinary Team management. The primary findings relating to the offender management of the cases are outlined below:

- *Offender plan:* A number of the cases pre-date the current case management framework that commenced in 2011. The majority of cases that took place from 2011 had an offender plan in place. The cases that had no plan in place primarily died within a few days of arriving into custody and, therefore, there was no legal requirement for an offender plan to have been completed. From 1 July 2014, case managers have been expected to meet with offenders within 10 days of allocation; in the cases where the offender had died within several days of reception, it is unlikely a case manager would have made contact.
- *Psychological services:* Approximately half of the cases had been seen by psychological services at some point during their sentence. The primary role of departmental psychologists is the provision of psychological assessment, offence-focused treatment, and advice about offenders who have a high risk of reconviction and imprisonment. However, they also support the mental health of prisoners where appropriate.
- *Right Track:* Right Track is a New Zealand prison-based framework that was introduced in 2012 and provides support and structure for active management principles and supports offender-centric practice. Right Track is about supporting staff to make the right choice and take the right action with offenders at the right time. The approach then encourages staff to influence offenders to do the same in their daily lives. A number of the cases had no recorded Right Track notes as they died prior to the implementation of the framework. Of the remaining cases, the majority had limited recorded evidence of right track engagement.
- *Multi-Disciplinary Team (MDT) management:* The majority of the cases had limited recorded evidence of MDT management or information sharing.

## Behavioural themes

The World Health Organisation recommends that correctional organisations develop suicide profiles that can be used to target high-risk groups or situations (World Health Organisation, 2007). An analysis by the principal adviser research in the Chief Psychologist’s team identified behavioural themes across the 39 cases, being themes for angry/violent men and vulnerable/socially-unskilled men. It is important to note that the review only includes 39 cases; therefore,

these behavioural themes cannot be deemed conclusive profiles without further analysis to establish whether they are present across a wider population.

*Violent/angry men:* This group were typically higher security classification, had a violent offending history, higher Risk of Conviction / Risk of Imprisonment (RoC\*RoI) and a greater number of incidents and misconducts, which reflects continued antisocial behaviour while in prison. They are possibly antisocial loners and may present with paranoia, or histories of reactive, impulsive violence. Previous departmental research has found at least one third of offenders with RoC\*RoI scores of .70 or greater had a paranoid personality disorder (Wilson, 2004).

*Vulnerable/socially-unskilled men:* This group were typically lower security classification, demonstrated little or no previous interpersonal violence, lower RoC\*RoI scores, and had fewer incidents, which were not predatory or violent.

## Behavioural theme analysis

The two groups appear to have been viewed differently by staff and other prisoners. Staff or other prisoners did not primarily view most of the “*violent/angry*” group as vulnerable, rather as dangerous. As a result, they are not generally placed in ARU. If vulnerability was known, it was viewed as a secondary concern compared to their risk to staff or others. Those around the group did not generally take any physical or verbal threats of suicide seriously, and considered that the person may be venting or being manipulative.

In contrast, the “*vulnerable/socially-unskilled*” group were seen by others as chronically sad and high needs and not regarded as dangerous. They were possibly seen as at risk of self-harm or suicide, but not necessarily at an acute risk. The group had multiple mental and physical health issues and, as a result, the chronic nature of their presentation may have masked their acute risk of suicide.

The 2007 World Health Organisation report supports the findings of a “*violent/angry*” group as it notes that prison staff can sometimes view prisoners who make suicide attempts or express intent as “manipulative” (World Health Organisation, 2007). These prisoners are thought to use their suicidal behaviour to gain some control over the environment, such as being transferred to a hospital or moved to at-risk environments, or as a front for an escape attempt (Fulwiler et al, 1997; Holley et al, 1998). Some prisoners may also self-harm to reduce tension or in response to the high stress prison culture (Snow, 2002). Self-mutilation and “genuine” suicide attempts are not easily differentiated, even if the prisoner is asked about their intent (Daigle, 2006). Many incidents can involve both a high degree of suicidal intent and “manipulative” motives such as

drawing attention to emotional distress or influencing management (Dear et al, 2000). Staff can take self-harm attempts less seriously when they believe prisoners are attempting to control or manipulate their environment, particularly if the prisoner has a history of past rule violations (Holley et al, 1998).

Irrespective of a prisoner's motivation or original intent, self-harm and suicide attempts can result in death. Because of limited available methods, prisoners may choose very lethal methods such as hanging, even in the absence of a true wish to die (Brown et al, 2004). The World Health Organisation notes that when a prisoner is self-harming or expressing suicidal intent, staff should respond by trying to identify and resolve the root cause of the behaviour. Disciplining prisoners through segregation or ignoring their behaviours may worsen the problem by prompting them to take more significant risks.

## Recommendations

Corrections' primary response to the findings from the review will be addressed through a Budget 2017 initiative to develop a new model of care to improve intervention and support for at-risk prisoners. This initiative will incorporate the findings from the review and include: means of mitigating risk associated with single cells; enhanced training for prison staff in identifying at-risk prisoners; improved aftercare for prisoners transitioning out of at-risk units; and Multi Disciplinary Team support for at-risk prisoners, including prisoners managed in mainstream environments.

The review also made a number of additional recommendations. Themes from the recommendations include:

- increasing clinical consultation between health, custodial staff and psychological services staff, including improved information sharing
- developing practice guidance for health staff to ensure that prisoners who express concern about pain are re-assessed for suicidal ideation
- further analysis on Māori under-representation within prisoner suicides
- improving staff members' ability to identify an offender's risk of self-harm or suicide
- improving record keeping and data collation so Corrections can be more responsive to emerging trends
- further analysis of potential "angry/violent" and "vulnerable/socially-unskilled" profiles within the overall prison population
- developing a work programme to support the identification and removal of potential ligature points across the estate where practicable.

## Conclusion

The Department of Corrections is committed to reducing suicide in New Zealand prisons. As noted in the introduction, we have recently introduced a number of initiatives to address prisoners' mental health issues and improve their quality of life.

The review aims to build on these positive steps and recommends further action to reduce prisoners' risk of self-harm and suicide. We recognise that there are opportunities to improve our current practice and better meet the needs of all people in our care. We will learn from the past and do everything possible to help prisoners change their lives and shape a new future for themselves, their families, and our communities.

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# Transforming intervention and support for at-risk prisoners

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## **Author biography:**

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## **Introduction**

Prisoners have significant mental health needs that place them at risk of self-harm and suicide, and act as a barrier to engagement in rehabilitation that reduces their risk of re-offending. The Department of Corrections has committed to transforming the way we manage prisoners who are at risk of self-harm and suicide. We will establish multi-disciplinary teams that will include psychologists, occupational therapists, mental health clinicians, social workers and cultural workers. These teams will provide earlier assessments, develop individualised plans and provide therapeutic interventions and support. Our new approach will be flexible to prisoners' changing needs. We will do everything we can to improve people's overall wellbeing so they can engage in activities aimed at helping them stop offending.

## **Executive summary**

The Department of Corrections (Corrections) is responsible for managing a prisoner population that presents an increased risk of suicide and self-harm. High rates of mental illness, dysfunctional personal backgrounds, and the experience of prison itself, can all increase risk.

A preliminary review shows that no single model of care has significantly reduced these risks. However, a number of elements can individually support improved outcomes. These elements could make a more substantial impact if they were implemented collectively. The elements are reflected in the following six best practice themes:

- Workforce development
- Screening
- Multi-disciplinary teams
- Social connections
- Improved physical environments
- Prison culture.

Corrections will develop a new model of care which incorporates these six themes. The approach consists of three focus areas: improved identification and assessment of prisoners at risk of self-harm, integrated intervention and support in the wider prison environment, and the establishment of new Intervention and Support Units.

## **Background**

### **Mental illness in New Zealand prisons**

International and New Zealand literature highlights that prisoners have a higher prevalence of mental illness than the general population:

- A 1999 co-morbidity study found that up to 70% of New Zealand's prisoners had drug and/or alcohol problems. A significant proportion also had various mental health issues, particularly major depression, post-traumatic stress disorder, schizophrenia, and personality disorder (Simpson et al, 1999).
- A 2015 study of prisoner substance use and mental health disorders, found 91% of those assessed had been diagnosed with a substance use or mental health disorder over their lifetime. This was three times higher than the general population (Indig et al, 2016).
- From 1 July 2010 to 30 June 2016, 39 prisoners took their own lives in New Zealand prisons. In 2015/16, 11 prisoners committed suicide, a rate of 118 per 100,000, which is approximately ten times the suicide rate for the community<sup>1</sup>.

Due to these high rates of mental health issues among prisoners, Corrections is managing more people with mental illness than any other institution in New Zealand.

<sup>1</sup> Subject to coronial review for confirmation of cause of death

## At-Risk Units

At-Risk Units (ARU) were established in New Zealand prisons to provide a safe environment to accommodate prisoners who are at risk of self-harm. In 2015/16, 3,088 prisoners were placed in ARUs on 4,281 occasions. The average length of stay was seven days. Prisoners are placed in ARUs for various reasons, including:

- significant mental health or behavioural disturbance
- active self-harm
- alcohol or drug detoxification
- anxiety related to first time in prison
- medical observation
- hunger strike
- inability to complete reception assessment due to language barriers or disability.

Corrections works with external agencies to manage at-risk prisoners, in particular the District Health Board Regional Forensic Mental Health Services (RFMHS). RFMHS have responsibility for treating prisoners with severe mental health needs who meet their criteria, which includes providing inpatient beds in facilities such as the Mason Clinic.

## Preliminary review

New Zealand is not alone in having high rates of prisoner self-harm. A direct comparison of suicide rates with overseas correctional jurisdictions is difficult however, prisoners generally have a significantly higher rate of self-harm than the general population (Willis et al, 2016; Howard League 2016; WHO, 2007).

## Prisoner risk factors

The World Health Organisation describes prisons as *“repositories for vulnerable groups that are traditionally among the highest risk for suicide”*. Risk factors for suicide or self-harm are over-represented in the prisoner population. These factors include:

- being young and male
- under the influence of, or withdrawing from, substances
- history of mental illness
- previous self-harming
- unstable personal background
- having exposure to recent adverse life events (WHO, 2007).

Risk factors related to being in prison are also identified, including:

- remand status
- early days in custody
- being segregated

- violent offending, particularly domestic violence (Willis et al, 2016; Prisons and Probation Ombudsman (PPO) for England and Wales 2015; Weinrath et al, 2012; Power & Riley, 2010; WHO, 2007).

The prison environment may also contribute to heightened risk, including factors such as:

- isolation from support networks
- the quality of prisoner/staff and prisoner/prisoner relationships
- the degree of order or disorder in the prison
- prisoner numbers
- the impact of transfers
- access to meaningful activity (PPO for England and Wales, 2015; Camilleri et al, 1999).

Prisoners who incur debts to other prisoners, or are subject to threats or violence, may be at increased risk. These prisoners may deliberately self-harm or attempt suicide with the intention of being moved to another location. Staff often view this behaviour as manipulative, however it may be symptomatic of a level of distress or ineffective coping skills that may lead to successful suicide or serious injury (PPO for England and Wales, 2015; Office of the Correctional Investigator, 2014; WHO 2007; Camilleri 1999).

While this broad range of factors has been identified, there is limited understanding of why some prisoners choose to self-harm and others do not. This final part of the puzzle may lie in the level of resilience of individuals. A sense of hopelessness is a feature amongst prisoners who do self-harm and, in combination with other stressors, may be the trigger to act (Power & Riley, 2010; Camilleri et al, 1999).

Research in other fields is also relevant to correctional settings. The New Zealand Police reported 10 suicides in custody during the period 2000 to 2010. They found similar risk characteristics as in correctional settings, and also acknowledged the challenge of determining who was at greatest risk when so many presented with multiple risk factors (Independent Police Complaints Authority, 2012). They also noted that an initiative in Police stations to provide immediate access to mental health professionals had significant positive impacts.

## Mental health sector

Inpatient mental health units also contain people who are at high risk of self-harm and suicide, and there are parallels in the way risk has been managed. Historically, mental health units have used restraint and seclusion (segregation) as treatment options; however, research has demonstrated that these interventions actually increase risk for people who are already experiencing mental health issues because they traumatise or re-traumatise those who have been victims of past

violence (Royal Australian & New Zealand College of Psychiatrists (RANZCP) 2016).

In response to this research, the New Zealand mental health sector is implementing a trauma-informed practice based model, the Six Core Strategies checklist for reducing seclusion and restraint in mental health facilities (Te Pou o Te Whakaaro Nui (Te Pou) 2015).

The checklist is based on an American Six Core Strategies model which has been shown to promote a reduction in the use of both seclusion and restraint. The core strategies are:

- Leadership towards organisational change
- Using data to inform practice

- Workforce development
- Use of seclusion and restraint reduction tools
- Service user/consumer roles in inpatient units
- Debriefing techniques.

The approach views restraint and seclusion as last-resort safety responses, which are only to be used to manage an emergency situation that cannot otherwise be resolved (Te Pou, 2015).

### Best practice

The best practice responses to a prisoner's risk of self-harm, as identified in a preliminary New Zealand, United Kingdom, Canadian and Australian literature review, are summarised below.

Theme	Key Points	Source
<b>Workforce Development</b>	<ul style="list-style-type: none"> <li>• Training for all prisoner facing staff, particular focus on custodial staff</li> <li>• Training includes: impact of prison on risk of suicide, staff attitudes, potential pre-disposing factors, risk factors, warning signs and symptoms, history taking, response to suicide attempt/self-harm, effective communication</li> <li>• Resilience training for staff</li> <li>• Access to supervision</li> </ul>	<p>(SASH Project, 2016)</p> <p>(PPO for England and Wales, 2015)</p> <p>(Te Pou, 2015)</p> <p>(Short et al, 2009)</p> <p>(WHO, 2007)</p> <p>(Camilleri et al, 1999)</p>
<b>Screening</b>	<ul style="list-style-type: none"> <li>• On reception and as required</li> <li>• Comprehensive</li> <li>• Conducted by appropriately qualified professionals</li> <li>• Include checklist options for non-qualified staff</li> <li>• Information to be shared</li> <li>• Risk should be viewed as a continuum and regularly reassessed</li> </ul>	<p>(PPO for England and Wales, 2016)</p> <p>(SASH Project, 2016)</p> <p>(PPO for England and Wales, 2015)</p> <p>(Te Pou, 2015)</p> <p>(Office of the (Canadian) Correctional Investigator, 2014)</p> <p>(Schilders and Ogloff, 2014)</p> <p>(Volm &amp; Dolan, 2009)</p> <p>(WHO, 2007)</p>
<b>Multidisciplinary Team (MDT)</b>	<ul style="list-style-type: none"> <li>• Timely access to appropriately qualified professionals</li> <li>• Care continuity and responsiveness</li> <li>• Accurate, accessible, comprehensive documentation</li> <li>• Effective and timely communication</li> <li>• Integrated approach</li> <li>• Interagency support</li> </ul>	<p>(PPO for England and Wales, 2015)</p> <p>(Te Pou, 2015)</p> <p>(Office of the (Canadian) Correctional Investigator, 2014)</p> <p>(Ministry of Justice, 2013)</p> <p>(WHO, 2007)</p>

Theme	Key Points	Source
<b>Social Connections</b>	<ul style="list-style-type: none"> <li>• Segregation increases risk</li> <li>• Connection with support networks important</li> <li>• Quality of prisoner relationships, with staff or other prisoners, is important</li> <li>• Peer support schemes add value</li> </ul>	<p>(Willis et al, 2016)</p> <p>(PPO for England and Wales, 2015)</p> <p>(PPO for England and Wales, 2015)</p> <p>(Te Pou, 2015)</p> <p>(Office of the (Canadian) Correctional Investigator, 2014)</p> <p>(South et al, 2014)</p> <p>(Ministry of Justice, 2013)</p> <p>(WHO, 2007)</p> <p>(Camilleri, 1999)</p>
<b>Physical Environment</b>	<ul style="list-style-type: none"> <li>• Option of shared cell accommodation</li> <li>• Safe cells do not have to be bare</li> <li>• Minimisation of ligature points</li> </ul>	<p>(Willis et al, 2016)</p> <p>(PPO for England and Wales, 2015)</p> <p>(Office of the (Canadian) Correctional Investigator, 2014)</p> <p>(Ministry of Justice, 2013)</p> <p>(Power &amp; Riley, 2010)</p>
<b>Prison Culture</b>	<ul style="list-style-type: none"> <li>• Need for whole of prison approach</li> <li>• Importance of relationships between staff, particularly across disciplines</li> <li>• Impact of bullying within the prison</li> <li>• Effective policies and procedures</li> <li>• Effective staff response to suicide attempt/ self-harm</li> <li>• Effective assurance processes</li> </ul>	<p>(PPO for England and Wales, 2015)</p> <p>(Te Pou, 2015)</p> <p>(Office of the (Canadian) Correctional Investigator, 2014)</p> <p>(Ministry of Justice, 2013)</p> <p>(WHO, 2007)</p> <p>(Camilleri, 1999)</p>

## Current Corrections practice

From the mid-1990s, New Zealand prisons introduced At-Risk Units (ARU) for the safe management of prisoners with mental health needs and increased self-harm risk. Practice in the management of at-risk prisoners has focused on the use of tools to identify risk, maintain a prisoner's physical safety through close observation, and referral to RFMHS to provide specialist treatment.

In the last five years, Corrections has strengthened the management of at-risk prisoners in a number of ways, including:

- Training staff in suicide awareness, effective communication and, in the case of nurses, primary mental health

- Introducing new screening processes that have improved our identification of risk, for example revised Reception and Review Risk Assessments conducted by custodial staff, the Mental Health Screening Tool administered by nurses and the Columbia Suicide Severity Rating Scale, currently being trialled
- Implementing Packages of Care where prisoners can access a suite of therapeutic interventions from counsellors. This initiative is being extended in response to high demand for the service
- Piloting mental health in-reach clinicians (based in prisons) with a primary mental health focus, to undertake assessments and provide short-term interventions to referred prisoners presenting with mental health issues, as well as supporting prison staff to deliver appropriate interventions

- Investigating options to embed trauma informed practice within prisons.

Additionally, some individual sites have undertaken their own improvement programmes.

## Current risk management in prison

The current risk assessment processes include:

- A Risk Assessment at reception
- A Health Triage at reception
- A Mental Health Screen at reception.

Custodial staff can also complete a review of the Risk Assessment any time they consider it necessary, including in response to specific situations such as a return from court, change in legal status, change in sentence status, use of force, or a change in family circumstances.

Prisoners identified as at-risk are accommodated in the ARUs. On arrival at the unit they are searched, including after having been in another location such as during visits.

Departmental policy requires that prisoners in ARUs be provided with "suitable resources for their management" including clothing and bedding. An At Risk file is started which contains an At Risk Management Plan. The plan is developed in consultation with appropriate personnel, including health staff, cultural advisers and whānau. The plan includes frequency of observations, access to support, programmes, response to any special needs, and a review timeframe. There is also a plan for removal from at-risk status and necessary ongoing treatment or monitoring. At-risk prisoners are expected to have the same opportunities for involvement in prison activities as other prisoners, consistent with maintaining their safety.

The diversity and complexity of prisoners' mental health issues creates a very challenging environment in the ARU. Opportunities for meaningful activity or interaction with others may be limited by requirements for high staff-to-prisoner ratios, the competing needs of prisoners, and variable access to appropriately qualified clinicians or therapists. In addition, ARUs were originally designed for the sole purpose of preserving life, and in this they have been largely successful. However, over time the Department has moved toward a more therapeutic focus and some facilities are not well designed for this new approach.

ARUs hold regular meetings between custodial and health staff to discuss individual prisoners, which sometimes involve staff from RFMHS. The removal of a prisoner's at-risk status is generally agreed in discussion between custody and health staff, with RFMHS input if the prisoner is on their case load.

Ultimately, the decision rests with custodial staff, although considerable weight is given to the views of health staff.

Despite the challenges, many teams make considerable effort to interact in a meaningful way with prisoners and access relevant supports. They also implement effective transition plans for prisoners who have had extended stays in ARUs, and engage with staff in the receiving unit. However, there is limited opportunity to provide additional observation and support in the wider prison environment.

## Future state

Corrections has committed to transforming the way we manage prisoners who are at risk of self-harm and suicide. We recognise risk of self-harm as a continuum along which people may move up or down, depending on their circumstances. We will develop a new model of care where support is matched to an offender's particular needs. A range of options, such as intensive care within a specialist Intervention and Support Unit (ISU) or an Integrated Intervention and Support Plan (IISP) for prisoners maintained in the wider prison environment, will be considered as part of the model. Overseas correctional jurisdictions have already developed graduated responses to managing at-risk prisoners (such as in Australia, and Canada). These are a mix of prescribed actions and frameworks to support staff to use their professional judgement to keep prisoners safe.

Strengthened interagency collaboration, particularly in the care of prisoners with complex needs, will also be a feature of the new model. A joined-up approach within the structured prison environment may provide the best opportunity to address issues, promote engagement with agencies who can support them on release, and reduce the burden on individual agencies.

Combining elements of these approaches will provide a model where risk is identified at the earliest opportunity, safety of both prisoners and staff is prioritised, appropriate strategies that recognise individual prisoner's strengths and needs are in place, and responses are sufficiently flexible to address both the dynamic nature of risk and the challenges posed by the prison environment. The new model will disrupt a pathway of escalating mental health issues, which can have significant flow-on effects for government and wider society.

## Budget 2017 initiative

In Budget 2017, Corrections received \$11.6 million over the next four years to develop the new "whole of prison" model of care. We will design and implement the model at three sites:

- Auckland Prison

- Auckland Region Women's Corrections Facility
- Christchurch Men's Prison.

The model will primarily be delivered by new multi-disciplinary teams (MDTs) which may include psychologists, occupational therapists, mental health clinicians, social workers and cultural workers who will work with, and provide support to, custodial staff. It will involve:

- improved screening and assessment tools
- transforming existing At-Risk Units into specialised ISUs, including enhancements to the physical environment to soften the look and feel of the units
- therapeutic intervention and support plans for prisoners in ISUs, including increased support to transition back into the wider prison environment
- intervention and support plans for at-risk prisoners who can be safely accommodated in mainstream units.

Although Budget 2017 funding only enables us to deliver the model of care at three sites, we intend to design and test a national service that can be delivered to additional sites as more funding becomes available.

### Alignment with existing mental health services within prisons

The RFMHS caseloads are comprised of prisoners with moderate to severe mental disorders who meet their treatment criteria. Those individuals will continue under RFMHS care, but will receive additional support within the ISU or wider prison environment. In addition, all prisoners entering the ISU will be referred to RFMHS, ensuring that prisoners with significant mental health needs who have not come to their attention previously will now do so.

In 2016, Corrections received \$13.8 million over two years through the Justice Sector Fund to pilot increased support for offenders with mild to moderate mental health issues. The pilot contains four components:

- *More clinicians working with offenders and staff:* Teams of contracted mental health clinicians are working with prisoners and community-based offenders across 16 prisons and four community corrections sites. These clinicians work directly with individuals to stabilise and address their mental health needs and support Corrections staff in their work with these same individuals. The clinicians provide links with existing community services for community-based offenders and prisoners on reintegration.
- *Support for women in prison:* Counsellors and social workers are working with female prisoners at the three women's prisons to address specific needs

around trauma, victimhood, and family, which many women entering prison struggle to deal with.

- *Supported Living:* This contracted service enables a small number of offenders with high and complex mental health needs or cognitive impairment to live temporarily in supported accommodation upon release from prison. This is available for women and men in Auckland and Hamilton. A Supported Living service provider helps these individuals to link into a range of community agencies to support their exit from Corrections' oversight and transition into long term accommodation in the wider community.
- *Wrap-around family/whānau support:* The service supports the families/whānau of offenders who are engaged in mental health services during their imprisonment or while serving a sentence or order in the community. The initiative connects children and families of prisoners with community services to improve their social, health and education outcomes. Families are supported to reunite or stay united with offenders, and support the progress made by the offender.

The Budget 2017 initiative will align with RFMHS and the new Justice Sector Fund services to form a suite of options available to prisoners who are at risk of self-harm. There is likely to be an increase in referrals to these services due to more effective assessment processes. It is likely that prisoners who are in crisis will be recognised earlier by custodial staff or other prisoners. The additional training provided to staff as "first responders" and the potential for peer supporters will increase the likelihood of proactive intervention before matters escalate.

### Expected outcomes

Transforming the way in which we manage at-risk prisoners will lead to a reduced rate of self-harm in prisons. The new model is expected to benefit individual prisoners, and ripple out to impact on staff, the wider prison environment and the community:

- For individuals, the benefits relate to reducing self-harm, addressing mental health issues, improving quality of life, improving the ability to participate in rehabilitative activities therefore increasing the likelihood of successful reintegration and a crime free life.
- For staff, it reduces the traumatic experience of responding to suicide or self-harm incidents. There may also be a reduction in violence within prisons as prisoners are supported to develop more effective approaches to dealing with stress and distress.
- For the wider community, the potential benefits result from prisoners being released with better mental health include fewer victims, improved family functioning, and less burden on health and social agencies.

## Conclusion

Corrections is committed to improving public safety and reducing re-offending. Part of improving public safety is ensuring that prisoners are managed in a safe, humane and legitimate way. We aim to transform the management of our most vulnerable prisoners by addressing mental health issues that lead to suicide or self-harm. These changes will take time, and will require collaboration with other agencies and stakeholders. We will work closely with the Ministry of Health and District Health Boards, particularly forensic units such as the Mason Clinic, the Ombudsman, service providers and our justice sector colleagues. By investing in better mental health for offenders, we will improve their chances of changing their lives and shaping a new future for themselves, their families, and our communities.

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# The Columbia-Suicide Severity Rating Scale: Validation for use as a screen for suicide risk in New Zealand prisons and probation settings

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## **Author biography:**

*Dr Nick Wilson has been with the department for over 20 years. Nick began employment with Corrections working as a clinical psychologist at psychological services in Hamilton in 1997 up until 2001 when he became a specialist applied psychological researcher. He has been involved in research into the assessment and treatment of personality disordered offenders, including high-risk offenders such as psychopaths, adult and child sex offenders, and youth offenders. Nick has also developed dynamic risk measures for the department such as RPFA-R, DRAOR and SDAC-21. Nick is currently part of the national office team lead by the Chief Psychologist.*

**KEYWORDS:** *Columbia-Suicide Severity Rating Scale, C-SSRS, suicide risk, suicide ideation, self-harm, prison, probation.*

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This paper provides a brief summary of the findings of these studies. For a more comprehensive paper with all the detail on the statistical analysis of the psychometric properties of the application of the C-SSRS in New Zealand, please contact the author Dr Nick Wilson ([nick.wilson@corrections.govt.nz](mailto:nick.wilson@corrections.govt.nz)).

## **Introduction**

This article provides a summary of the results from trial administration of the Columbia-Suicide Severity Rating Scale (C-SSRS) within receiving units at two of the department's prisons between September and December 2014 and across six probation sites in 2016-17. This research was carried out to examine the effectiveness of the C-SSRS to see if it was a tool that could be considered for use across all prisons and probation sites.

Suicide is widely accepted to be the leading cause of preventable death in correctional facilities worldwide (World Health Organisation and International Association Suicide Prevention, 2007). In comparison with the general population, offenders both in prison (Fazel, Grann, Kling and Hawton, 2011) and the community (Pratt, Appleby, Piper, Webb and Shaw, 2010) show increased rates of suicide.

Preventing suicide has thus become a major priority for correctional systems worldwide that are responsible for the offenders under their care or supervision. In terms of prevention, effective screening is a key component of a comprehensive suicide prevention programme (Hayes, 1995). This is particularly so in the correctional domain because research indicates more offenders who commit suicide do so at the beginning of their sentence (Pratt, Piper, Appleby, Webb, and Shaw, 2006; Shaw, Baker, Hunt, Moloney, and Appleby, 2004). Suicide risk can be screened for in a couple of different ways.

All offenders could be seen by a mental health professional at the beginning of their sentence (both in the community and in prison) to have their suicide risk



assessed as part of a comprehensive mental health assessment. However, this option does not reflect the limited health resource available across New Zealand in general, or the large numbers needing to be assessed. In practice, therefore, identifying the most at-risk offenders relies heavily on the personal judgement of frontline correctional staff, particularly corrections officers or probation officers (Correia, 2000; Konrad et al, 2007).

A review of the international literature regarding suicide risk screening tools in correctional settings was carried out for the Department of Corrections (Davies, 2014), with a view to determining whether there were any existing 'fit for purpose' tools with good evidence for their validity (i.e. proven ability to accurately identify those at risk of suicide now). The issue of "currently at risk" is key, as using evidence of risk factors that correlate with lifetime risk such as depression and substance abuse or even past suicide attempts, especially if these are not recent, over identifies those potentially at risk today. Therefore, the search was for tools that focused on suicidal ideation (also known as suicide thoughts) and allowed identification in terms of risk if these thoughts were increasing in terms of action/plan.

Following this review, and subsequent consultation with a number of international corrections authorities, the *Columbia-Suicide Severity Risk Screen* (C-SSRS; Kelly Posner, Ph.D. New York State Psychiatric Institute, New York © 2008) was identified as having considerable research support in terms of its usefulness as a suicide risk screen across settings that had included prisons and probation (see C-SSRS items in Appendix One).

The six item C-SSRS screen is a semi-structured rater-based interview measure designed to assess active vs passive, severity and frequency of suicidal ideation and suicide behaviour. It was designed to identify a wide range of ideation and to monitor change across contacts with predictive safety referral criteria derived from longitudinal studies. The C-SSRS is used extensively across primary care, clinical practice, surveillance, research, and institutional settings. It is currently available in over 100 languages, and forms part of national and international public health initiatives involving the assessment of suicidality, including general medical and psychiatric emergency departments, hospital systems, managed care organisations, behavioural health organisations, medical homes, community mental health agencies, primary care, hospices, schools, college campuses, US Army, National Guard, Veterans Affairs, Navy and Air Force settings, abuse treatment centres, prisons, jails, and juvenile justice systems. The measure is applied across these settings by frontline responders (police, fire department, EMTs), as well as a wide

variety of others such as clergy, teachers and judges, to reduce unnecessary hospitalisations (for details see [cssrs.columbia.edu/the-columbia-scale-c-ssrs](http://cssrs.columbia.edu/the-columbia-scale-c-ssrs)).

It is important to note that the C-SSRS has been administered several million times and has exhibited excellent feasibility with no mental health training required to administer it. The C-SSRS is the only screening tool that assesses a range of evidence-based ideation and behaviour items, with criteria for next steps (e.g. referral to mental health professionals); therefore the C-SSRS can be very useful in initial screenings. The C-SSRS has been associated with a decreased burden by reducing unnecessary interventions and redirecting limited resources. As such, there is evidence of its effectiveness in reducing unnecessary interventions in hospitals, schools, and, importantly in regards to this report, in correctional settings. The California Corrections Department spent \$20 million on suicide-watch in 2010, which they believe could be cut in half by introducing the C-SSRS.

The C-SSRS has been validated in a number of published studies and, while relatively new having been released in 2009, it is endorsed by the USA Federal Drug Authority as the "gold standard for suicide screening" (Posner et al, 2011). The initial validation study by Posner et al, (2011) found the C-SSRS demonstrated good convergent and divergent validity in comparison to other validated approaches. The Columbia had high sensitivity and specificity for suicidal behaviour classifications compared with scales and both the ideation and past suicide behaviour subscales were sensitive to change over time. The researchers noted that the intensity of ideation subscale demonstrated moderate to strong internal consistency, with the two highest levels of ideation severity (intent or intent with plan) at baseline having higher odds for attempting suicide during the study.

In terms of how accurate the C-SSRS is in terms of suicidal behaviour prediction, previous research with a large sample of 3,776 individuals with a range of mental health issues found it had a 73% level of accuracy. This accuracy was for the report of further suicide behaviour while this group was being treated based on their entry C-SSRS scores for passive and or active suicide ideation or thoughts (Mundt et al, 2010). Further analysis of the same sample by the authors (Mundt et al, 2013) found those with the presence of suicide ideation alone were almost six times more likely to report suicide behaviour. When both ideation and suicide behaviour presence on the C-SSRS was added together, this resulted in a group who was nine times more likely to report future suicide behaviour. These results indicate the support in particular for the C-SSRS's ability to assess the important area of ideation, as well as how the presence of ideation and past suicide behaviour combines to indicate a higher suicide risk group.

## Method

The project sought to address the review of suicide screening by trialling the C-SSRS in a representative New Zealand prison environment in 2014 and then later in 2016/17 across a number of community probation sites. Two prison pilot sites, Waikeria men's prison and Auckland Region Women's Corrections Facility were used in 2014 (August to November) along with six community probation sites spread across New Zealand in late 2016 to early 2017.

Both the prison and the community probation study used training materials that were sourced from the principal developer of the C-SSRS, Dr Kelly Posner, and modified for use in New Zealand. The training workshops took 40 minutes and covered the C-SSRS screening measure with case examples and practice. Some general facts about suicide assessment including addressing misconceptions (i.e. causing harm from asking about suicide) were also included. In addition to the six C-SSRS questions, additional questions were added on areas typically asked in suicide screening that were sourced from current New Zealand Corrections procedures and from the literature review by Davies (2014).

In the interests of ensuring all questions were administered, staff in both the prison and the community study were directed to ask all six C-SSRS questions rather than stopping if the respondent said no to Q1 or Q2.

The four additional questions for the prison study were:

- **First incarceration:** "Have you been in prison before?" (YES/NO)
- **Relationship stress:** "Are you currently having any relationship stress or problems?" (YES/NO)
- **Substance abuse:** "Have you been drunk or intoxicated with drugs anytime in the last month?" (YES/NO)
- **Psychiatric/psychology involvement:** "Have you ever seen a GP, counsellor, psychologist or psychiatrist for an emotional, mood, or social problem?" (YES/NO).

In the community probation study the following five additional questions were asked in addition to the C-SSRS questions:

- **Relationship stress:** "Are you *currently* having any relationship stress or problems?" (YES/NO)
- **Substance abuse:** "Have you been drunk or intoxicated with drugs anytime in the *last month*?" (YES/NO)

- **Mental health:** "Are you currently receiving treatment for any mental health difficulties where delusions, hallucinations, or mood disturbances are part of the problem?" (YES/NO)
- **Psychiatric/psychology involvement:** "Have you *ever seen* a GP, counsellor, psychologist or psychiatrist for an emotional, mood, or social problem?" (YES/NO)
- **Risks for self and/or others:** "Are you or your dependents at risk of abuse (physical/psychological/sexual)?" (YES/NO).

## Results

### Prison study

The C-SSRS was administered with 721 prisoners in the two prison settings at time of reception into prison during the study period (Wilson and Kilgour, 2015). This sample was predominately male (n=586) with a smaller but still representative sample of female prisoners (n=135). The results of the C-SSRS administration along with the four additional questions were analysed and the following key results were found:

- There was a small but significant group of assessed prisoners with suicide ideation (16.2%) and past suicide behaviour, that typically happened more than 12 months ago (14.8%).
- Of those with suicidal ideation, a smaller group (8%), around 57 prisoners, indicated active suicidal ideation that involved either method, intent or a plan.
- A number of prisoners did not say yes to passive ideation questions, but as all six questions were asked in this study, they said yes to some of the active ideation questions. So it was worth persevering in asking all six C-SSRS questions.
- No relationship was found with the C-SSRS questions and the additional question on whether this was there first time in prison. However, the other three additional questions were related to yes responses to the C-SSRS questions. The strongest relationship was found between the question on lifetime contact with mental health professionals over past emotional and social issues and the six C-SSRS questions.
- *Gender comparison.* Comparison of the six item scores for the C-SSRS found no statistically significant differences between the two pilot prison sites (male and female prisons).
- *Ethnicity, age and offending risk comparison.* Prisoners receiving an at risk status upon reception was not found to be related to age, ethnicity, and

remand/sentence disposition or to RoC\*RoI (Bakker, Riley, and O'Malley, 1999). The only significant factor for being assessed as currently at risk was whether the prisoner had been assessed historically as at risk during former imprisonment.

#### **Feedback on the C-SSRS from corrections officers:**

During the study, completed forms were collected from available receiving staff. Staff said they had no issues completing the C-SSRS and saw it as simple to use. They also reported that they had not faced any resistance from prisoners being asked the questions in the C-SSRS. Finally, they hoped that if the C-SSRS was to be used that it was incorporated into the computerised Integrated Offender Management System (IOMS) as they found it gave information they had not considered in the current prison at risk assessment.

### **Community probation study**

A total of 337 C-SSRS screening assessments were completed by community corrections staff at six representative probation sites (Muirhead and Wilson, 2017). The screening assessments were administered during the period between November 2016 and March 2017. The sample was, as expected, predominately male at 77.4% (n=261) with 19.9% female (n=67), and 2.7% unknown (n=9). The ethnicities of those who completed the C-SSRS forms were 51.9% Māori (n= 175), 28.5% NZ European (n=96), 5.6% Pasifika (n=19), 11.6% unknown (n=39), and 2.4% other (n=8). The average age at the time of assessment for those whose ages could be calculated (n=320) was 32 years old, ranging from 17 to 71 years of age.

In terms of the distribution of scores for the C-SSRS and the additional five risk questions, the community results reflected similar frequencies of suicidal ideation to the prison study. Key results of the community study were:

- A small group (15.1%) indicated that they had experienced passive suicidal ideation in the past month (Q1 or Q2) compared to 16.2% in the prison study.
- Nine percent of the sample had shown past suicidal behaviour, with half of that group engaging in the behaviours more than a year ago. Only 6.5% (22 people) were experiencing some form of active suicidal ideation, answering yes to at least one of Questions 3, 4, or 5.
- Similar to the prison study, a small number of respondents in the community study indicated active ideation (Q3-5) even if they said no to some of the passive ideation questions (Q1-2).
- While all the additional questions had a relationship with the yes responses to the C-SSRS, the strongest relationship with suicidal ideation came from the questions relating to current mental health issues and past psychiatric/psychologist involvement.

- *C-SSRS and key demographic variables.* The C-SSRS item scores were not found to have a significant relationship static risk as measured by RoC\*RoI score. However, a relationship was found between younger age and suicidal ideation with increased ideation scores for those in their mid-twenties. No statistically significant relationships were found between gender and suicidal ideation, and ethnicity and suicidal ideation.

**Feedback on the C-SSRS from probation staff:** More than half the staff were positive about the measure and its benefits. They highlighted the ease of use and how comprehensive it was to ask about all aspects of suicidal ideation, rather than treating suicide as a singular construct. Those expressing some negative views found the C-SSRS questions too blunt and uncomfortable to ask or repetitive. The concern about the direct language likely reflected some misunderstanding of the need for plain and specific language to prompt relevant, accurate responses to this important safety issue. This discomfort suggested training materials for staff on using the tool should provide clear evidence that asking plain, somewhat repetitive questions does not increase suicide risk. In fact, rather the opposite is true.

### **Discussion**

The C-SSRS represents an improvement in the theory and practice of suicide risk assessment. In particular, the focus on suicidal ideation and behaviour increases the likelihood that staff will pick up on current (and historical) risk, and moves beyond a reliance on current stressors. While such stressors are often salient, they can over-predict suicidal behaviour given the high presence of stressors for both prisoners and community-based offenders. The C-SSRS validation studies undertaken at two prisons as well as six probation sites for representative samples of New Zealand offenders found that the measure was able to discriminate on the basis of suicidal ideation and behaviour.

Both studies across these two different settings found similar percentages of offenders who had the presence of either passive or active suicidal ideation (16.2% in prison and 15.1%). This percentage is similar to that found in international studies using the C-SSRS (Mundt et al, 2013). In terms of active ideation – in other words, current thoughts of how the person could kill themselves, wanting to do this now, or having a plan/intention to kill themselves – there was convergence between the two Corrections studies. In the prison study 8% had active ideation and in the probation study a smaller group of 6.5% had similar active thoughts involving either method, intent or a plan. This small difference between the community and prison samples likely reflected the higher risk when offenders are placed in prison in terms of a greater degree of experience of psychosocial stressors.

In terms of the C-SSRS question relating to past suicide behaviour, the prison sample with 14.8% compared well with the 9.8% community sample. The Mundt et al, (2013) sample of patients with serious mental health or health issues had a higher 27% lifetime report of past suicide attempts. Therefore, across the two Corrections samples, the C-SSRS was able to differentiate those with current passive or active suicide ideation, assisting the ability of staff to correctly identify – based on this simple screen – which offenders should be the focus of further assessment or intervention to manage current risk of suicide behaviour. This ability to identify at risk using the C-SSRS was found across both male and female offenders, and across age and ethnicity and risk of re-offending.

The additional risk questions in the main provided only a small amount of information that was directly related to current risk. Across both the prison and the community studies a key additional question area related to either past or current contact with mental health professionals over mental health issues. Another result that was not expected was finding a small number of offenders who did not respond with a yes response to the passive ideation questions (Q1-2) but who did then indicate a yes response to one of the active ideation questions (Q3-5). One can speculate that this may be due to a range of factors such as poor comprehension by the offender or that the persistence in questioning overcame barriers such as embarrassment. The key safety issue is that asking all of the C-SSRS questions, rather than stopping with 'no' responses to the passive ideation questions, was supported as a good practice. The writer consulted with Dr Posner (*personal communication*, 24 July 2017) who endorsed that asking all questions as a matter of policy did no harm, improved accuracy, and added at best another minute to an assessment.

Corrections staff involved in the two validation studies for the C-SSRS reported the measure was simple to use and added information to their consideration of suicide risk. Although, the community study did identify some issues in relation to the need for more training to cover the need for the direct language used in the C-SSRS and also, to a degree, why repetition of questions is important when the risks of missing suicide risk is so great.

The administration of the C-SSRS increased the ability of receiving staff to effectively assess the risk of suicide through accessing both passive and active suicidal ideation. This increased the amount of quality information on where the person was in terms of suicide continuum. Use of the C-SSRS by Corrections covers the key assessment areas identified across the relevant literature of suicidal ideation, degree of intent to commit suicide, planning of the act, and previous suicide attempts into the decision of at risk status (Liotta, Mento, and Settineri, 2015).

## Implementation of the C-SSRS in New Zealand Corrections

Subsequent to the New Zealand prison study of the validity of the C-SSRS, in 2015 the screening tool was implemented into the standard prison reception assessment completed in the computerised Integrated Offender Management System. No significant issues have been found following the rollout of the measure across all New Zealand prisons with staff reported to have quickly adapted to the inclusion of the C-SSRS questions. The successful trial of the C-SSRS in the six probation community sites in early 2017 has also resulted in a recent decision to roll out the C-SSRS across all probation offices in their management of offenders. Training has been completed with probation staff in support of the implementation which began in August 2017. The adopted policy in administering the C-SSRS in both prison and probation community settings has been to ask all six questions in the measure to ensure risk responses are not missed.

## Final comment

The implementation of the C-SSRS into the frontline assessment of current suicide assessment in New Zealand Corrections has provided staff with a simple but effective screening tool that is grounded in theory and best practice. The validation of the C-SSRS across the prison and community setting provides confidence in the ability of the measure to add valuable information in the assessment of offenders who are at risk of suicide.

One of the advantages of the C-SSRS is its broad clinical validation and applicability across different settings. There are opportunities in the future to discuss Corrections' adoption of the measure with other key stakeholders, in particular Secure Future, NZ Police, and health agencies including mental health and forensic services. This has the potential to improve information-sharing about 'clients' who are at risk of suicide and streamline referrals for urgent or follow-up interventions.

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## Appendix One

C-SSRS items (asked with reference to the last month or since last contact)

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### Item 1. Wish to be Dead

Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

- Have you wished you were dead or wished you could go to sleep and not wake up?

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### Item 2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one's life/commit suicide, *"I've thought about killing myself"* without general thoughts of ways to kill oneself/ associated methods, intent, or plan.

- Have you actually had any thoughts of killing yourself?

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### Item 3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it ... and I would never go through with it."*

- Have you been thinking about how you might kill yourself?

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### Item 4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and patient reports having *some intent to act on such thoughts*, as opposed to *"I have the thoughts but I definitely will not do anything about them."*

- Have you had these thoughts and had some intention of acting on them?

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### Item 5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

- Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

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### Item 6. Suicide Behaviour Question:

- Have you ever done anything, started to do anything, or prepared to do anything to end your life?

**Examples:** Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

- If YES, ask: How long ago did you do any of these?
  - Over a year ago?
  - Between three months and a year ago?
  - Within the last three months?



# An introduction to countering violent extremism

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## **Author biography:**

Jayde Walker has been a senior psychologist with Corrections since 2014. Her role includes provision of high level reports and expert testimony to the courts; supervision of clinical psychology interns, psychology and programmes staff; guest lecturer at the University of Otago; and Acting Principal Psychologist. Jayde previously worked for the Southern District Health Board's Intellectual Disability Service. She holds a delegation as a Specialist Assessor under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. Jayde is a member of the New Zealand College of Clinical Psychologists and the Australian and New Zealand Association for Psychiatry, Psychology and Law.

## **Key definitions**

The terms "radicalisation", "radicals", "extremists", "extremist violence", and "terrorism" have been used variously, and sometimes interchangeably, within the literature on terrorism. No international agreement has been reached as to a universal meaning of "terrorism", nor is there necessarily a distinction made between violent extremism and terrorism (Pressman & Flockton, 2012).

Extremism is any (generally political or religious) theory that holds to uncompromising and rigid policies or ideology. It is important to note that extremism is a culturally relative term that is subjective, emotionally laden, and pejorative. Norms and values are intricately bound in the definition of extremism and radicalisation (Pressman, 2009).

Radicalisation is generally considered a process, and not all of those who begin the process will end by engaging in violence. The distinction between extremism, or radicalisation, and terrorism (or extremist violence) is generally considered to relate to the distinction between attitudes and behaviours. Extremism and radicalisation are therefore not necessarily problematic; it is when such processes involve violence that it becomes unlawful (Pressman, 2009). The following definitions are considered useful (definitions adopted from Horgan, 2008):

*Terrorism:* acts of violence intentionally perpetrated on civilian non-combatants with the goal of furthering some ideological, religious, or political objective.

*Radicalisation:* the social and psychological process of incrementally experienced commitment to extremist political or religious ideology. Radicalisation may not necessarily lead to violence, but is one of several risk factors for this.

*Violent radicalisation:* the social and psychological process of increased and focused radicalisation through involvement with a violent non-state group or movement. Violent radicalisation encompasses the phases of becoming involved with a terrorist group and remaining involved and engaging in terrorist activity. It includes a process of pre-involvement searching for the opportunity to engage in violence and the exploration of competing alternatives. The individual must have both the opportunity for engagement as well as the capacity to make a decision about that engagement.

*Disengagement:* the process whereby an individual experiences a change in role or function that is usually associated with a reduction of violent participation. It may not necessarily involve leaving the movement. Additionally, whole disengagement may stem from role change, that role change may be influenced by psychological factors such as disillusionment, burnout, or the failure to reach the expectations that influenced initial involvement. This can lead to a member seeking a different role or roles within the movement.

*De-radicalisation:* the social and psychological process whereby an individual's commitment to, and involvement in, violent radicalisation is reduced to the extent that they are no longer at

risk of involvement and engagement in violent activity. De-radicalisation may also refer to any initiative that tries to achieve a reduction of risk of re-offending through addressing specific and relevant disengagement issues. De-radicalisation implies a different change than that associated with disengagement alone: it implies change at a cognitive level, not simply the physical cessation of some observable behavior (Chowdhury Fink & Hearne, 2008). De-radicalisation implies long-lasting change in orientation, such that there is presumably a reduced risk of re-engaging in terrorist activity (Horgan, 2008).

Throughout this article, the terms "terrorism" and "violent extremism" have both been used. The terms chosen reflect the terms favoured by the authors of the literature upon which this article was based. Within the Department of Corrections, the term "violent extremism" has been preferred as a more objective descriptor of violence perpetrated with the goal of furthering an extremist ideology.

## Introduction

The Department of Corrections established a Countering Violent Extremism (CVE) working group in 2015. The establishment of the group arose from recognition that the department plays an important role in the government's wider counter-terrorism strategy. The department developed a CVE strategy to protect public safety and which aligns with international best practice, while recognising the unique New Zealand context. The strategy aims to address extremism emanating from a range of sub-groups and affiliations that pose a threat to public and community safety. This includes radical Islam, extreme right-wing groups, and issue motivation groups who encourage the use of violent actions to further their cause.

As part of the department's CVE strategy, a research project was undertaken by the author of this article. The project included a literature review regarding the processes associated with involvement, engagement, and disengagement in violent extremism; risk assessment for violent extremism; and rehabilitation and reintegration for violent extremist offenders.

It should be noted that despite a significant amount of available literature, there is neither a great deal of primary research, nor research of methodological robustness, especially in terms of treatment efficacy. A further challenge in the study of terrorism is that attacks are relatively rare events, despite the potentially significant consequences. The global

terrorism rate for 2014 was 0.47 victim deaths per 100,000. In comparison, the global homicide rate for 2012 was 6.24 per 100,000 (Institute for Economics and Peace, 2015). Although a rare event may be of low frequency, being able to hypothesise those factors that increase or decrease its likelihood may enable more effective risk management.

Terrorism involves the use, or threat, of violence as a means of attempting to achieve some social or political effect (Horgan, 2014). Violent extremists demonstrate a common willingness to engage in different types of unlawful violence in order to inspire fear. Despite different goals, they are driven by their political, politico-religious, or social ideologies (Pressman & Flockton, 2012).

Extremist violence has been growing on a global scale over the last 15 years. For example, the events of 11 September 2001 ("9/11") signaled a massive upwards shift in the scale of targeted terrorism (Horgan, 2014). New Zealand enacted the Terrorism Suppression Act (TSA) in 2002, subsequent to the 9/11 attacks in the United States. No offenders have yet been convicted under the TSA, although in June 2016 two men were convicted and sentenced for the possession (and, in one case, the distribution) of objectionable material related to extremist violence. In light of these recent convictions and the increasing global spread of terrorism, there is no reason to consider that New Zealand is, or will continue to be, exempt from terrorism concerns.

The New Zealand terrorist threat level is assessed as low, however there are a number of individuals and groups in New Zealand with links to overseas organisations that are committed to acts of terrorism, violence, and intimidation. The New Zealand Intelligence Community (2017) believes that, given the degradation of Al Qaeda and Islamic State in Middle East countries, the greatest threat of a terrorist act in New Zealand comes from "home-grown" radicalisation or a loneactor attack.

## Factors associated with terrorism

### Relationship between terrorism and psychopathology

It is difficult to study the presence (or absence) of psychopathology or problematic personality traits in terrorist populations. For example, the available samples of known terrorists are those who have been apprehended and/or referred for mental health assessment, and therefore may not be representative of the wider terrorist population (Horgan, 2014). However, various reviews of the literature at different points in time have concluded that there is a lack of reliable, robust, and systematic evidence of higher rates of



diagnosable serious psychopathology among known terrorists and that psychopathology is not a useful perspective for understanding or predicting terrorist behaviour (Borum, 2004).

Despite these observations, Corner, Gill, and Mason (2016) observe that recent research has shown that mental disorder is more common in lone-actor terrorists than group-actors. For example, a study of 119 lone-actor terrorists found that 31.9% had a history of mental illness or personality disorder (Gill, Horgan, & Deckert, 2012, cited in Corner et al, 2016). It is notable, perhaps, that this is a rate of psychopathology that is lower than observed in a recent survey of the general New Zealand prison population (Indig, Gear, & Wilhelm, 2016). In the majority of cases, such diagnoses were made before the individuals engaged in terrorism. Corner et al (2016) compared the types of mental disorders found in lone-actor and group-actor terrorists with those found in the general population. They found that schizophrenia, delusional disorder, and autism spectrum disorder have a substantially higher prevalence in the lone-actor population compared to a general population. Group-actors demonstrated significantly lower levels of mental disorder, at levels no different to what would be expected within the general population.

Lloyd and Dean (2015) suggest that individuals with mental disorder and problematic behaviour alongside an apparent interest in extremism come to the attention of authorities and are largely diverted. Where they are identified by authorities, it is more often as loneactors, possibly because they are de-selected by organised terrorist groups. Convicted violent extremists are largely cognitively and emotionally intact, but not necessarily welladjusted. Their difficulties are variously associated with grievance, injustice, identity, status issues, and a frustrated sense of worth (Lloyd & Dean, 2015). Furthermore, the consequences of involvement and engagement in violent extremist groups can be significant. These include anxiety, paranoia, trauma, burnout, poor physical health, drug and/or alcohol abuse, physical injury, loss of relationships with family and friends, disrupted education and career, criminal charges and/or imprisonment (with associated diminution of future employment, housing, and social prospects; Barrelle, 2015).

The role of major psychopathology among individuals who commit suicide attacks also appears to be limited. It is likely that the motivation for choosing to engage in a suicide attack in the interests of furthering a religious or political cause is distinct from that in the clinical phenomenon of suicide. For example, people generally associate suicide with hopelessness and depression. In contrast, people typically associate martyrdom with hopefulness about attaining rewards in the afterlife and feelings of heroic sacrifice (Borum, 2004).

## The “terrorist personality”

The fact that terrorists share certain characteristics or traits does not imply that any individual who has these traits is bound to become a terrorist (Merari & Friedland, 1985, cited in Horgan, 2014). Therefore, individual explanations of terrorism in terms of personality traits are insufficient to account for why people become involved in terrorism (Horgan, 2014). Furthermore, such explanations fail to identify why so few people exposed to the presumed generating conditions of terrorism actually become terrorists (Horgan, 2014). A further difficulty with the search for a terrorist personality is that those involved in terrorist organisations can assume many different roles. The “personality” of a financier may be very different from that of a strategist, administrator, assassin, or suicide attacker. It is therefore not surprising that there is a lack of empirical support for a single set of psychological and/or personality attributes that explain terrorist behaviour (Borum, 2004).

## The role of ideology

Ideology can be defined as a common and avidly-embraced set of rules and ideals to which an individual subscribes and which motivate them to act in specific ways. Beck (2002, in Borum, 2004) applied a cognitive model to terrorist ideologies and concluded that the thinking patterns of terrorists show the same kind of cognitive distortions observed in others who engage in violent acts (either individually or as members of a group). These included overgeneralisation (the supposed sins of the enemy extend to the entire population), dichotomous thinking (that a particular group or sub-set of people is either totally good or totally bad), and tunnel vision once engaged in their terrorist mission (i.e., their thinking, and consequently their behaviours, focus exclusively on the destruction of the target). Even among those individuals who subscribe to a destruction-oriented ideology, not all will personally engage in acts of extremist violence (Borum, 2004).

## Vulnerabilities and motives

Motivation is often considered to be the cause or ideology of the terrorist group. However, motives to join a terrorist group and to engage in terrorist behaviour vary considerably across different types of groups, within groups, and may change over time (Borum, 2004). Review of the literature reveals three prominent and consistent motivational themes – injustice, identity, and belonging (Borum, 2004).

Injustice, and the associated desire for vengeance, can be specific or diffuse. Grievances may be economic, ethnic, racial, legal, political, religious, and/or social.

Grievances may be targeted towards individuals, groups, institutions, or categories of people (Borum, 2004).

The search for personal identity may draw an individual into terrorism in several ways. An individual may define his or her identity through group membership. A search for personal meaning may push an individual to adopt a role to advance a cause, with little or no consideration of the merit of that cause. The black and white nature of most extremist ideologies may be perceived as attractive to those individuals who feel overwhelmed by the stress of navigating a complicated world (Borum, 2004).

Finally, people can attain a sense of belonging, connectedness, and affiliation from being part of a terrorist group. This is a critical motivating factor for joining a group, remaining in the group, and may be a compelling influence for acting in accordance with the group's philosophies (Borum, 2004).

### **Pathways to radicalisation and terrorism**

There is general agreement that the psychology of terrorism cannot be considered in isolation from political, historical, social, familial, individual, and even coincidental or accidental factors (Freid, 1982, cited in Borum, 2004; Bandura, 1990, cited in Borum, 2004). Terrorism is therefore not the product of a single decision, but the end result of a process of gradual exposure and socialisation that pushes an individual toward a commitment to extreme behaviour over time (Horgan & Taylor, 2001, cited in Borum, 2004). Given the diversity in motivation, vulnerability, and opportunity for terrorism, there is unlikely to be a single pathway that would apply to all types of terrorist groups or to all individuals (Borum, 2004). Indeed, it may be unreasonable to expect that any one model could encompass the breadth and variation in individual and group experiences to adequately explain the phenomenon of terrorism, particularly given that such a phenomenon is distinctive by its very low base rate of involvement (Horgan, 2014).

### **Contemporary models of radicalisation and terrorism**

There are a variety of sociological and psychological models that have been used to explain terrorism (e.g. social learning theory, the frustration-aggression hypothesis, relative deprivation theory, and oppression theory). A significant problem with these theories is that they fail to account for why millions of people may be exposed to the same social circumstances but do not engage in terrorism, or why particular individuals become terrorists (Victoroff, 2005).

Several phase models exist that explain how an individual may become radicalised and escalate to involvement in terrorism activity. Such models include: the Joint Military Information Support Centre Framework (2004, cited in Borum, 2011), Moghaddam's Staircase to Terrorism (2005, cited in Borum, 2011),

the Five-Step Social Identity Model of the Development of Collective Hate (Reicher, Haslam, & Rath, 2008, cited in Barrelle, 2010), the Pyramid Model (Leuprecht, Hataley, Moskalenko, & McCaley, 2009), and Sinai's model of prison radicalisation (2014). The models have some common components and "stages" of radicalisation. These include the influence of personal factors such as a personal crisis, a need for protection, sense of grievance or injustice, self-identification with the in-group, and indoctrination. Social identity and the influence of others (through kinship, friendship, charismatic leaders, imprisoned terrorist "kingpins", and even extremist prison chaplains) have been identified as having an important role in the radicalisation process (Sinai, 2014).

Lloyd and Dean (2015) describe research undertaken by the National Offender Management Service (NOMS) of England and Wales. Cases were identified that did not accord with socialisation theories of extremism. Several of the convicted Al Qaeda-influenced offenders had a history of violent offending and a seemingly weak identification with Al Qaeda ideology. Instead, they held criminal attitudes supportive of violence, their involvement appeared to be opportunistic and self-serving, and they did not share the same religiosity or belief system as other Al Qaeda-influenced offenders. When these individuals were assessed, a high level of social dominance, aggression, intimidation, exploitation of others, narcissism, and sensation-seeking were identified.

Lloyd and Dean considered that these individuals were motivated by the exercise of power and control, rather than by ideology. The offenders for whom ideological motivation was primary were often disparaging of the "criminal" terrorists, and appeared to recognise the differences in motivation and values between the two groups. The implication of a criminal pathway is that individuals may progress from a pre-existing mind-set associated with a readiness to perform or contribute to a terrorist offence, and possession of the skills required to perform an act of terrorism, to include an opportunistic and weak level of identification with an extremist group or cause.

It is also important to acknowledge the role of the internet in the radicalisation process. Many of the socialisation theories of group-actor terrorist behaviour involve the direct influence of others (e.g. family, peers, charismatic leaders). The internet provides a form of surrogate community and features heavily in the literature on lone-actor terrorism. In the context of large-scale counter-terrorism responses to extremist groups, such groups operate more and more by acting as ideological suppliers and promoters of leaderless resistance (Bockler, Pad, & Reid Meloy, 2017). The internet is a significant tool to advance this strategy. It can be a vehicle for messages of a terrorist nature,

an instrument for the recruitment of sympathisers, and a technical tool for advancing knowledge of how to commit terrorist attacks (Ellis, Pantucci, de Roy van Zuijdewijn, Bakker, Gomis, Palombi, & Smith, 2016).

### **Involvement, engagement, and disengagement**

Horgan (2014) presents a process model that conceptualises terrorism as comprising at least three distinct phases: (1) becoming involved in terrorism, (2) engaging in terrorist activity, and (3) disengaging from terrorism. He posits that tracing this "arc" offers a focused way of determining the key behavioural features of each phase and how knowledge of those behaviours could inform preventive strategies.

The involvement, engagement and disengagement arc concept parallels wider theories of criminal behaviour (e.g. the onset, continuation, and desistance framework, or the rational choice theory of criminal behaviour), which suggest that desistance cannot be understood in isolation from the onset of criminal activity or the continuation of offending behaviour over time (Horgan, Altier, Shortland, & Taylor, 2016). Gang literature in particular is relevant because of the similar recruitment and desistance experiences for members of both gangs and violent extremist groups. Seeking identity is a primary reason for joining gangs, while age and/or maturity are primary reasons for leaving (Bjorgo and Horgan, 2009, cited in Barrelle, 2010). The longer a person is in a gang, the harder it is to leave. It is also harder to leave the more stigmatised the group is (Barrelle, 2010).

### **Risk assessment tools for violent extremism**

Several structured professional judgement risk assessment tools have been specifically developed overseas (largely in the United Kingdom and Canada) for violent extremism. These include the Extremism Risk Guidance 22+ (ERG22+; Lloyd & Dean, 2015), Identifying Vulnerable People Tool (IVP; Cole, Alison, Cole, & Alison, 2009), Violent Extremist Risk Assessment (VERA-2R; Pressman, 2009; Pressman & Flockton, 2012; Pressman, Duits, Rinne, & Flockton, 2016), and the Multi-level Guidelines (Cook, Hart, & Kropps, cited in Cook, 2014). The measures are considered to have face and content validity, as well as convergent validity (this is unsurprising given that these measures have all been informed by a common literature and consultation amongst the developers). As yet, there are few studies of predictive validity or reliability. All of the tools require a degree of professional judgement and experience to be effectively used, and involve specialist training (which is currently unavailable in New Zealand).

The degree to which these assessment tools may be applicable in a New Zealand correctional context is unclear, given the different development samples involved in the construction of the measures. Overall, although a structured professional judgement tool may be a valuable component of a violent extremism risk assessment, it is apparent that there are a number of clinical and practical barriers to using any of the identified measures in a New Zealand context. Therefore, an individualised, formulation-based approach is recommended.

## **Promoting disengagement**

### **Interventions**

Disengagement and de-radicalisation is a relatively recent focus of counterterrorism studies. Concerns about personal safety and limited access to classified or sensitive information has constrained researchers from developing an accessible data set on which to base studies (Chowdhury Fink & Hearne, 2008). Furthermore, although various states have recognised a need to rehabilitate and reintegrate convicted extremist offenders back into society, there has been no international consensus on what constitutes rehabilitation, let alone how successful rehabilitation might be defined (Horgan & Braddock, 2010). It is therefore difficult to evaluate programmes because there are no established criteria for success and no standards that apply across cultures (Barrett & Bokhari, 2009). Additionally, given that comprehensive rejection of a set of extremist beliefs is often a core treatment goal, it is seldom possible to confirm that self-reported change is in fact genuine. There is a scarcity of programme outcome data, given the relatively short period of time programmes have been delivered, the small numbers of participants, and various states' willingness to publicise recidivism rates.

As with any offending behaviour, it is important to develop interventions that are based on a thorough assessment and formulation of why the individual committed, or supported, violent extremist activities. The United Nations Office on Drugs and Crime (UNODC; 2016) therefore recommends that a risk-needs-responsivity framework underpins the development of interventions. The UNODC further recommends that the delivery of disengagement and reintegration interventions for violent extremist prisoners should not have a negative impact on, but be accompanied by, the delivery of rehabilitation programmes for the "regular" prison population. This is to limit the perception that violent extremist prisoners have any "special group status", which may otherwise result in hostility or other prisoners wanting to become violent extremists.

Research with former violent extremists shows that those who have reintegrated most successfully and who report feeling most connected with mainstream society have made significant changes in six domains: social relations, coping, identity, ideology, action orientation, and disillusionment (Barrelle, 2015; UNODC, 2016). Individual development within these domains may take a period of years.

Relationships are a primary vehicle for disengagement from violent extremism and appear to be what best enables former violent extremists to “fit in” elsewhere in society. Social ties can also be an anchor for those who have disengaged. For this reason, promoting the maintenance, or re-establishment, of prosocial/non-extremist family and community links is essential in assisting individuals to leave violent extremism (UNODC, 2016).

An individual who has left a violent extremist group may well require professional support for social or emotional issues. It is common for individuals to experience distress associated with the loss of purpose, friendships, belonging, and identity associated with disengagement. Some individuals may anticipate that the group will seek to punish them for leaving, others may be anxious that the community they intend to move back into will reject them. Depending on the individual's personal history and experience of belonging to a terrorist group, problems with depression, anxiety, trauma, trust and relationship issues may be present. The development of coping skills and self-care is necessary for any person facing personal challenges. Therefore, psychological and health services will need to be incorporated into any disengagement interventions (UNODC, 2016).

Just as engagement is a transformative identity process, so too is disengagement. Disengagement involves an individual disconnecting from a violent extremist group and reconnecting elsewhere. This involves re-establishing a sense of self. This can be a particular challenge for many former violent extremists, particularly if they have been part of a violent extremist group for a long time. Many such individuals will need to develop multiple new threads of identity to determine where they belong (UNODC, 2016).

Change in ideology involves the individual coming to a point where they no longer believe that violent methods are justified, they tolerate or accept that other people hold different beliefs and belong to different identity groups, and they hold a coherent set of ideas and beliefs that enable peaceful cohabitation. Research with former violent extremist offenders suggests that guidance about foundational knowledge in their faith or traditions from a respected source was critical in promoting a change in their ideology. It is important

that any such guide is able to respectfully challenge the individual's ideas and beliefs that support violence (UNODC, 2016).

Depending on their personal experiences and socialisation prior to entering a violent extremist group, some individuals will need support in finding constructive and lawful ways to pursue their cause or otherwise engage in a prosocial lifestyle. Active participation in family, work, community, or prosocial activities are examples of different aspects of a non-violent action orientation. Providing education or vocational training may prove useful in this area (UNODC, 2016).

Disillusionment is commonly cited in the literature as being associated with disengagement. Disillusionment can come from the way in which the group operates, the ideology of the group, the behaviour of the leader, or the rules of the group. New recruits report a discrepancy between their vision of involvement and engagement, and their actual experience. This can also be a factor involved in disengagement. Other members may become increasingly disillusioned with the ineffectiveness of the tactical use of violence to achieve their objectives (UNODC, 2016).

Additional factors that may influence an extremist offender to disengage from violence are those that are outside external control. These factors include aging, experiencing a turning-point event (such as the death of a family member or close friend), or changing personal priorities (such as the desire to lead a quieter life, start a family, or take up legitimate employment). Furthermore, disengagement is a multifactorial process and social and political factors will also have some influence (UNODC, 2016).

## Community management

It is generally accepted that the effective management of offenders in the community requires a multi-agency, collaborative approach (Correctional Services Canada, 2014). Various international forums undertaken in recent years have revealed that there is not a significant amount of experience internationally of managing violent extremist offenders (or ex-offenders) in the community. A significant factor in this appears to be that individuals convicted of terrorist offences have tended to be issued lengthy custodial sentences (Correctional Services Canada, 2014). Amongst those jurisdictions with experience in community management, typical responses include having additional conditions or restrictions placed on released offenders (e.g. residency requirements, conditions prohibiting air travel, limited or no access to the internet and/or mobile phones, and financial disclosures). Most jurisdictions have also applied higher level monitoring for these offenders (e.g. increased

frequency of report-ins to probation services, including home visits, and having direct contact with the individual's immediate social circle in order to obtain collateral information regarding reintegration and risk management). Notification of release to community partner agencies (and the public) has occurred in some countries.

### **Recommendations for psychological assessment and treatment**

Assessment should take an individualised, multi-method, multi-modal approach. Psychometric assessment could include assessment of personality functioning, assessment of other clinical factors (e.g. cognitive functioning), assessments for general violence risk, and specialised assessments for extremist violence. The goal of the assessment is to develop a clear understanding of the individual's pathway into involvement and/or engagement in violent extremism.

Given the role of religious belief in many cases of terrorist extremism, psychological treatment may be fraught from the outset. For example, assuming that the client is willing to enter into treatment, he or she may start from the position that a psychologist who does not belong to the same cultural, religious, or political background deserves no respect, has no right or authority to challenge the client's beliefs, and represents the very social order that the terrorist is dedicated to destroying.

However, if treatment is to be attempted, it should be individualised. The motivations for individuals to become involved, engaged, and disengaged from violent extremism are likely to vary and present with idiosyncratic features that may not be amenable to a group-based intervention format. Furthermore, the likely low numbers of such offenders in New Zealand means that it may not be viable to develop a group-based intervention programme. Treatment planning, in the absence of clear guidance from the literature, should be based on the risk-needs-responsivity framework, in accordance with the existing evidence base for what works with offenders.

It is recommended that, where the client can be successfully engaged, psychological interventions focus initially on behaviour change, given that it is violence that is unlawful and not the holding of extremist beliefs. Attention should be given to challenging cognitions that legitimise the use of violence as a strategy to effect social or political change. Factors that have consistently been identified as facilitating disengagement should be a focus of treatment. Treatment may also include working collaboratively with others, where relevant for

the individual. For example, religious or cultural leaders may be appropriate to include in situations where religious and/or cultural factors are motivators for the behaviours of concern.

### **Recommendations for reintegration and community management**

The reintegration process involves balancing rehabilitation goals with security needs in terms of monitoring and other potential restrictions. Too much emphasis on security may create practical barriers to reintegration (e.g. difficulty accessing employment or other pro-social activities due to restrictions associated with electronic monitoring). This may in turn increase the risk of an individual perceiving grievance, which may maintain the attitudes and beliefs that contributed to their initial involvement or engagement in violent extremism.

The on-going assessment and management of offenders of national security interest is likely to be best achieved by a multi-disciplinary team. Oversight can be provided by the National High and Complex Needs Panel with regular updates from multi-disciplinary teams (MDTs) managing such offenders. These MDTs should comprise of representatives from custody, probation, psychology, intelligence, and the high risk response team. Non-departmental community agencies that are likely to be involved include the Police, religious or cultural representatives where relevant to specific cases, supported accommodation providers, offender reintegration services (e.g. PARS), and other relevant community services (e.g. refugee support agencies).

Working relationships, where these do not exist already, will need to be developed. Where joint work is to be undertaken, establishing a lead agency responsible for service coordination would be advisable. The general consensus internationally is that the effective management of offenders of national security interest requires a national (possibly international) and multi-systemic approach to the collaborative, open, and reciprocal sharing of information at all points of offender management (pre-sentence, incarceration, and through release), within established legal and ethical requirements of the groups or professions involved.

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# The last defence against gang crime: Exploring community approaches to gang member reintegration

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## Editor's note

Corrections is part of the Whole of Government Action Plan on Gangs, which was initiated in 2014 to reduce the harm gangs cause to families and communities. In May 2017 we launched the Corrections Gang Strategy (CGS).

The CGS programme will be delivered over the next five years and aligns to the Whole of Government Action Plan on Gangs. Our aim is to:

- contain the negative influence of gang members in the custodial environment
- disrupt the efforts and capabilities of gang members under our management to organise and commit crime from within prisons and in the community
- reduce the re-offending rates of gang members and the harm caused by gangs in prisons and the community.

The relationship between gang members and crime has been well-documented, with the general picture of identified gang members tending to commit crimes more frequently than other offenders (Decker, Katz & Webb, 2008; Fleisher & Decker, 2001; Tito & Ridgeway, 2007). Such a finding is not surprising given the range of offence-specific dynamic factors that are at play with individuals who devote much of their time and energy

into activities that are concomitant with membership in an antisocial group. However, what is less known is the process of desistance from crime with gang members, how this occurs, and what critical factors are involved in facilitating this transition.

Arguably, an individual's associations with antisocial peers presents as the most complex of the 'big four'<sup>2</sup> risk factors. Associations with procriminal peers locates an individual into a relationship, or network of relationships, that cue, shape, reinforce and likely generalise procriminal thinking and offending behaviour. Although gangs are a largely under-researched population in New Zealand, it is known that gang members are over-represented in higher risk offender categories (Tamatea, 2010). For instance, Department of Corrections data has revealed that identified gang members are nearly three times more likely than non-gang-affiliated offenders to be reconvicted and reimprisoned following release (Nadesu, 2009).

## Gangs: Definition and challenges

Defining gangs is a long-standing issue in gang research (Decker, Melde, & Pyrooz, 2013; Esbensen, Winfree, He & Taylor, 2001; Wood & Alleyne, 2010). Some of the earliest 20th century accounts of gangs described spontaneous groupings of young males who would spend time planning and executing petty thefts, and drinking alcohol, but who also engaged in playground activities and sports. Gangs, in this respect, were

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2 Internationally considered to be the four most empirically well-supported risk factors for general offending, the so-called 'big four' comprises of (1) a history of crime; (2) an antisocial personality pattern (e.g., psychopathic traits); (3) antisocial associates; and, (4) attitudes and beliefs supportive of offending behaviour (for a fuller discussion of this research, see Andrews & Bonta, 2010).

seen as a normative aspect of boyhood development (Puffer, 1912). Later works emphasised antisociality, and the relationship between these groups and social structures (e.g. Thrasher, 1927), rival groups (Sullivan, 2005; Yablonsky, 1962), and the law (Knox, 2009). Klein and Maxson (2006) developed an explicit gang 'typology' that defined these groups by membership size, age range, lifespan, supposed geographical 'territory', and degree of members' criminal versatility – recognising antisociality as a critical feature of interest to criminal justice agencies that largely distinguishes these groups from other collectives.

The international research literature on gangs has tended to focus on youth (e.g. Pyrooz & Decker, 2011; Decker, Pyrooz, & Moule, 2014), which is not surprising given that adolescent males present as an especially risky group under known theories of crime. However, it is not uncommon to find gang members – particularly in New Zealand – maintain their memberships well into their adult years (e.g. Gilbert, 2013; Isaac, 2007; Payne, 1997).

The high level of crime committed by identified gang members in prison and the community is a critical concern for correctional agencies (Kinnear, 2009). For instance, departmental statistics indicate that identified gang members tend to have higher Risk of Re-conviction/Risk of Re-Imprisonment (RoC\*RoI) scores than all offenders combined<sup>3</sup>, meaning that gang members are more likely to re-offend following release from prison than offenders who do not have such affiliations. Whilst it is acknowledged that gang membership alone presents specific crime-related problems in New Zealand and international jurisdictions (Ellis, Beaver & Wright, 2009; Kinnear, 2009; Knox, 2009), the reintegrative implications for these (usually) men<sup>4</sup> is seldom explored.

## Offender rehabilitation and integration

The Risk-Need-Responsivity (RNR; Andrews & Bonta, 2010) model is an heuristic of effective offender rehabilitation and provides an empirically-informed rationale for agencies to allocate and manage (usually limited) resources to optimise community safety and offender interventions, and support case managed

approaches to offender rehabilitation and reintegration. However, it is recognised that processes and causal mechanisms that facilitate desistance from crime are still poorly understood (Porporino, 2010). Serin and Lloyd (2009) note a variety of critical factors that are presumed to contribute to the crime/desistance trajectory, such as age, stable employment, prosocial associations, and self-efficacy. Furthermore, a number of these factors may involve emergent properties that are more salient at some parts of the process than others by virtue of natural processes (e.g. aging and lifestyle stability) or as a consequence of prior issues being addressed, such as 'readiness to change' as a prerequisite for programme engagement.

Protective factors (i.e. characteristics and circumstances that are associated with reduced chances of criminal activity; Andrews & Bonta, 2010) can take the shape of internal attributes, such as responsiveness to treatment and authority, as well as external assets like stable employment and accommodation, and a social support network that is able to elicit a sufficient degree of restraint from the individual. The differences between recidivists and non-recidivists included relationship problems, negative emotionality, access to drugs and substance abuse, unemployment or financial woes prior to reconviction, fewer criminal associates, more realistic expectations of post-release life, and access to community resources (Bucklen & Zajac, 2009; Zamble & Quinsey, 1997). However, the role of protective factors with gang members is even less known. A recent New Zealand study (Tamatea, 2010) that explored the experiences of men who had left gangs revealed a series of life transitions, not unlike Serin and Lloyd's (2009) process that revealed the impact of gang membership on their lives. For some, these life changes continued well into their fourth and fifth decades. The core transitional themes are displayed in Table 1, and reflect a dynamic lifespan process. Gang involvement was considered by these men to be most central in earlier stages due to multiple types of rewards accessible through membership, but limit the individual to a restricted antisocial set – maintaining conditions unfavourable to behaviour and lifestyle change. However, consistent with crime/desistance theories, opportunities for change emerge at later stages (i.e. exit) as life roles change (e.g. a new relationship<sup>5</sup>, becoming a parent) with accompanying realignment of values that can contribute to behaviour change.

3 For identified gang members,  $N=2,939$  with  $RoC*RoI M=0.59$ ;  $S.D.=0.19$ ; whereas all offenders,  $N=41,474$  with  $RoC*RoI M=0.36$ ;  $S.D.=0.24$  (as at August 2011).

4 Two exceptions would be Dennehy and Newbold's (2001) *The girls in the gang*, and Desmond's (2010) *Trust*. Both are rare examples of New Zealand gang literature and examine the roles of women and gangs, as well as their pathways towards prosocial lifestyles. It is of interest that of the few published books dedicated to New Zealand gangs and gang life that the most thoroughly researched concerned women who were associates of gangs, suggesting perhaps that male members are less inclined to disclose their gang histories, are less accessible, or – arguably – more likely to observe and respect gang codes even after leaving.

5 Or, the 'Good Lives' model of desistance.



**Table 1**

Summary of transitional themes throughout gang lifestyle process (Tamatea, 2010)

Stage	Transitional theme
<b>Early experiences</b>	<ul style="list-style-type: none"> <li>• Dysfunction at home (neglect, abuse, poor role models)</li> <li>• Difficulties in school (under-achievement, truancy)</li> <li>• Delinquent lifestyle (unstructured, peer choices)</li> </ul>
<b>Entry</b>	<ul style="list-style-type: none"> <li>• Acceptance of similar peers</li> <li>• Attitudes towards employment, institutions, and authority</li> <li>• Anxiety about victimisation</li> <li>• Attractions to gang lifestyle (potential material/social rewards)</li> </ul>
<b>Engagement:</b>	
<i>Individual</i>	<ul style="list-style-type: none"> <li>• Reputation</li> <li>• Relationships (strong and exclusive) with peers</li> <li>• Rewards (actual material/social)</li> </ul>
<i>Collective</i>	<ul style="list-style-type: none"> <li>• Structural markers in lifestyle (role and meaning)</li> <li>• Social controls from members and associates</li> <li>• Shared identity</li> </ul>
<b>Exit:</b>	
<i>Push</i>	<ul style="list-style-type: none"> <li>• Disillusionment with promises of longer-term lifestyle</li> <li>• Deterioration of peer relationships</li> <li>• Desensitisation to rewards</li> </ul>
<i>Pull</i>	<ul style="list-style-type: none"> <li>• Realignment of values (e.g. maturation, social responsibility)</li> <li>• Role change (e.g. grandparent, partner)</li> <li>• Ritual, or exit strategy</li> </ul>
<b>Effects:</b>	
<i>Challenges</i>	<ul style="list-style-type: none"> <li>• Fears of reprisal/ostracism</li> <li>• Frustrations with challenges in new lifestyle</li> </ul>
<i>Changes</i>	<ul style="list-style-type: none"> <li>• Future-focus on sustainable new lifestyle</li> <li>• Family and responsibility for future generations</li> <li>• Freedom and increased autonomy</li> </ul>

Whereas risk factors emphasise variables that contribute to offending behaviour, a consideration of protective factors as catalysts or triggers for desistance would necessarily involve a consideration of positive life domains (e.g. family, workplace, social and spiritual spheres), their salience, feasibility, and pathways towards obtaining engagement in those areas.

### Impact of gangs on reintegration and behaviour change

Behaviour change is central to the challenge of addressing offending behaviour and promoting desistance from crime. In the context of theories of crime and desistance, behaviour change may be conceived of as an emergent property that develops as part of gradual life processes (e.g. cognitive maturation) and/or critical life events (i.e. turning points). Behaviour change, in this context, means *altering behavioural responses as a form of problem solving*, and can involve targeting discrete behavioural events (e.g. reducing verbal abuse towards staff) to larger complex patterns (e.g. reducing criminal activity). Arguably, the role of gangs in an individual's life can present as a central issue to be addressed as well as a barrier to achieving other goals.

Initial challenges to be addressed in any form of non-coercive behaviour change include (1) problem identification, (2) problem definition, and (3) developing a commitment for change (Kanfer & Scheff, 1988). Prochaska and Norcross (2014) identified common factors of effective interventions such as (1) the individual's expectations that change is possible, particularly in the context of (2) a strong therapeutic alliance – both factors that are consistent with DRAOR (Dynamic Risk Assessment for Offender Re-entry) protective items such as high expectations and cost/benefit (expectation) as well as responsiveness to advice, social support, and social control (alliance).

In addition to the challenges that undermine an individual's efforts to develop an offence-free lifestyle, gang membership presents a specific set of issues that compromise community integration for many individuals. Fleisher and Decker (2001) identified the following issues as critical factors that undermine desistance efforts by gang members.

### Gangs facilitate crime

The structural nature of gangs draws individuals into networks that allow for easy alignment with other members, and offer social support and reinforcement for antisocial behaviour that may have been circumvented in the absence of these relationships. Furthermore, because gangs that have an overt antisocial culture and focus accelerate the frequency and severity of crime, membership in these groups may exert a considerable effect on an individual's criminal behaviour.

## Gangs are social groups with longevity

Gangs often persist longer than individual members, as evidenced by traditional gangs (Klein & Maxson, 2006) – some of which were established over half a century ago<sup>6</sup>. That gangs have persisted and, arguably, expanded in number (and influence) suggests that conditions exist in some New Zealand communities to support gang emergence. Furthermore, established gangs offer the lure of lucrative economic and social opportunities that are incommensurate with mainstream communities.

## Self-identification to a gang

The personal (and sometimes economic) costs of gang initiation and exit rites indicate the importance held by these groups for long-term membership. Indeed, although gangs are typically regarded as a youth phenomenon, members have been known to retain membership well into their adult years. In New Zealand, the average age of identified gang members serving community sentences has been estimated at 30 years of age, with some members in their 60s (Tamatea, 2010). Gang membership also offers significant social ties and friendships that promote a sense of belonging to a local-area network and are predicated on shared histories, experiences, and knowledge.

## Self-identification as self-definition

Being a gang member may be a vital element in the self-concept of a member. The benefits of membership, such as identity, friendship, and communion with a marginal community, offer meaning and value in these contexts and are often in contrast to 'failed' experiences and minimal ties with mainstream society.

## Marginality of gang members

International research on gangs (e.g. Fleisher & Decker, 2001) emphasises the economic and social marginality of gang members – particularly committed members who are most likely to be involved in criminal conduct serious enough to warrant imprisonment. Furthermore, the inevitable isolation and stigmatisation that is experienced, and perpetuated, by these groups can threaten increased marginalisation by virtue of a 'triple minority' status; that is, prejudice by virtue of (1) the public perception of gangs as intimidating (Kelsey, 1982), (2) negative attitudes towards (ex-) offenders (Ritchie & Ritchie, 1993), and (3) existing social prejudices towards ethnic minorities. All of these can

contribute to the development of an underclass and to further distancing these groups from the mainstream, and consolidating gangs as communities on the fringe. However, others have actively promoted an explicit antisocial ideology in support of violent behaviour with the intent of shocking and rejecting a society that was perceived to have been ultimately responsible for the abuse and harm of young people in state care (Gerbes, personal communication, 2010). The 'problem' of gangs, then is framed as a community issue, rather than merely the problem of a select and marginalised group.

In short, compared to offenders without gang ties, gang membership can involve exposure to a range of factors that exert strong and complex impediments to an individual developing an offence-free lifestyle.

## The role of the community

Although gang members have been known to present challenges for correctional and law enforcement agencies, they are, first and foremost, a community issue. US gang researcher George Knox asserted that "*the last defence against gang crime is the community itself if we cannot rely on the family as an effective agency of socialisation*" (2009, p. 385). Furthermore, long-term desistance is considered to be best achieved through strategies that promote and sustain the individual's efforts to reintegrate into society as a law-abiding citizen (Thurber, 1998). In New Zealand, an offender's pathway to desistance via the justice system involves a number of formal relationships that might include – but is not limited to – probation officers, psychologists, programme facilitators (e.g. Medium Intensity Rehabilitation Programme, Special Treatment Units) and therapists (e.g. substance abuse, sensitive claims), educators, instructors (e.g. offender employment), case managers, spiritual guides (e.g. chaplains) and indigenous providers (e.g. Māori service providers). However, while the ultimate aim of these contacts is to enhance offence-free lifestyles in the community, these particular relationships occur – and usually terminate – within the context of an individual's sentence. Hence, in the absence of effective community input, a prevention focus can become diffuse.

To take this further, Wilkinson (2005) argued that neither correctional services nor communities can afford to view re-entry as the sole responsibility of the other, and that it is crucial for correctional agencies to work with community organisations whose expertise involves employment readiness and knowledge of job opportunities, in an effort to prepare an individual for meaningful future endeavours.

<sup>6</sup> Of New Zealand's long-standing gangs, Black Power commemorated 40 years in 2010 (O'Reilly, personal communication, 2010); the Mongrel Mob – whose origins are considered to have been founded in 1963 are approaching half a century (Gerbes, personal communication, 2010) and the New Zealand chapter of the Hell's Angels recently celebrated 50 years.

## Community responses to gangs: International

Gangs are a global phenomenon and are found in one form or another in both the developing world and Western societies. Gangs may be considered to be 'open systems' that require ongoing recruitment in order to ensure longevity as a collective entity. Members are typically drawn from the broader community where gangs are geographically located, and recruitment into these groups can have negative impacts on these communities, such as victimising non-members or incarceration, where individuals are removed from the community and their families. As such, communities have sought to defend themselves against the perceived and actual harms often attributed to gangs. According to Spergel and Curry (1995), typical strategies for responding to gangs have included:

### Suppression

These approaches typically use legal means and are primarily law enforcement-based interventions such as arrest, prosecution, imprisonment and surveillance (Kinnear, 2009). Such strategies rely on deterrence – both of which are considered poor mechanisms of constructive behavioural change in the absence of alternatives (Wong & Hare, 2005). Furthermore, Alexander (2008) warned that attributing broader social issues to 'the gang problem' and devising a range of interventions on this basis, is to be in danger of perpetuating the very circumstances we seek to challenge<sup>7</sup>.

### Organisational change

These strategies seek to address fundamental causes of community problems, such as racism, unemployment, and lack of opportunity, rather than emphasise proximate causes of gang involvement (Gebo, Boyes-Watson & Pinto-Wilson, 2010). A primary challenge of these approaches is to define and address 'the gang problem' at a community level.

### Social opportunities

These emphasise the provision of education, job training and workforce entry, but can be undermined by a reliance on limited resources (job availability), the individual's motivation, and their receptiveness to being induced into work culture.

## Community mobilisation

These are designed to create co-operation across agencies and better co-ordination of existing services. A number of well-established programmes, such as GREAT and the LA Plan have operated from this basis. Klein and Maxson (2006) discussed major challenges that can occur with larger scale and complex strategies: (1) divergent political and organisational interests, (2) establishing involvement from multiple agencies and co-ordination in the face of resistance and uncooperativeness, (3) divided opinion on involving former gang members, (4) non-gang workers who didn't put time in on weekends/evenings (when former gang-members did) and/or who had little contact with gang members, all exacerbated by (5) lack of a clear model (e.g. lack of precise guidelines and goals creates challenges for evaluation).

## Social intervention

These approaches typically emphasise crisis and/or youth intervention with juveniles and their families, and social service referrals (e.g. counselling). However, some 'top down' social intervention approaches can ignore the importance of local understandings of context and priorities, thus service delivery becoming clunky and impractical.

## Community responses to gangs: New Zealand

Since the early 1970s, a number of reports and strategies were released in response to concerns that gangs were emerging as a significantly problematic social phenomenon in New Zealand. Notable historical efforts, such as the report of the *Polynesian Youth Forum* (1972), framed New Zealand gangs as a consequence of societal forces such as mass urbanisation of Polynesian peoples, economic disadvantage, low employment and poor education amongst Māori youth, resulting in further disadvantage and escalating levels of youth crime. Recommendations from this forum were consistent with an organisational change philosophy and focused on the education system, particularly in reference to the high proportion of Māori and Polynesian youth who were expelled, suspended, or dispensated from school. Suggested reforms included the introduction of courses on legal procedures and individual rights in secondary school education, removing the powers of expulsion from school principals, the implementation of alternative 'second chance' education facilities, and the widespread adoption of a culture-specific curriculum. While endorsing revisions of service provision to Māori and Pacific youth, this report also assumed a socioeconomic cause of gang formation and tended to downplay individual and proximal factors to gang-related offending.

<sup>7</sup> Gerbes' (personal communication, 2011) firsthand accounts of the formation of the 'Petone Rebels' – and later, the Mongrel Mob – described the attitudes and behaviour of these early cliques as essentially reactionary to the State and driven by common experiences of abuse suffered amongst young people whilst in State care.

The report from the *Committee on Gangs* (1981)<sup>8</sup>, whilst acknowledging increasing levels of serious violence amongst identified gang members, also noted that substantial sentences had little impact on these groups, and may well have facilitated gang recruitment processes within prisons. The *Report of the Ministerial Committee of Inquiry into Violence* (1987)<sup>9</sup>, commented that gangs were the “least of this country’s worries” (p. 88), and rejected suppression approaches, adding that a move to outlaw the formation of gangs would “increase rather than reduce the problem” (p. 91). Furthermore, despite the identified negative aspects of gang membership, the report suggested that status, companionship and shared identity fulfilled emotional needs and common interests that also had positive possibilities that would be better harnessed in a socially acceptable way rather than with abuse and rejection. The report recommend increased eligibility for men with criminal convictions to engage in military training schemes with the view that enlistment in the army would provide an attractive alternative to gang membership. This report offered a more ‘balanced’ appraisal of gangs, despite the extensive but pessimistic Police submission. It recognised that addressing gangs as a community concern would require long-term solutions that would be necessarily multi-faceted. The report assumed that if home and family conditions, education, employment and concerted community involvement by both Māori and Pakeha were achieved, that “gang membership will lose its appeal” (p. 93). It also proposed top-down solutions, such as army training that emphasised compliance rather than alliance.

More recently, the Wanganui ‘patch ban’ was introduced to reduce gang presence in that city by outlawing the display of gang apparel (i.e. ‘patches’) in the central business district. Following a challenge by the Hell’s Angels, the bylaw was ruled unlawful by the High Court on the grounds that it violated the Bill of Rights Act (i.e. freedom of expression) and covered too wide a geographical area<sup>10</sup>. Despite some early arrests<sup>11</sup> and enthusiasm in other jurisdictions, such as Wairoa, Whakatane, and Whangarei, the bylaw was a clear suppression strategy that assumed behaviour change by virtue of targeting apparel and insignia, rather than directly addressing antisocial behaviour. It was argued that, although well-intentioned, the bylaw would also endanger Police who would be in the position of

having to confiscate patches – an act that would not be complied with lightly<sup>12</sup>.

Knox (2009) observed that “no one has ever claimed to have ‘rehabilitated’ an organisation of offenders. At best, individuals have been ‘reformed’ or ‘rehabilitated’” (p. 597). Reviews of state-sponsored community gang interventions in the United States have revealed that opportunity provision and community mobilisation are the most effective at reducing gang involvement (and presumably offending) but have been the least employed measures. Conversely, suppression-based approaches were the most employed, yet least effective (Klein & Maxson, 2006; Spergel & Curry, 1990).

## Conclusion

The relationship between gangs, gang membership, and crime are conceptually and socially challenging. For instance, oppositional behaviour that is reinforced and maintained by virtue of gang membership reflects constraints and pressures from a social system that involves multiple functional relationships – that is, gangs offer more than associations with like-minded others or criminal opportunities for members, but rather a network of support that also presents a counter-narrative to top-down notions of law and order. Traditional approaches to addressing the interface between gangs and antisocial behaviour have been problematic because of moral objections, narrow scope, resource constraints, or lack of involvement with the gang community in decision-making. Addressing crime is a matter for police, justice and correctional agencies. Addressing gangs, however, is likely to be a multi-level all-of-community issue. For members who are ambivalent or seeking a way out, the long-range challenge for rehabilitation and reintegration may be to effectively *replace one system (gang) with another*. However, an understanding of the drivers for individuals is an important step and yet to be better understood. In this regard, gang members may be better treated as a group with specific needs – informed by subcultural norms, values, and practices – rather than as simply a ‘higher risk’ group. Any behaviour change efforts with members of these groups would need to be ‘gang-informed’. In this regard, a workable *theory* of gangs would need to inform the function of gang-centred lifestyles for members (e.g. drivers for joining), processes of entry and exit, and post-gang-life issues. Such a theory has yet to be fully developed over and above general theories of crime and desistance.

8 Chaired by Ken Comber (MP), this document became known as the ‘Comber report’.

9 Chaired by Justice Sir Clinton Roper, this document became known as the ‘Roper report’.

10 Hell’s Angels challenge topples gang patch bylaw. (2011, March 4). *New Zealand Herald*. Retrieved from [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10710045](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10710045).

11 First arrest for wearing gang patches made in Wanganui. (2009, September 1). *New Zealand Herald*. Retrieved from [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10594514](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10594514).

12 Gower, P. (2008, July 31). Patch ban a danger to Police, says gang expert. *New Zealand Herald*. Retrieved from [http://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10524476](http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10524476).

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# Supported accommodation services for released offenders in New Zealand – a review

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Accommodation is a primary barrier for successful reintegration of offenders on release from prison both in New Zealand and in international jurisdictions (O'Leary, 2013). However, evidence suggests that stable accommodation can reduce recidivism rates significantly (Social Exclusion Unit, 2002; Baldry, McDonnell, Maplestone & Peeters, 2006). State intervention in the provision of various types of supported accommodation is increasing internationally (Cooper, 2016; Mills, Gojkovic, Meek, & Mullins, 2013).

Stable housing allows an ex-offender to engage in a routine in a safe environment, to build positive social networks, and ultimately reintegrate into the community in a sustainable way.

Many prisoners face barriers to their successful reintegration into the community and it is these barriers, along with public safety, that the New Zealand Department of Corrections has identified as a key priority for a better co-ordinated response. One of the biggest challenges for ex-offenders is finding somewhere suitable to live.

Barriers around accommodation may include:

- returning to a low socio-economic community that already experiences higher crime rates and a shortage of affordable housing
- a landlord's reluctance to offer tenancy agreements to those with previous convictions
- community safety concerns
- a history of mental illness or substance abuse that inhibits their ability to cope with a job and subsequently their ability to afford stable housing.

This article looks at what Corrections has done to date to support offenders to address their housing needs shortly after release from prison.

Corrections has combined other services alongside stable accommodation in its design of transitional housing post-release. Finding employment, addressing health concerns, and countering social isolation are all critical components of an offender's release plan. As a result, these services have emerged in recent years and are now seen as essential for New Zealand's most vulnerable individuals.

## **Background**

Since 2005, the department has provided transitional accommodation for long-serving (sentences greater than two years) offenders through contracts with a small number of non-government organisations. The first service providers were selected following a successful supported accommodation trial in 2004. The service initially provided 54 spaces or "beds" across the country at a cost of approximately \$1.0m annually and operated in the main locations such as Auckland, Hamilton, Napier/Hastings (from 2009), Wellington, Christchurch and Dunedin.

The supported accommodation service was originally designed for long-serving high-risk offenders with complex re-integrative needs. Interim housing and support was provided for up to 13 weeks, with assistance to move into independent accommodation. A further 13 weeks "in tenancy" support was provided as an option for those in need. The properties were predominantly single bedroom dwellings rented by the

providers from private landlords. Most also had to meet the department's strict criteria for housing child sex offenders.<sup>1</sup>

The original supported accommodation providers have become the backbone of post-release supported accommodation funded by Corrections. Over the years we have worked together to continuously improve the service design and ultimately the outcomes for ex-offenders. Increasingly, the service has offered more than just a roof overhead; it provides individualised wrap-around case management support, which is now a key element of the service overall. Assisting participants into suitable and independent long-term accommodation has become a critical part of supported accommodation services.

Originally, the performance of each provider against their contracts was measured via occupancy rates, and offender evaluations. Providers had to maintain occupancy rates of 80 percent and also ensure that at least 80 percent of participants were moved on to sustainable long-term accommodation in the community. The service was well-received by offenders and probation staff and has generally been viewed as successful. As an example, during the 2009/10 financial year, there were 202 participants in the service with an average occupancy rate of 82.5 percent and a 79.5 percent completion rate (Department of Corrections Internal Memorandum, 2010).

## Current service provision

In early 2017, the prison population in New Zealand exceeded 10,000 (Department of Corrections Annual Report, 2017). The demand for supported accommodation post-release has increased correspondingly. In 2013, it was estimated that between 600 and 700 people were released annually with an unmet housing need (Department of Corrections Internal Memorandum, 2013).

Recently, a shortage of housing in New Zealand has put an added burden on existing supported accommodation services. Corrections is also playing a stronger role in providing social and health services for people post-release. In response, the Department has progressively increased its investment in post-release supported accommodation. Extra spaces in a number of new locations have been purchased, as well as increased capacity in existing locations. As a result, Corrections is expecting to spend approximately \$3 million in 2017/18 on supported accommodation, with an estimated throughput of 640 people.

<sup>1</sup> The Department of Corrections has specific guidelines for housing child sex offenders, including restrictions on proximity to schools, parks, and family homes where children are occupants.

In contrast to the first supported accommodation contracts, the newer agreements have coupled accommodation outcomes with sustainable employment outcomes. This development has emerged from research that indicates that getting and keeping a job is critical to offender reintegration, and that individual reintegration needs cannot be addressed in isolation (Weigand, Sussell, Valentine, Henderson, 2015; Klinker Lockwood and Nally, 2016; Yahner, Paddock and Buck Willison, 2016; Ramakers, Van Wilsem, Nieuwbreerta and Dirkzwager, 2015; Cherney and Fitzgerald, 2016; Von Bergen and Bressler, 2016).

The Department's new Employment and Accommodation Services in Auckland West and South, and in Bay of Plenty, Rotorua, Taupo and Tokoroa districts, are all examples of services that encapsulate both accommodation and employment milestones. Critical success measures for these services include employment placement, sustained employment and transition into long-term independent housing.

Services which focus on specific high-need or vulnerable cohorts have also been introduced in the last four years. Tiaki Tangata – a tikanga-based service for long-serving offenders that prefer a kaupapa Māori approach – is one example, as is the recently contracted Supported Accommodation for Women service which attempts to respond to the unique needs of women leaving prison. Furthermore, an investment in emergency accommodation capacity for high-risk community offenders has also been made. As a result, the department's total budget for supported accommodation-type services now exceeds \$7 million for the 2017/18 financial year.

## Supported accommodation outcome agreements - a cross-government contracting approach

Supported accommodation contracts were redesigned in 2015 by Corrections as part of a "whole-of-government" approach to purchasing social services. The use of *The Government Streamlined Contracting Framework* was encouraged. This approach supports the use of Result Based Accountability (RBA) methodology to measure service outcomes. New contract templates called "Outcome Agreements" are now being used. These agreements set out the specific terms of the agreement, including the service description and volumes, the community or population outcomes to which the service contributes, the desired client outcomes, and the usual pricing, monitoring and reporting arrangements. These new agreements encourage providers to achieve better reintegration outcomes by delivering offender-centric services.

The new contracting model for the department's supported accommodation service clearly defines a number of delivery milestones along the reintegration pathway of each offender. They are:

- a comprehensive needs assessment and the development of an individualised reintegration plan
- placement into suitable transitional accommodation immediately following release
- transition to long-term sustainable accommodation
- the participant is not convicted of any offences during the 12 month period post-release.

In addition to the accommodation outcomes, the department's contracts require that each participant is supported to address other identified needs, such as employment and health concerns. The payment structure of the contracts has been altered and a "payment-by-results" (RBA) model has been adopted whereby providers are paid only on the achievement of milestones. This ensures providers are held accountable for achieving positive re-integrative outcomes for offenders.

RBA uses three types of performance measures to gauge success, namely:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Using a new online referral system and a provider reporting tool has meant that Corrections has good visibility of how much is being achieved in the community month-by-month. However, to better understand the other two RBA measures, the department must regularly carry out a series of more tailored quality assurance activities in the field.

### **Supported accommodation and quality assurance**

This year the department implemented a quality assurance framework for reintegration service contracts. Our flagship "Out of Gate" reintegration service was first to test the new framework. A series of case reviews were conducted in the field to establish the quality of cases completed, and more specifically, the actual re-integrative outcomes achieved by providers. The review produced some promising results along with a number of recommendations for the providers involved. The reviews also paved the way for similar quality reviews to be undertaken by other reintegration services.

The department's supported accommodation service was the next to be tested under the new quality assurance framework. An initial desktop review of between five and ten percent of randomly selected

cases from each provider was completed. Reintegration needs assessments and plans were reviewed, as were provider case notes and files. In addition, the following activities were conducted:

- site visits and provider staff interviews (including both management and frontline staff)
- Corrections frontline staff interviews (e.g. probation officers and case managers)
- offender interviews (where possible)
- an online survey for probation officers.

It became evident through this process the department's service delivery model for supported accommodation is viewed as strong and effective. The outcomes-based contracting approach appears to have been implemented well by all providers. The service is highly regarded by probation staff as a key reintegration support tool that not only removes barriers to reintegration, but also improves the quality of other rehabilitative activities undertaken by the offenders.

The reviews also identified two opportunities to refine the milestone payment structure so the service could be more tailored to the offender's specific needs. The two areas were at the assessment stage and allow the provider greater flexibility to respond to multiple parole board appearances and longer periods to source long-term accommodation solutions for higher risk offenders in a tight housing market.

### **The Department of Corrections; supported accommodation and the future**

The department's initial response to the recent review of the supported accommodation service has been to introduce a more flexible service model and payment structure. Reducing recidivism and long-term sustainable accommodation remain the ultimate goals; however the option to stay in transitional accommodation longer has become possible for high-need offenders, as well as the ability to opt in or out of wrap-around case management support as needed. Providers will also receive a monthly base payment to enable them to better navigate the risks associated with New Zealand's current housing market. Ongoing quality monitoring activities and case reviews will assess the effectiveness of this approach. So far, the new approach has been well received by providers and frontline staff alike.

Solving New Zealand's greater housing problems is an ongoing issue that will likely be at the forefront of future government initiatives. However, the Department of Corrections has some opportunities in the immediate future to work with other agencies to improve offender access to social housing post-release. Taking a



collaborative “all-of-government” approach, contracting providers for improved results, and continuing to undertake thorough quality assurance activities for all of the department’s reintegration contracts will help to improve outcomes for some of New Zealand’s most vulnerable individuals.

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# From Māori Therapeutic Programmes to Mauri Tū Pae

**Tara Hape**

*Area Advisor Māori, Department of Corrections*

## **Author biography:**

*Tara has been employed by the Department of Corrections for 11 years, as a probation officer, then as an area advisor Māori (Northern Region, Māori Services Team) since February 2009. Tara supported the Te Tirohanga National Programme from September 2016 to August 2017 to increase quality referrals to the programme.*

## **Introduction**

One of the key priority areas for Corrections is ensuring the delivery of better outcomes for Māori in our care. This would subsequently reduce re-offending rates and the over-representation of Māori under Corrections management and in the wider criminal justice sector. To date, Corrections' strategies to address Māori re-offending rates have included the development, implementation and delivery of a range of kaupapa Māori based programmes and interventions including:

- Tikanga Māori Programme (now included in the Te Ihu Waka Framework)
- Specialist Māori Cultural Assessment (available in selected areas and sites)
- Te Tirohanga National Programme (formerly known as Māori Focus Units)
- Whare Oranga Ake
- Tiaki Tangata reintegration programme
- Mauri Tū Pae, the current version of the Māori Therapeutic Programme.

## **Background**

The Māori Therapeutic Programme was developed in 1998/1999 by Ken McMasters as a means to address the increasing Māori prison population of the time and to incorporate kaupapa Māori based therapy to the Māori Focus Units.

In 2010, a hui to discuss the success of the Māori Therapeutic Programme was convened at Tapu Te Ranga Marae, Island Bay, consisting of programme providers and Corrections staff. A consistent theme throughout the hui was that Māori programme providers worked more with the "wairua" of tāne in Māori Focus Units compared to facilitators in Corrections mainstream programmes. This resulted in an agreement that three of the programme providers would be contracted to rewrite the Māori Therapeutic

Programme including:

- workbook terminology
- cultural wording
- cultural content.

The outcome of the work is a way for tāne to restore and maintain their mauri and reconnect their wairua to Te Ao Māori, or Mauri Tū Pae.

## **Programme Description**

Mauri Tū Pae is a kaupapa Māori based group rehabilitative programme underpinned by western therapeutic modalities (e.g. cognitive behaviour therapy, dialectical behaviour therapy), the principles of Risk, Need and Responsivity, and the five kaupapa values of the Te Tirohanga National Programme. The programme is considered to be Corrections' only kaupapa Māori rehabilitative programme and on par with the Medium Intensity Rehabilitative Programme.

Mauri Tū Pae provides tāne with the tools to address their offending behaviours and triggers through problem-solving, managing conflicts and thoughts and feelings that lead to offending. The programme seeks to better meet the needs of tāne by providing a cultural context and solutions to addressing offending behaviours. It assists tāne to move from nurturing their mauri to awakening, restoring, aligning and empowering them and their whānau to build strong foundations to move forward with their mauri, mana and wairua intact.

Mauri Tū Pae is delivered by Māori service providers engaged by Corrections and requires 137.5 hours of contact time, for a maximum of ten tāne. The core components of the programme are:

- Whakaāhuru Mauri – nurturing the mauri
- Ngā Āhutatanga o Te Whatumanawa – emotions
- Whakaoho Mauri – awakening the mauri
- He Hokinga Mahara – offence mapping

- Ngā Āhuatanga O Te Hinengaro – thinking
- Whakapiki Mauri – restoration and revitalisation of the mauri (safety planning)
- Whakatika Mauri – adjusting and aligning whanaungatanga mauri: skills training for whānau and other relationships
- Whakamana Mauri – empowering whānau with the mauri of their tipuna
- Whakatau Mauri – going forward with a strong mauri foundation (safety planning).

*“... a balance of lifestyles awaits every one of us when we walk free and we as individuals are the only ones who have control of that balance. I found that my words and actions determined the security of my balance ...” – Mauri Tū Pae graduate*

The Māori Services Team supports each Te Tirohanga whare to strengthen and further embed the five kaupapa values of the Te Tirohanga National Programme. This is undertaken at Right Track meetings where Māori Services deliver training in the kaupapa values to support staff in their understanding and practical application of the kaupapa values to support tāne learnings. Furthermore, the training will assist providers, staff and tāne to more clearly link the kaupapa values to all activities throughout the whare's structured day (i.e. the induction process, hui-a-iwi, rūnanga hui, programmes, education, karakia, waiata, reo, tikanga, and physical activities).

## Delivery Locations

Mauri Tū Pae is phase two of the Te Tirohanga National Programme at the following primary delivery sites:

- Te Ao Mārama – Waikeria Prison
- Te Hikoinga – Tongariro Prison
- Te Whare Whanui – Whanganui Prison
- Te Whare Tirohanga Māori – Hawkes Bay Regional Prison
- Te Whare Whakaahuru – Rimutaka Prison.

The exception to the Te Tirohanga National Programme delivery is Northland Regional Corrections Facility (NRCF). This is due to an agreement prior to the opening of the site in 2005 with Ngāti Rangi (kaitiaki). Ngāti Rangi indicated that their preference was to have a Māori focus approach applied to the whole facility, to embrace a holistic approach to re-offending, and become the first Māori focus site in the country. This discussion and subsequent agreement resulted in Mauri Tū Pae being delivered in the Pua Wānanga (whare) and available to all NRCF eligible tāne. The other exception at NRCF is that tāne with a high security classification may participate in Mauri Tū Pae if deemed appropriate by the site.

## Te Tirohanga National Programme

The Te Tirohanga National Programme is a three phased programme encompassing education, treatment and post programme reintegration.

The focus of phase one is learning. Tāne complete the Te Waharoa National Certificate in Māori Level 2 delivered by Te Wānanga o Aotearoa. Te Waharoa is a 24 week programme with optional strands in Te Reo Māori (language), whakairo (carving), and te whare pora (weaving). Te Waharoa National Certificate in Māori Level 2 has literacy and numeracy components linked to the NCEA vocational pathways.

Phase two focuses on rehabilitation and treatment by tāne undertaking and completing Mauri Tū Pae. Phase three is optional and addresses any alcohol and / or drug needs that contribute to offending behaviours. Although not shown in the model below, phase four and five address employment and reintegration which can be undertaken at referring sites.

## Eligibility criteria

Mauri Tū Pae is available to all motivated tāne across the prison estate who:

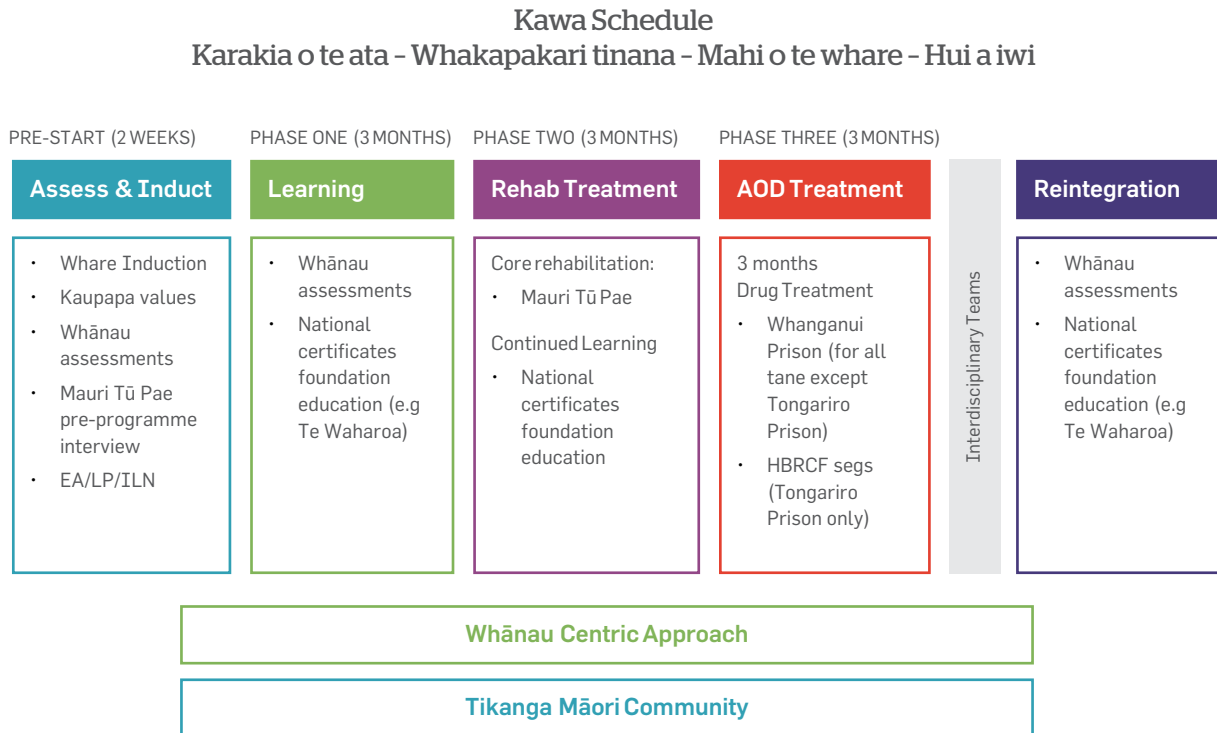
- are in the medium risk band
- meet the security classification requirements for each of the Te Tirohanga whare
- are willing to undertake at a minimum, phases one and two of the Te Tirohanga National Programme
- are not sex offenders
- identify with any culture, however, participants are required to be open to engaging in treatment within a kaupapa Māori framework.

Tāne on indeterminate sentences are also eligible. It is recommended that tāne are referred to the programme early in their sentence.

Priority is given to tāne who identify as Māori, are of Māori descent or who have Māori tamariki.

Mauri Tū Pae is delivered four times throughout the financial year at each delivery site, with an annual delivery target for 2016-2017 of 212 tāne. The number of tāne who commenced the programme that year was 223 and the programme had an 88% completion rate (the national completion rate target for prison based programmes is 85%).

## Te Tirohanga Model



**Kawa Schedule**  
Mahi hakinakina – Hui a iwi: Reflections of the Day – Karakia o te po

There has been significant support over the previous 12 months to raise the profile of the Te Tirohanga National Programme and Mauri Tū Pae programme through:

- prisoner television ads promoting kaupapa Māori based programmes available across the prison estate
- a community probation national briefing supporting the inclusion of Mauri Tu Pae and the Te Tirohanga National Programme in Provision of Advice to Courts (PAC) Reports
- increased communication with national case management teams around referrals
- ensuring information in the practice centre is updated
- inclusion in the newly released programmes catalogue
- Mauri Tū Pae maintenance delivery
- pre-programme assessments
- a multi-disciplinary team approach to programme eligibility.

In addition to increasing visibility of Te Tirohanga, and therefore Mauri Tū Pae, the Programmes and Interventions Team have:

- established regular monthly AVL meetings with the service providers
- provided facilitator training for service providers in December 2016 and January 2017
- completed the programme assessment template in consultation with service providers and facilitators at each site
- invited service providers to the Programmes National Training Forum to deliver a workshop.

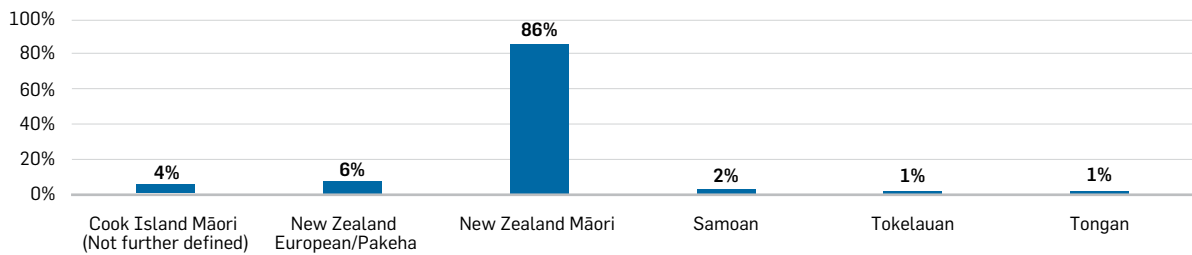
### Demographics

Given that Mauri Tū Pae is a kaupapa Māori based therapeutic programme, the prioritisation of Māori participants means 86% identify as Māori; with 10% from the Pacific Islands and 4% identifying as Pakeha/ New Zealand European (see Figure 1).

**Figure 1:**

Ethnicity of Mauri Tū Pae participants from 1 July 2016 to 31 May 2017

### Ethnicity



*"...Māori, Pacific Islander or Pakeha, we speak different languages but the words are the same ... the difference is within one's own interpretations and ignorance..." – tāne at Te Ao Mārama Unit (Waikeria Prison)*

Furthermore, 51% of participants in the previous financial year were under the age of 30, which is the age group from which tāne are most likely to be exited or withdrawn from the programme, mainly due to misconducts or incidents that occur in the whare, not necessarily during Mauri Tū Pae sessions (see Figure 2).

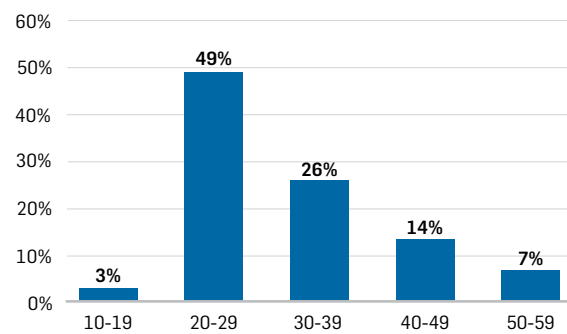
*"... to own one's actions and the consequences that follow, and how to express one's emotions in a positive manner, is what we hope to achieve." – Mauri Tū Pae graduate*

In summary, Mauri Tū Pae has undertaken a number of transformations from its inception and pilot delivery as the Māori Therapeutic Programme at Te Whare Tirohanga Māori (Hawkes Bay Prison) to the programme delivered in 2017. The evolution of the programme has demonstrated the commitment that Corrections has to ensuring that the cultural needs of Māori in Corrections' care are being met, and that Māori subject matter experts and practitioners are consulted in review processes and rewrites. This, however, does not mean that there is no room for improvement with the programme, and currently there is work underway to strengthen and gain consistency in practice inclusive of referral processes, programme assessments and facilitator training across all services.

**Figure 2:**

Starts via age groups 1 July 2016 to 31 May 2017

### Age group





# A review of the Saili Matagi Programme for male Pacifica prisoners

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## **Author biographies**

*Lucy has worked with the Department of Corrections since the late 1990s. She has been registered as a clinical psychologist since 1998 and holds a Masters Degree and Post Graduate Diploma in Clinical Psychology. She has been a principal adviser since 2007, initially for Psychological Services and then for the Programmes and Interventions Team at National Office. Lucy has experience as a group therapist and has designed and developed a number of departmental group treatment programmes for high and moderate risk male and female offenders.*

*Sosefo has worked in Corrections for 32 years. He started his career as a corrections officer, and moved into leadership and management roles within Prison Services. Since 2006, he's been the Regional Advisor Pacific for Central Region. Sosefo has worked with others to design and deliver training for staff in the Corrections Services Pacific Engagement Model, *Fauiua O Le Fale*; *Responsiveness to Pacific People*, including the *Pacifica Identity* programme delivered to men and women in prison.*

## **Introduction**

Saili Matagi is a medium intensity rehabilitative programme offered by the New Zealand Department of Corrections to Pacifica prisoners who are serving a sentence for a serious or violent offence. Pacifica offenders make up 12% of the incarcerated population (Department of Corrections, 2015), but only seven per cent of the total population of New Zealand (Statistics New Zealand, 2013a). This disproportionate representation illustrates the importance of a programme that meets the specific needs of Pacifica offenders (Shepherd & Ilalio, 2016).

The Saili Matagi Programme was originally developed in 2003 within the Department of Corrections by a psychologist of Pacifica descent, specifically Tongan, with the support of the wider Pacifica community through a cultural advisory group. The programme was piloted in the 2003-2004 year at Auckland Prison. An evaluation in 2004 recommended that the programme required a suitable Pacific environment for its sustainability. With the opening of the Vaka Fa'aola Pacific unit, it was recommended that the programme be delivered in this environment. The Saili Matagi Programme was reviewed for a second time in 2008, because the programme needed considerable preparation for this new environment. The Saili Matagi Programme was last reviewed in mid 2012.

Treatment outcomes within the department are measured by the Rehabilitation Quotient (RQ),

which compares the rates of reconviction and re-imprisonment for offenders who completed a rehabilitative intervention with the rates for a matched group who did not complete that intervention.

The 2016 RQ for Saili Matagi was based on 11 years of releases for 96 prisoners. The calculated RQs were -3.4% for 12 month reconviction, and -1.5% for 12 month re-imprisonment. For the former this translates to a 3.4% reduction for a 12 month reconviction period and a 1.5% reduction for 12 months re-imprisonment. While the effect sizes were small, the RQ data indicate some success in reducing reconviction and re-imprisonment rates over a 12 month period. These results need to be treated with caution as the sample size over the 11 year period was small.

Over time, opportunities for improving programmes have been identified as practice has strengthened and supporting literature has developed. In order for programmes to be responsive to the needs and abilities of offenders, and remain effective in reducing re-offending, they must be reviewed against the latest best practice in offender rehabilitation every two years or so. Therefore, it was timely to review and update the Saili Matagi Programme.

This paper provides an overview of the review of the Saili Matagi Programme. The method of evaluation and preliminary results will be presented. The paper will conclude with recommendations and next steps for the programme.

## Saili Matagi

The Saili Matagi offence-focused programme is delivered by departmental programme facilitators at the Fale of the Pacific Focus Unit, Vaka Fa'aola (Spring Hill Corrections Facility). The unit offers a therapeutic environment that aims to motivate Pacifica prisoners to address their offending behaviour, provides a venue for rehabilitation programmes and an environment where pro-social behaviours are aligned with Pacifica values and beliefs.

The Saili Matagi therapeutic approach was developed through the use of Pacific nations' cultural principles and is delivered through a "proverbial language" approach. Cultural principles and sacred knowledge systems are used as a "therapeutic approach" in themselves. The approach incorporates Pacifica Matua (elders) within the delivery of group work sessions to transfer cultural values, beliefs and concepts that are familiar and relevant to men of Pacifica cultures. The Saili Matagi has four underpinning core principles within the cultural context of FaaSamoa (Samoan way of life/living/being): Feagaiga (sacred covenant relationship between brother and sister); Va Fealoai (how one relates to another); Va Tapuia (the sacred space between which one should never cross); and Faaleleiga (the spirit of the programmes intent).

The current version of the programme consists of five core components which are conceptualised as Saili Matagi "encounters".

Longolongo Folau (The Call to Sail). This is the preparation, engagement and motivation component and includes individual and group sessions.

Takanga enau Fohe (Unity within Diversity). This component aims to build a therapeutic group environment that is conducive to change. It assists participants to engage in the group process, develop their motivation, and engage in talanoa (discussions).

Faaleleiga (Restorative Healing). During this phase of the programme the participants examine their offending and the consequences of their offending on victims, family, community, and village. Here the participants also learn about the consequences of offending on themselves, and about shame, guilt and condemnation. In the final phase of this component, participants consider the spiritual aspects of repentance, forgiveness and acceptance as keys to working through a malanga (journey) towards an offence and violence free lifestyle.

Lafo le taula I fanua (Preparing for Landing). During this component participants develop a "new" script. This includes identifying high risk situations, developing strategies for managing these and developing a relapse prevention plan.

Toe afua le Taeao (New Beginnings). In the final component of the programme, participants are acknowledged for having landed at their destination. They are "handed over" to their identified support people. Participants complete with a graduation.

The five Saili Matagi "encounters" are separately considered as foe/fohe (oars/paddles) which symbolise cultural principles or tools. Foe/fohe reflect the Western psychological principles and interventions that are known to be effective in the rehabilitation of violent offenders.

Saili Matagi is underpinned by the Risk, Need, Responsivity (RNR) principles (Bonta & Andrews, 2017). The RNR model is considered to be the best model for guiding offender assessment and treatment. The key factors targeted for change by the programme are: violence propensity, anti-social attitudes, offence related/problem thinking and feelings, criminal associates and poor self-control.

## Aims of the programme review

There were four main aims:

1. to analyse the volumes of offenders who are attending the programme and the volumes that could be eligible to attend
2. to undertake quality monitoring to determine whether the programme was being delivered as intended in its design. The information obtained would feed into the review and re-design of the programme
3. to evaluate the programme within the wider context of its relationship with the Vaka Fa'aola unit, offender pathways following completion of the programme, and the interface between case management and probation when people are released
4. to determine whether the programme can be delivered outside of the Fale (within the wider prison and in the community).

## Method

A well-structured integrity monitoring process for programme delivery has been in place since 2008. This was reviewed and updated for the Saili Matagi Programme in 2016, in consultation with the project focus group.<sup>1</sup>

1 The focus group was composed of internal and external Pacifica and Pakeha experts that could provide subject matter expertise on Pacifica concepts, values and models, and best practice in offender rehabilitation. The feedback they provided informed the revision and re-design of the integrity monitoring templates for Saili Matagi.

A multi-disciplinary assessment team of six was assembled to undertake the review. The team included a regional adviser Pacific, and representatives from probation, prisons, and the Rehabilitation Programmes and Interventions Team. The team received training on the method of assessment.

In November 2016, the team visited the Pacific Focus Unit, Vaka Fa'aola, to observe delivery and conduct structured interviews with key personnel. Team members interviewed unit staff, case managers, reception/induction staff and the prison chaplain. Saili Matagi group participants, graduates of the programme, their families, other unit prisoners and eligible non-unit prisoners were also interviewed. In the community, Northern and Central Region probation officers, and managers interventions programmes and employment were interviewed.

Teams of two worked in parallel, with one team focusing on programme delivery and the assessment of balancing Pacifica principles with psychotherapeutic elements, while the other pair undertook wider reviews with key personnel and families.

## Preliminary results

### Volumes of participants attending Saili Matagi

Table 1 provides an outline of the volumes of offenders attending and completing the programme, and those who were exited between 2012 and 2017 (March 2017). As can be seen in the table, in total, seven programmes were delivered over that period. Seventy participants began and 66 completed the programme. The average completion rate was 92 percent which is considered a very high completion rate (target completion rate for prison-based rehabilitation programmes is 85%).

**Table 1:**

*Volumes of offenders attending the programme*

	No. of programmes	No. of participants start	No. of participants complete	No. of participants exit	Completion rate
2012-13	1	10	7	3	70%
2013-14	2	20	20	0	100%
2014-15	2	20	20	0	100%
2015-16	1	10	10	0	100%
2016-17	1	10	9	1	90%
<b>Total</b>	<b>7</b>	<b>70</b>	<b>66</b>	<b>4</b>	

## Eligibility criteria

The review uncovered a large difference between the numbers of offenders eligible to attend the programme between 2012 and 2016 (n=633) and the number that attended and completed a programme (n=66; =10.4 % of all eligible offenders).

Some reasons for this difference were identified. The Vaka Fa'aola unit at Spring Hill Corrections Facility is the only one of its kind in New Zealand, limiting numbers of attendance. Given the intensity and length of the Saili Matagi Programme (at 72 sessions) at most only two programmes can be delivered annually. The department's Pacifica programme facilitator resource is small. When there has been no facilitator resource, the programme has paused. Operational challenges continue to stretch the delivery of the programme.

A quality monitoring process was undertaken for the programme that was delivered between August and November 2016. Overall, the programme was set up and maintained in accordance with the indicators of successful programming (Bonta & Andrews, 2017). There was evidence of clear Pacifica processes from the outset of the visit to the Vaka Fa'aola Pacific Focus Unit.

On the basis that the Saili Matagi programme is more intensive than other medium intensity suite programmes, it was condensed to 56 sessions (from 72 sessions) by the facilitators for the programme that was quality monitored. This was done with approval from management and supervisors. The revised sessions adhered to session objectives, theoretical principles, and therapeutic process (use of dynamic delivery and group process skills).



## The programme within the wider context of the Vaka Fa'aola unit and interface with other internal services

The assessment team surveyed prison and probation staff, and the prison chaplain. This involved asking semi-structured questions around a wide scope of factors relating to effective outcomes for the Saili Matagi Programme.

### Feedback on good practice

Feedback was obtained around perceptions of good practice. Results indicated that good practice involved respectful communication with prisoners, working collaboratively with prisoners, families, facilitators and programme providers. Another important factor was open and regular communication between case managers, prison staff, probation staff and programme facilitators about participants' progress.

Feedback was also sought on factors that would positively impact on programme outcomes. Important factors identified were: the provision of greater support following the completion of the programme, identifying changes in prisoners' behaviour, and inviting families more frequently to attend meetings and discuss participant progress.

Aiga/whānau/family-centric practice refers to the overarching involvement of the family in the treatment of participants. Staff identified that this practice is a fundamental factor in helping to achieve positive outcomes for participants. There is a meeting day called aiga fono (family meeting).

Currently, aiga fono occurs on one occasion but prison staff noted that it would be beneficial for the meeting to occur on more than one occasion during the Saili Matagi Programme. This would encourage re-engagement with families and prepare families and participants for areas that need to be monitored following release from prison.

The respondents were asked how they demonstrate commitment to succeeding with Pacific programme participants and their families. Respondents stated it is important for staff to have detailed information about the men they are working with and support participants to attend their programmes. The staff working at the unit must be "the right staff" who are culturally responsive and committed to working within a therapeutic context. Others suggested that the staff at the unit should work there on a permanent basis as this would encourage commitment to the unit.

### Prisoner pathways

The respondents were asked to describe how the Saili Matagi Programme is integrated into the overall prison pathway for the participants. Overall, the

responses indicated that there was insufficient information about Saili Matagi across all prisons and Community Corrections sites. It was noted that it would be important for this information to be made available at the early stages of prisoner sentences via case managers.

More recently (August 2017), Corrections has made a new programmes catalogue available to all prisons and Community Corrections sites (including programme delivery staff), which can be used to highlight the programmes available.

### Leadership and support from the regions for achieving the goals of the department

The respondents were asked to provide examples of strong leadership in the Central Region that promote the aims of the department. Overall, the respondents said that the Pacific advisers and principal case managers provided pivotal leadership roles in promoting departmental goals for Pacific offenders. Responses highlighted the need for greater links with the Pacifica community. Examples include ongoing links with Pacifica Matua, Pacifica community leaders and organisations.

### Communication

Overall, common responses indicated that communication between different departmental teams would benefit from improvement. This would ensure that there is more effective sharing of information between services, all with the goal of developing a comprehensive pathway for Pacifica prisoners from the beginning of their sentence through to reintegration and post-release.

### Preliminary recommendations

The following recommendations were made based on the review of the Saili Matagi Programme:

- Undertake a redesign review of the Saili Matagi Programme. This review would include reviewing current research on the Pacifica principles and concepts that underpin the programme, and reviewing current research on best practice in offender rehabilitation (including programme intensity)
- Revise and update the Saili Matagi training for programme facilitators, supervisors and other relevant staff involved in programme delivery
- Strengthen the interface between prison staff, case management, probation and the regions so that regular communication is occurring across services
- Facilitate more links with the Pacifica community

- Consider whether culturally responsive staff can remain in the Fale on a longer term basis, and continue to provide training on responsiveness to Pacifica people and the Saili Matagi Programme
- Consider whether the Saili Matagi Programme could be delivered outside of the Fale, aligning with the rules and resourcing of our other medium-intensity programmes. This would mean that the programme would be made available more widely to Pacifica participants.

### Achievements so far

A number of the recommendations have been implemented. Subject matter experts from Massey University School of Psychology were contracted to work with the department to review and re-design the Saili Matagi Programme and update the training resources.

Facilitators and relevant staff have completed the Saili Matagi training. The new version of the programme is now being delivered and has been well received by the programme facilitators, custody staff and all 10 participants on the programme.

A working draft of the Saili Matagi Programme resources will be finalised in December 2017.

### Next steps

Strengthen the interface between prison staff, case management, probation and the regions so that regular communication is occurring across services. This could be achieved through regular communication and meetings between the services. Wherever possible, case officers, case managers, and probation officers should attend the Saili Matagi pre-programme fono, opening of the programme, fono aiga and graduation. All staff would benefit from training on responsiveness to Pacific people and the Saili Matagi programme.

Regional Pacific advisers, the programme facilitators and staff at the Vaka Fa'aola have developed links with the wider Pacifica community. Our partners at Massey University also have links. The next steps are to strengthen these links through regular communication and ongoing meetings with the Pacifica community and related organisations.

A meeting with prison services is planned to discuss whether it is viable for culturally responsive staff to remain in the Fale Vaka Fa'aola on a longer term basis. This meeting will also examine whether the programme could be run at a second prison site to make it more widely available for Pacifica offenders.

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# Measuring practice quality: A new approach in a Corrections setting

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## Author biography:

Giles Sullivan has over 13 years of operations performance experience from the telecommunications and engineering sectors, where he was focused on operational and outcome improvement.

## Introduction

The New Zealand Department of Corrections is a dynamic and complex operating environment, working with some of the country's most complex people. Our workforce of nearly 9,000 employees comes from a broad range of professional disciplines that are as diverse as custodial, health and education.

Given the challenge presented by the high levels of professional diversity, the department is building an assurance system to support practice quality. Rather than adopt a large number of distinct tools for each discipline, the department is focusing on implementing a single, centralised quality tool as the first step. The intention is to provide a common language and perspective of quality, and to establish a platform upon which to further develop the specific needs of each discipline.

Attempts to identify any similar systems currently used by overseas jurisdictions were largely unsuccessful. The majority do not operate a practice quality model, necessitating the development of a new tool to suit the unique Aotearoa/New Zealand Corrections environment. It was noted that some work has previously been undertaken to measure the quality of Integrated Drug Treatment Systems in UK prisons (Sondhi and Day, 2012). However, no work was undertaken to assess the tool for use across general prison operations.

## A quality framework for Corrections

Corrections has recently developed an over-arching model for assessing quality, which uses a structured collection of tools to support continuous improvement. The model is known as Te Panekiretanga *Integrated Quality Framework*, which translates to *pinnacle or excellence* in Te Reo Māori.

Still under development, Te Panekiretanga encompasses four different types of measurement to provide a broad overview of quality. Building upon a base of compliance measurement, the model also includes practice quality, performance, and other specialist professional practice tools (refer figure 1 below, The Quality Puzzle).

Figure 1:

The Quality Puzzle



The department already has a range of compliance and performance tools, which are complemented by other tools that assist staff with ad hoc quality reviews. However, additional tools were required to monitor practice quality across the organisation on a regular basis.

## Designing a tool to measure practice quality

### What is quality?

At first glance, it is easy to think that the concept of quality is widely understood. As individuals we use the term *quality* in general discussion and believe that we can recognise quality when we see it. However, for such a common principle, many people find it hard to define what it means. This introduces a secondary problem; if we can't define what quality is, how can we measure it?

For some industries, quality can be easily measured, for example, how closely does a manufactured product match the physical design specification? In these circumstances, it generally does not matter who makes

the assessment, the result is the same. The prescribed standard either was, or was not, met when measured.

However, things change when measuring the quality of professional practice. The product of a practice-based industry is often intangible, or experiential, and the measures used can differ from one assessor to another. Take hotel reviews as an example; two customers may provide very different reviews despite receiving essentially the same service. Why?

In this context, the perception of quality is often influenced by the personal values, priorities and beliefs of the assessor at the time of the review. Hence, the quality of service, or practice, can be said to be in the eye of the beholder. Parasuraman, Zeithaml and Berry (1988) and Olshavsky (1985) made similar observations, noting that the concept of quality was a “form of overall evaluation of a product”, and that the perception of quality was similar to attitude. Both reflect a global value judgement.

### Standardising quality

A central aim for many quality assurance systems is to make quality issues visible so they may be addressed in the future. However, measuring quality of practice can be a challenge due to the reliance upon personal perceptions, biases, priorities and values. The problem is exacerbated in sizeable organisations where the larger number of people making quality judgements, and multiple services and numerous sites, mean there is a significant scope for variation of what is assessed, how it is assessed and against what criteria.

With high levels of input variability, the data gathered has a potentially low level of accuracy, and arguably low value too. It can therefore be difficult for the business to draw reliable conclusions from the information or to have confidence that any outcomes can positively influence continuous improvement.

Whilst it may not be possible to eliminate all personnel-based influences, adoption of a standardised quality tool can be useful to provide a consistent approach and reference criteria to increase data reliability. With improved data the business can have greater confidence in any recommendations that rely on the information gathered.

### Bridging the gap across multiple professional practices

Corrections has a complex operational environment with multiple practice environments that run in parallel: custody, probation, health, psychology, employment, rehabilitation programmes, and education, amongst many others. However, with our “customer” hat on we should note that the people we manage are likely to

consider us as a single service, albeit drawing upon multiple practices. Accordingly, our quality assessment tools should reflect the “customer” perception of service quality by spanning our various practice disciplines. Preliminary thoughts were that to build a single tool to serve multiple disciplines would be complicated, but similar tools have previously been developed. Specifically, De Landre (2007) noted that the Incident Cause Analysis Model (ICAM) had been used successfully in a diverse range of countries and industries. De Landre also observed that ICAM had been found to be both practical and easy to apply across the board.

The challenge is to find a way to consider quality of practice which can be used across a range of different disciplines and that also permits aggregated reporting across the whole service against generic attributes.

As a first step towards a mature quality system, this approach provides the department with an initial practice quality assessment capability and consistent baseline reporting upon which to build. In time, the capability can be expanded to include additional tools that specialise in specific practice disciplines.

The resulting quality tool provides the required structure to standardise our view of practice quality and provides a common quality-centric vocabulary across the work streams. Additionally, adoption of a single measurement system allows quality to be measured longitudinally across the whole service, helping to dismantle any silos that might hinder overall delivery.

### Reverse engineering

The intention of quality is to support continuous improvement and the notion of doing things better, smarter and more efficiently in the future. However, from time to time, things do go wrong and inevitably this leads to reviews, which in turn provide findings and recommendations to help steer further practice developments. Reviews are considered necessary as they support continuous improvement and have a natural synergy with quality.

The design of the proposed quality tool seeks to leverage the close relationship between reviews and continuous improvement. By mirroring the *post-event* structure of an investigation model, a tool can be developed to proactively improve practice *prior to an event*. The logic suggests that if our continuous improvement system considers the same aspects as an investigation review, the organisation can identify potential issues before events arise to mitigate incidents and reduce associated costs and consequences.

Many review models<sup>1</sup> seek to apply logic to often chaotic situations by grouping contributory factors according to a conceptual structure. Reason (1990, 1997) noted that errors can be viewed in two ways: the person approach and the system approach. Reason considered that the system approach accepted the existence of *latent conditions* which contributed to *organisational accidents*. These latent conditions are the existing organisational structures, policies and systems of the company within which staff are required to operate. Reason (2000) also observed that whilst human error was inevitable, organisations can change the prevailing conditions people are required to work under, thereby reducing the frequency and consequence of error. Whilst there was some variety between the models, the high level groups were noted to be largely similar when defining and labelling the factors that constitute an organisational structure.

The department has developed a simplified model, known internally as the Systems Approach. This approach is based upon the aforementioned industrial models, but uses language that better reflects our practice environment. The four system groups (listed below) are:

- People
- Tools and Resources
- Policies and Practice Frameworks
- Environment.

Where the department model breaks from tradition is the application of this normally reactive approach to a proactive quality function. By routinely applying the same diagnostic methods, the department is better placed to identify opportunities to lift practice quality before unfavourable events occur. By using a single systems approach, the department can align proactive preventative initiatives with reactive post-event reviews, whilst sharing a common vocabulary for all continuous improvement activities. The four groups are sufficiently broad that they can be applied to any event or industry, including our own.

From a quality perspective, all four system groups are of equal importance in that to achieve optimum levels

1 There are many systems and models that are used to undertake reviews and investigations following incident/accident events. Frequently used in both industrial and transport environments, the models commonly offer a structure, or anatomy, of an event through a methodology. Whilst the vocabulary used in each model may vary, a common structure is to differentiate between the actions of the individual and the prevailing environmental factors. Examples include: MTO-analysis (Man, Technology, Organisation); STAMP (Systems Theoretic Accident Modelling and Processes); Incident Cause Analysis Model (ICAM: People, Environment, Equipment, Process, Organisation); HPES (Human Performance Evaluation System); AcciMap (Work, Staff, Management, Company, Regulators, Government); FRAM (Functional Resonance Accident Map: input; output; preconditions; resources; time; control).

of performance, all parts of the system must be strong. The implication is that where any one group is weak, performance can be compromised.

It is important to note that practice quality is a product of the wider system that extends beyond the actions of an individual practitioner. In simple terms, quality is a system issue, not just a people problem. This relationship is recognised in Māori culture, as illustrated by the following proverb:

*"Ma whero ma pango ka oti ai te mahi."  
When red and black work together the work  
will be complete.*

### Ara Poutama tool

When considering the performance of an organisation, it is no longer enough to simply ask "was it done?" (compliance), or "was it done on time, on budget and within specification?" (performance). It is also necessary to ask "how well was it done?" (practice quality). The Ara Poutama tool has been developed to enable this level of organisational discovery and is included as a component of the Te Panekiretanga framework, and illustrated via the jigsaw puzzle model.

Generic in nature, the tool has been designed with consideration given to the principles of the systems approach. The result is a tool that can accommodate the wide range of internal practice environments across the department, and which has the potential to be adapted by other service/practice-centric organisations to their own environments.

The name Ara Poutama<sup>2</sup>, translates as a pathway, or progression, towards excellence and improvement, mirroring the basic principles of both continuous improvement and quality assurance. Notably, Ara Poutama is also the Māori name for the Department of Corrections, reflecting the offender journey of self-improvement and rehabilitation.

2 Ara Poutama and the Māori legend of Tāne and the Baskets of Knowledge:

In Māori legend, Ara Poutama describes the journey of Tāne from earth to the twelve heavens as he searched for the baskets of knowledge.

When Tāne decided to climb up to the heavens to seek the baskets of knowledge for mankind, his brother Whiro was angry. Whiro thought he had more right to the baskets than Tāne, because he was the elder brother. The two brothers struggled for power, but it was Tāne who was favoured by Io, the supreme power, so Tāne was allowed to ascend the twelve heavens. His task was made more difficult by Whiro who sent plagues of insects, reptiles and carrion-eating birds to attack Tāne. But Tāne, with the aid of the winds, was able to proceed until he reached the summit of all the heavens. Here, at Toi-ō-ngā-rangi, he was welcomed by Io and received the three baskets of knowledge and the two sacred stones.

Source: <http://www.knowledge-basket.co.nz/about/knowledge-basket-legend/> (Abridged)

The Ara Poutama tool is based upon the systems approach and considers quality as an outcome or function of the whole system. The intent is to appreciate the role played by practitioners as part of the system, helping the organisation to better understand improvement opportunities and which parts of the business are best placed to influence any required changes.

In this context, underlying issues should initially be considered as a symptom of problems embedded within the wider system, and which may also be impacting other areas of practice. This is opposed to considering the observed issue as the whole problem itself. The risk of not adopting a system approach is that root causes are not addressed and are able to impact other areas on an on-going basis.

Whilst the system approach is understood at the governance level, the language of the model (people, tools and resources, policies and practice frameworks, and environment) is not familiar to practitioners of other disciplines. A degree of translation is required to make the tool more accessible across the organisation. Therefore, practitioners are encouraged to consider quality via five thematic conversations, using language that is more familiar to their practice:

- Engage, communicate and respond
- Preparation and planning
- Consistent practice
- Informed practice
- Working together.

The above thematic conversations are not dissimilar to the dimensions of quality identified by Parasuraman, Zeithaml and Berry (1985, 1988) as part of the ServQual tool: reliability, assurance, tangibles, empathy and responsiveness. Each system provides a structure to describe the attributes of a service that commonly influence the perception of quality.

Ara Poutama uses a suite of questions to support quality-centric conversations between managers and individual team members, and to guide dialogue in a manner that covers each of the system groups.

Placing the four system groups across the top of a table, and the five conversation themes vertically down the side of the same table forms a 5x4, or 20 question, matrix (Refer Figure 2: Ara Poutama Question Matrix).

The questions have been written in a generic format so that they are transferable across multiple departmental practice disciplines. In principle, the same matrix should also function across other professional practice-centric industries. However, it is still possible to tailor each question further to better represent distinct practices.

## Ara Poutama Practice Quality Question Matrix

Figure 2:  
Ara Poutama Question Matrix

	People	Tools and Resources	Policies and Practice Frameworks	Environment
Engage, Communicate, Respond	My engagement, whanaungatanga and communication is purposeful and contributes positively to strong practice.	Our tools for engaging and communicating with clients are fit for purpose and tasks I am required to perform.	The Department has a wide range of practice frameworks that address the needs of my clients.	The Department engages positively with staff, clients and the community to support our objectives.
Preparation and Planning	I actively prepare to promote effective and responsive engagement to ensure safe and purposeful activity.	Our tools are reliable and dependable, providing predictable practice outcomes.	The practice frameworks, guidance documents and local advice are useful when preparing for a client engagement.	I feel supported by the organisation when making decisions based upon safety.
Consistent Practice	I consistently strive to increase the likelihood of achieving the goals and objectives of my clients.	The training I have received enables me to use the correct tools at the right time.	Our operational processes and policies support my work, helping me to consistently deliver positive outcomes.	The objectives and aims of the Department are clear, consistent and do not vary overtime.
Informed Practice	I make full use of the information available to me ensure my practice is safe for both me and others.	The information required for my practice is easily readily available whenever I need it.	Our policies and practice frameworks provide the guidance I need for my role.	Other teams that I work with readily share information to support practice and safety.
Working Together	I use a wide network of strong relationships and manaakitanga to enhance my patience.	A wide range of tools are available to support my practice, safety and cultural responsibility.	The policies and practice frameworks in my part of the business join up and work seamlessly with those in other parts of the business to support my practice.	My working environment promotes respectful relationships and is conducive to positive, constructive and safe engagement with clients and colleagues.

## Using the Ara Poutama tool to support continuous improvement

Ara Poutama is more than just 20 questions. It is about promoting quality-centric conversations that support the practice of individuals and identify systemic improvement opportunities where they exist. The tool works on two levels, tactically as a first line of assurance tool, and strategically at the second line of assurance to provide regional and national perspectives of the resulting data.

At the first line of assurance, the tool is intended to guide structured conversations between managers and employees about practice quality and the role that each part of the system plays in delivering quality. These conversations are intended to support both development and continuous improvement and should be centred on observed practice, other sources of evidence (e.g. documentation, feedback, results etc) and constructive dialogue. In this manner, Ara Poutama provides a tailored experience of continuous improvement that directly addresses the practice needs of the individual using practice-centric language (conversation themes) they are familiar with. Whilst the question structure guides the conversation across the different system areas, the system language is obscured from the users to improve usability at the frontline.

The Ara Poutama tool captures the data from each conversation using a four point scale (refer below) to record an achievement level against each of the 20 questions. Held in a database, the accumulated data can be analysed by the second line of assurance. By using various filters (role, practice discipline, region, site, etc.) high level patterns and trends can be identified.

**Figure 3:**

*Layers of Quality, Ara Poutama*

HIGH	<b>Te taiao</b>	High performance layer
	<b>Ara namunamu</b>	Focused attention layer
	<b>Ara tauwhaiti</b>	Development layer
	<b>Ara tika</b>	Foundational layer
LOW		

The data is not sufficiently detailed to pinpoint the causes and consequences of a specific issue but it will allow the business to identify potential issues or areas of concern. The focus provided by Ara Poutama

allows issues and resources to be prioritised to enable strategic planning, ensuring greater value is achieved.

Strategically, Ara Poutama offers the ability to identify, and address, potential issues before they become problems. The availability of this information will empower the department to enhance a proactive operational environment, and reduce any existing reliance upon reactive operations after an event. To do so is both more cost effective and serves to increase the overall quality of the service.

## Links across Te Panekiretanga and the department

As part of an integrated quality framework, Ara Poutama is aligned with other parts of both Te Panekiretanga and the department. The systems approach (people, tools and resources, policies and practice frameworks, environment) has been adopted as the recognised methodology for undertaking event reviews, and is also to be used in a forthcoming revision of the Well Functioning Service (WFS) toolset. In both instances the systems approach will be used to align all of our proactive and reactive review tools to provide a consistent internal suite of tools.

Similarly, the Layers of Quality, shown in Figure 3, will replace the previous internal assessment system of "needs development" through to "exceptional". Layers of Quality will be applied across all quality tools, including WFS, to describe the observed levels of quality performance. The effect is to create a single assessment mechanism, forming a core vocabulary and a commonly understood set of descriptors.

## Next steps

Corrections began piloting the Ara Poutama tool in September 2017. The pilot involves over 150 frontline personnel from a number of sites and covering a broad range of professional practice disciplines, including custodial, community, programmes, health, psychology, and case management.

Following a training roadshow, the pilot will run for two months with each participant using the tool on at least two occasions. The pilot will seek feedback on usability of the tool, suitability of format, questions, areas of practice, time required to use the tool, and value added at the first and second lines of defence.

The pilot is also trialling an electronic data capture system. It is expected that this system will reduce the time taken to record information, improve the accuracy of data entry and automatically prepare the data for analysis without significant additional effort.



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# Safety leadership – creating a positive safety culture at Corrections

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## **Introduction**

Corrections is committed to the safety and wellbeing of its staff. Since 2013 we have completed a number of initiatives to strengthen our processes and make improvements to keep our people safe. Our approach is to focus on the themes of leadership, engagement, resources and risk. Under the leadership theme, our senior leadership team has participated in a good practice safety leadership training programme. This training forms the basis for a programme of ongoing improvement and development in relation to health and safety governance. The engagement theme speaks to a commitment to involve all of our people in health and safety decision-making and planning. We will also provide the correct resources so that our people can keep themselves and others safe. We've made some great progress, and our Health and Safety 2016-20 Strategy: Everyone Safe Every Day outlines our plan for making further improvements in this area. We are now extending the good practice safety programme to all our frontline leaders in our quest for continuous improvement. This article outlines the rollout of this national training programme.

## **New Zealand context**

New Zealand's acute harm and workplace safety statistics are amongst the worst in the western world. New Zealand workers are twice as likely to be killed or suffer serious harm as workers in Australia, and nearly six times more likely than those in the United Kingdom.

Each year around 190,000 people claim medical costs from ACC as a result of being harmed at work and of these around 23,000 people are injured seriously enough to be off work for more than a week, and over 100 people die from workplace accidents. The economic and social cost of work-related injuries to our nation is estimated at \$3.5 billion dollars per year (Independent Taskforce on Workplace Health and Safety, 2013). The costs to our workers cannot be counted merely in dollars. Work-related injuries may not just affect an individual physically, but psychologically. Whānau and friends also need to provide physical and psychological support and these costs are not easily quantifiable.

## **Change in legislation**

As a result of the Pike River tragedy in which 29 men lost their lives, a Royal Commission report made 16 recommendations (Royal Commission on the Pike River Coal Mine Tragedy). As a result, a new regulator, Worksafe, was established in December 2013 with a sole focus on health and safety. New legislation was also introduced with the new Health and Safety at Work Act 2015. This new legislation and new Health and Safety Regulations came into effect on 4 April 2016.

Under the new legislation, Crown organisations (like the Department of Corrections) are liable for prosecution resulting from health and safety incidents, and are classified as an "undertaking" (the legislation covers "a Person Conducting a Business or Undertaking"). The Chief Executive is deemed to be an officer and all employees are workers under the Act. Officers have additional responsibilities to carry out due diligence regarding health and safety in their organisation (Health and Safety at Work Act, 2015).

Everybody has a duty of care to ensure that the risk of harm to anybody (visitors, contractors, offenders/prisoners) entering our workplace is as low as reasonably practicable. The focus of previous legislation was on managing hazards and incidents. The focus of the new legislation is on minimising the risk of harm. Organisations are responsible for the management of their risks, and to ensure adequate and appropriate risk mitigation.

## The Department of Correction's risks

Corrections has a very unique risk profile:

- *Offender management* – We have the day-to-day operational risks of managing offenders, which incorporates operating safe and secure prisons and managing offenders in the community.
- *Our staff, contractors and other people* – We have a responsibility to provide a safe environment for all our staff, our thousands of volunteers, contractors, and staff from other agencies.
- *Prison industries* – We have multiple industries within our organisation including industrial kitchens, nurseries, light engineering and building sites, as well as many other hazards including vans, trailers, forklifts, cranes, farm and forestry machinery, hazardous chemicals and animals including dogs, pigs, cows, and bees.

## Our strategy: Everyone Safe Every Day

In the Everyone Safe Every Day strategy for 2016-2020, our Chief Executive, Ray Smith, gave a clear message to staff that safety requires our collective commitment and leadership. It means thinking and doing some things differently so that safety is foremost in all our decision-making and all our actions. Ray has made a personal commitment to health and safety and he asks the same of all of us. We all deserve to come to work each day and go home safe and we can only do this together.

## Improvements to processes

As a department, we have made a lot of advances in improving our processes to increase safety. We are very proud to have won the award for best board level engagement in health and safety at the New Zealand Workplace Health & Safety Awards. This recognises the commitment at a senior level to addressing health and safety across all of our sites. Our Health and Safety Risk Governance Committee (HSRGC) is made up of the Department of Corrections Executive Leadership Team and an independent health and safety expert. The committee has been meeting every six weeks since October 2013, and over the past four years has undertaken a systematic review of every aspect of the organisation to see where we can improve processes

and manage risks. Some of the initiatives overseen by the HSRGC include:

- Upgrading our vehicle fleet
- Upgrading security at our sites
- Introducing new de-escalation techniques, on-body cameras, pepper spray, Site Emergency Response Teams, slash proof gloves, body armour and Physical Readiness Assessments for staff
- Introducing new processes for managing fatigue – since introduced at the end of 2016, the number of staff at risk of serious fatigue has more than halved
- Working with contractors or third parties to ensure the safety of all those we work with
- Everyone Safe Every Day strategy.

Whilst we have made a lot of improvements to our processes, the next step is to make improvements to our safety culture through positive safety leadership.

## The next step - leadership to enhance a positive safety culture

### What is culture?

Culture is "the way things are done around here". It's a combination of all the attitudes, beliefs, values, taboos, peer pressure and perceptions that influence how something is actually done, rather than how it should be done. Leaders' actions speak louder than words. "The standard you walk by is the standard you accept" (Morrison, 2013). Leaders show staff how much risk is acceptable every day by their actions. The leaders set the culture of a team, and ultimately of an organisation.

### Where does the concept of a safety culture come from?

The concept of a positive safety culture is one approach to improving health and safety. It was first used to describe the issues at Chernobyl at the time of their major incident (International Nuclear Safety Advisory Group, 1992). Poor safety culture has contributed to multiple aeroplane crashes (Shappell et al, 2004) and has contributed to deaths in hospitals (Bromiley, 2011). The Pike River tragedy was a result of poor safety culture in action. The way things were done, risks ignored or accepted as standard practice, all defined the safety culture at Pike River, with disastrous impact (Royal Commission on the Pike River Coal Mine Tragedy, 2012). When staff do not feel they can speak up, or when they are not listened to, this results in a poor and risky safety culture.

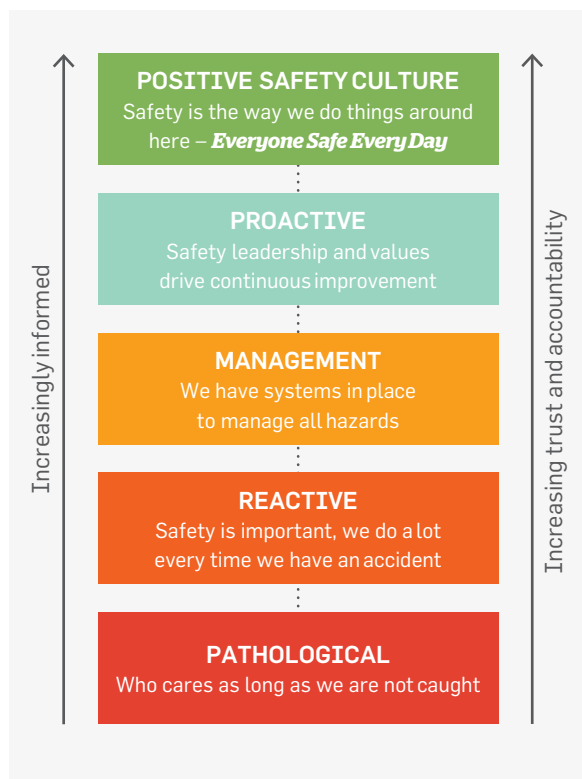
Safety culture, or the way safety is perceived, valued and prioritised in an organisation, not only has an obvious and direct effect on incident rates, it also impacts on productivity, reliability, competitiveness and employee morale (Work Safety Hub, 2015).

Organisations with an effective and positive safety culture bring positive, demonstrable results. Developing a positive safety culture means looking at behaviours and visual leadership and it involves everyone's participation. It involves shared beliefs about how managers are supposed to manage, how people are supposed to interact, how safety is measured and what is safe.

### What are the stages of safety culture?

According to the Health and Safety Executive (UK), there are a number of stages in safety culture that organisations progress through on their journey to a positive safety culture.

### Stages of the Safety Culture Ladder



Source: Adapted from Health and Safety Executive (UK)

The lowest stage is Pathological, which is basically, "Who cares about safety as long as we are not caught?". One would expect there would be very few organisations that still operate today in this stage as it is basically criminal i.e. they don't know or care that legislation exists. The next stage is Reactive, which is when safety is important, but the organisation launches into action only when there is an accident. The third is the Management stage, which is when there are systems in place to manage all hazards. Safety is important to the organisation and they do training and have a safety management system.

Worksafe would probably say they comply with the law and are doing all things reasonably practicable. The fourth is the Proactive stage, when the organisation aims to anticipate safety problems before they arise. They don't just comply, they try to find issues and work to improve them. The final stage, that organisations should aspire to, is Positive Safety Culture, where safety is "how we do business". This is where the organisation has built safety into everything they do and everybody is part of the process.

### So what might a positive safety culture at Corrections look like?

Here are some ideas of what a positive safety culture as Corrections might involve:

- Leaders pro-actively demonstrating their commitment to safety and wellbeing by role modelling and "walking the talk" – engaging with staff regularly in matters affecting safety and wellbeing
- Day-to-day actions of leaders promote positive safety perceptions
- Staff speak up about issues affecting safety and wellbeing and are listened to
- Unsafe practices or behaviour are not accepted
- Staff and leaders are empowered to take an active role in continuously minimising and eliminating risks
- Participation in safety and wellbeing decisions by staff at all levels
- Genuine attempts made to systematically improve safety in a timely fashion
- Culture of trust or a "just culture" – people are encouraged/rewarded for raising safety issues, not discouraged or "shot" for reporting an issue
- Safety and wellbeing are part of every day conversation and consideration and everyone knows and shows they are priority.

### Commitment to enhancing a positive safety culture at Corrections

As part of their commitment to developing a positive safety culture at Corrections, all of our Executive Leadership Team have attended or will shortly attend a two-day Business Leaders Forum facilitated by Zeroharm. Most of our senior leaders across the country have also attended a one-day Safety Leadership course facilitated by Leading Safety.

The next step is to spread the word and put the learnings into action to embed a positive safety culture across Corrections. As 99% of our workplace accidents happen in frontline roles, a Positive Safety Culture

leadership training programme has been developed for all frontline leaders across the country.

## Rollout to frontline leaders around the country

The full Positive Safety Leadership programme is a three module programme; two three to four-hour workshops several weeks apart, followed by two cohorts combining several weeks later to present to their Regional Leadership Teams. These presentations are a chance for the leaders to show what changes they have made with their teams. It is also an important opportunity to share the learnings both across roles and across different sites. This is a fundamental principle of the programme – making improvements across the organisation and learning from others, both on things that we are doing well and things we need to improve on.

The programme was piloted in September/October 2017 in the Central region. Presentations to the Regional Leadership Team took place in mid-October and the results will be reported in a future issue of *Practice: The New Zealand Corrections Journal*.

## National office

In Corrections' national office, the Service Development team has also rolled out an adapted version of the Positive Safety Leadership programme to the entire team. It was important that the whole

team understood the key concepts so these could influence the work they do for the frontline, as well as improving the safety culture in national office. Tier 3 and 4 leaders also attended a three-hour workshop exploring the concepts of a positive safety culture and how to improve the safety culture at Corrections. The workshop prompted challenging discussions and active participation from the attendees and feedback was very positive.

## What does the programme cover?

The programme is based on the following model which shows how to move from management to the proactive and positive safety culture stages in four steps.

The programme covers all four steps and aims to equip our leaders with tools and methods to help them create a positive safety culture in their teams and ultimately across our organisation. Some of the core aspects of the programme are:

- Identifying key risks for the team and working with your team to improve these
- Using the Safety Learning Hub micro-learnings to have safety and wellbeing discussions with your team
- The concept of Work As Imagined versus Work As Done – getting out there on the floor, seeing what is actually going on, not what you imagine or are told is going on

## Our journey to a positive safety culture



Source: Adapted from Cardinus Risk Management and HSL (2013)

- Safety Walkabouts – talking and engaging with your staff, how to prepare for a walkabout and what questions to ask
- The SWEETAS model for safety walkabouts – **S**ocialise and relate, **W**atch, **E**ngage with positive questions, **E**ffective listening, **T**hank them, **A**ct – make changes and update team, **S**how them, don't tell them (Department of Corrections, 2017)
- Rewarding positive safety behaviour and discouraging poor safety behaviour
- The importance of leadership in creating a positive safety culture – following through on commitments and holding others to theirs, being a positive influence through visible and authentic leadership
- Thinking broader than just your team and sharing learnings across the organisation so others can improve
- Watching videoed scenarios from both custodial and community probation settings and discussing issues raised.

It will be exciting to see the results once the programme has been rolled out around the country. The aim is to ensure safety and wellbeing are part of everyday conversation and consideration and everyone knows and shows they are priority. Hopefully, a positive safety culture and Everyone Safe Every Day will be that much closer.

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# An integrated approach: Holistic assessment of vocational trainees

**Graeme Couper**

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## **Author biography:**

*Graeme Couper has a degree in Agriculture from Massey University and spent 15 years as a dairy farmer. He has also been a tutor for agriculture and horticulture trainees, has owned and managed a primary-sector-based private training provider and, prior to coming to Corrections, was a moderator and then education manager at Primary ITO where he was responsible for managing the Targeted Review of Qualifications (TRoQ) for the primary sector. In November 2016 he completed a Master's degree in Tertiary Education with Distinction. His thesis (Couper, 2016) was based on a research project on the new assessment approach taken with dairy farm trainees as the new qualifications were implemented into the agriculture sector. This article is based on the findings of that research project.*

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*"Experience without theory is blind, but theory without experience is mere intellectual play"*  
– Immanuel Kant.

## **Introduction**

In 2010, the New Zealand Qualifications Authority (NZQA) initiated the Targeted Review of Qualifications (TRoQ). The intended outcome of this review was to replace all national and local (provider) qualifications with a suite of New Zealand qualifications. The main drive for this review was to remove duplication of qualifications and to provide much more clarity among learners, their support networks and employers as to what the qualifications meant, how they related to specific job roles in industry and where they fitted into a learning continuum.

In January 2016, these new qualifications were introduced into the dairy farming sector by Primary ITO. In the spirit of the new qualifications taking a more integrated, graduate outcome focused approach, Primary ITO introduced a significantly different assessment methodology based on an integrated evidence portfolio.

In 2016, a research study into how effective this new integrated assessment approach had been was undertaken to contribute towards a thesis for a Masters in Education. This article outlines the findings of that research. It should be noted that the key findings of this research relate specifically to level 3 and 4 dairy farm trainees, however it is likely that the key principles discussed throughout this article will relate in general to most workplace-based vocational learning.

The conclusions from this research are very relevant to Corrections as at any given time there are over 2,000 prisoners engaged in industry training, across a range of prison-based industries. In most cases, these industries

operate as typical commercial workplaces and the trainees are working towards national qualifications. The expectations of our trainees are the same as other industry trainees who are operating in real commercial workplaces. Any factors that this research has identified that will assist vocational learners to succeed are likely to apply equally well to prison-based learners.

## **Changes to qualifications**

The key difference between the old national qualifications, and the new, New Zealand qualifications, is the focus on graduate outcomes rather than unit standards. The graduate outcome approach to the new qualifications focuses on the psychomotor, cognitive, and affective aspects of learners. During the TRoQ, and subsequent qualification development process, these graduate outcomes were represented as graduates' skills, knowledge and attributes – or what a graduate should "know, do and be" having achieved the qualification. This shift was a significant departure from the national qualification system where learners were assessed on their competence in unit standards. Completed unit standards were then put together according to the qualification rules, to award a learner the qualification. Under the national qualification system, theory and practical unit standards were generally assessed in isolation from each other, and there was often no logical "thread" holding a qualification together in terms of a learner's capability. Qualification achievement was based around meeting the qualification rules, without any consideration of the overall capabilities of the graduates on completion. Added to this, the assessment of unit standards was often fragmented and atomised, and even at a unit standard level there was little consideration given to a learner's overall capabilities.

## A new approach to learning and assessment

The assessment method for the old national qualifications in the agriculture sector consisted of the theoretical knowledge unit standards being assessed by contracted tutors, as part of classroom-based training days for each programme. The practical unit standards were assessed based on a trainee's practical, on-farm performance, using a "work diary". A trainee's employer or workplace supervisor was their verifier. The work diary was filled in by the trainees and their verifier. The information in the work diary was used by the assessor, along with an assessment conversation with the trainee and the verifier, as evidence to make a judgement of competence against the practical unit standard.

The new integrated evidence portfolio approach was designed to be able to allow much more integration of practical tasks and theoretical knowledge, therefore enabling the assessors to make a more holistic assessment of trainee's capabilities, based on the graduate outcomes of the qualification.

Development of the integrated evidence portfolio, and indeed the wider learning approach to the new qualifications, acknowledged some key adult learning principles.

Adult learners are different from children in their motivations, interests, values, attitudes, physical and mental abilities, and learning histories (Kennedy, 2003, cited in Westover, 2009, p. 435). Learning programmes designed for adult learners, such as those in a Vocational Education and Training (VET) context, are likely to be more effective if they recognise these differences and incorporate some key adult learning principles in their design.

Westover (2009) outlines ten important characteristics of adult learning:

1. Learning is a process that lasts throughout the lifespan of most people
2. Learners must be an active participant in the learning, not a passive recipient of information
3. Learners must be responsible for their own learning
4. The learning has an affective component as well as an intellectual component
5. Adults learn by doing
6. Problems and examples must be realistic and relevant to learners [*italics in original*]
7. Adults relate their learning to what they already know
8. An informal learning environment works best
9. Variety is stimulating. A range of learning techniques is important

10. Learning flourishes in a win-win, non-judgemental environment.

Both Kennedy (2003) and Knowles (1984, cited in Galbraith & Fouch, 2007, p. 36) have identified similar characteristics of adult learners, particularly those of practicality, relevancy, and the importance of life experiences.

## Research methodology

The research project was done as an evaluative case study with two groups of dairy farm trainees, one based in the North Island and one in the South Island. The participants were dairy farm trainees who had achieved one of the old, national agriculture qualifications with Primary ITO, and had then enrolled in one of the new, New Zealand qualifications. They were asked to compare the assessment methods between the two qualifications. The trainees' on-farm verifier (usually their employer or supervisor) and their Primary ITO assessor were also included in the research. Participants were interviewed individually and their thoughts on how the two assessment methods were captured.

## Key findings of the research

The two key findings from the research project were: (a) as a result of the new approach to assessment, trainees were more able to apply the knowledge they had learned to workplace-based situations; and (b) that the new integrated assessment method resulted in a more authentic and robust assessment.

## Application of knowledge to the workplace

The research found that the new integrated evidence portfolio assessment method enabled trainees to make strong connections between the theoretical knowledge learned in the classroom and the practical skills learned in the workplace. More opportunities to directly apply classroom knowledge to practical workplace skills not only improved the trainees' performance of these practical skills but also resulted in a deeper understanding of the theoretical knowledge.

This finding reinforces the general principles of adult learning. Merrill (2002) proposed five principles of instruction which stated that learning is promoted when: (a) learners are engaged in solving real-world problems, (b) existing knowledge is activated as a foundation for new knowledge, (c) new knowledge is demonstrated to the learner, (d) new knowledge is applied by the learner, and (e) new knowledge is integrated into the learner's world. Evidence from this research shows that the integrated evidence portfolio enabled effective learning by requiring trainees to: solve real world problems, have new knowledge



demonstrated to them in practical ways, and apply and integrate this into their day-to-day farming lives.

This research demonstrated that trainees appeared to learn better and gain a deeper understanding of the theoretical concepts by applying them to real-world, problem solving contexts.

The data from the research shows that a key aspect of the improved, deeper learning of the trainees came from being able to utilise real-world data, information or experiences from *their own workplace* as part of the evidence for the assessment of their theoretical knowledge.

Examples of feedback on the new assessment method from the participants were:

*“Theory and practical work more hand in hand because it is right there. They are completing them at the same time in the workbook” – assessor*

*“There seems to be a lot more cross-referencing between farm and class than in the past” – on-farm verifier*

*“It was more practical. It was more about what was going on on our farm” – trainee*

## Authentic and robust assessment

Another key finding from this research was that there was more “real world” or authentic evidence available to make assessment decisions. The study also found that the new integrated evidence portfolios encouraged and enabled more interaction and discussion between the trainees, verifiers and assessors as part of the assessment process. Improved interaction between participants, coupled with an increase in on-farm evidence, led to the conclusion that the assessment of the learning outcomes of the programmes were more authentic and robust than had been the case under the previous assessment system.

Gulikers, Bastiaens, & Kirschner (2004) investigated authentic assessment in depth, with their five dimensions of authentic assessment. The data from this research showed that assessment using the new integrated evidence portfolios was authentic and robust, and showed a strong alignment with those five dimensions, as shown in the table below.

Research findings compared to five dimensions of authentic assessment	
Five authentic assessment dimensions (Gulikers et al, 2004)	Research findings
<b>The assessment task</b> – one that confronts students with activities that are also carried out in professional practice. They require students to integrate knowledge, skills and attitudes as professionals do.	Assessment of learning outcomes is based on performance of genuine workplace tasks, and underpinning theoretical knowledge needed for those tasks. Assessment is based on holistic, integrated evidence of trainees’ knowledge, skills and behaviour.
<b>The physical context</b> – an authentic assessment task should reflect the way knowledge, skills and attitudes will be used in professional practice.	Assessment evidence is gathered from actual workplaces in which trainees are employed.
<b>The social context</b> – authentic assessment should consider social processes that are present in real-life contexts. For example, collaboration.	Assessment is not contrived. It measures normal workplace behaviour and interactions such as questioning, collaboration, experimentation and problem-solving.
<b>Assessment result or form</b> – this relates to the quality, validity and fairness of the assessment.	Quality, validity and fairness of the evidence portfolio are determined by the evidence used, and the engagement, expertise and professionalism of those involved in making the assessment decision.
<b>Criteria and standards</b> – criteria are what the assessment is measuring (the outcome). Standards are the level of performance expected.	Assessment is based on well-defined unit standards that reflect the learning outcomes of the programme, and thus the graduate outcomes of the qualification.

Authentic assessment is very valuable for learners. Gulikers et al. (2004) found that learners were stimulated to deeper learning when they perceived the assessment task to be authentic, while Timma (2007) found that authentic assessment practices influenced the way learners carried out their work. Learners “gained background knowledge and understanding about the reasons for work procedures being assessed” (p. 7). As workers, the learners valued “real life” assessment where they could demonstrate practical application of skills and knowledge through their actions and verbal responses to assessors.

## Conclusion and application

These findings have important implications for people working with prison-based learners.

The literature review undertaken for the research; the data from the interviews with trainees, workplace verifiers and assessors; and the subsequent analysis of that data show that the key principle for workplace-based vocational training is context.

Ensuring that learning and assessment are embedded within real-world contexts – which in the case of vocational trainees mostly means their workplace – has huge benefits.

- Trainees will be more engaged with their learning, which makes the learning experience far richer and enjoyable for both learner and teacher
- Trainees are likely to obtain a deeper and clearer understanding of theoretical principles if that learning is in a practical workplace context
- Assessment will be more authentic and robust, which not only assists learners but gives greater confidence to employers that trainees have gained the skills, knowledge and behaviour that they require for successful workplace practices.

Ensuring that any education programmes that prisoners are engaged with are based around some sort of real-life context is critical. Whether it is industry training, literacy/numeracy programmes or other educational or rehab programmes, learners are more able to make sense of new information if they are able to relate it to everyday practical activities, and practice it in a natural, non-contrived manner. As far as assessment goes, utilising evidence that occurs naturally, in a workplace or daily life rather than a contrived situation – such as a written assessment – is likely to be a more authentic and robust assessment of a learner’s skills, knowledge or behaviour.

While a generalisation, evidence suggests that many learners who are engaged in more practical-based workplace activity are more likely to be predominantly kinaesthetic learners and to have had negative experiences with formal education. Re-engaging such learners with a formal education process can be challenging for educators and stressful for the learners. We are doing both ourselves and our learners a favour if we can do this in a manner that is most likely to result in success for all concerned.

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# Do your stretch: Yoga as a rehabilitative intervention

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## **Author biography:**

*Dr John Sinclair has worked in the Beehive, the Treasury and a number of other government departments. Now Auckland-based, he is a management consultant, company director and yoga teacher. He co-ordinates volunteer programmes in prisons and community correctional settings for the Howard League for Penal Reform, teaches weekly yoga classes in two prisons, and is a trustee of the Yoga Education in Prisons Trust. He is a Winston Churchill Memorial Trust Fellow for 2017, studying the use of volunteers in prisoner rehabilitation and the governance of penal-sector NGOs.*

## **Editor's note:**

The movement to regard wellbeing as relating to the whole person, not just the physical, is well-established in New Zealand. Sir Mason Durie's health model of Te Whare Tapa Whā embraces a holistic view of wellbeing incorporating the physical, mental, spiritual and family/whānau elements of a person's life. Yoga enhances wellbeing and enables those who practice it to relax both physically and mentally.

Yoga is taught by volunteers at some prisons in New Zealand in order to support those in prison from a different perspective. The most recent initiative has been the introduction of yoga programmes on the Corrections television channel in the three women's prisons. Yoga mats have been provided to enable the women to practice yoga at night and enhance their sleeping and wellbeing.

When it slips out in conversation that I teach yoga classes in New Zealand prisons, there are two responses: either eyes rolling and a sarcastic, "What next? Foot massages and aromatherapy?" or a look of puzzlement followed by, "Great idea – I bet they need a bit of calming down". In the past few years, yoga practice has become a regular feature in a number of New Zealand prison units (between 15 and 20 group classes are held each week across the prison estate, and a growing number of prisoners are studying and practicing yoga in their own time), and it is an increasingly common educational and recreational programme in prisons around the world. Which raises the question: is yoga a "nice to have" activity that helps take the edge off what can be a challenging environment, or can it make a contribution towards the long-term purpose of the correctional system, facilitating rehabilitation and reducing re-offending?

Before we look into the question of "why yoga in prisons?" and "what should a prison yoga programme look like?", it's helpful to clarify what we mean by yoga.

Yoga is now well-established in mainstream Western culture with a plethora of styles and traditions. It has been embraced by high-performance athletes seeking peak fitness and resilience, and people of all ages looking for health, well-being, and stress-release. A growing body of scientific evidence, including randomised control trials (the gold-standard of research), is confirming and refining what yogis over the centuries have been saying about the benefits of stretching, breathing, balancing and moving mindfully.

Part of the attraction of yoga (and why it can be particularly suited to prison populations and environments) is that it presses a number of buttons simultaneously:

1. **As a form of exercise** it offers a mix of cardiovascular training, muscle strengthening, joint stability, balance and co-ordination, and the intensity can be varied for different levels of ability and to take account of age, illness and injury.
2. **As a treatment modality:**
  - a. it helps in alleviating many common health issues such as musculo-skeletal injury, joint pain, insomnia, hypertension, digestive problems and headaches; and
  - b. with appropriately trained instructors, it is increasingly used to assist people suffering post-traumatic stress disorder (PTSD) or depressive illness or attempting to overcome addiction.
3. **As a group activity** it can foster camaraderie amongst prisoners, and encourage other pro-social values, such as team-work, shared learning and empathy, while avoiding the downsides of competitive, hyper-masculine exercise regimes.

4. As a **body-centred mindfulness practice** it teaches techniques for removing stress from the body, releasing patterns of muscular tension (which often lead to poor posture and chronic weakness and pain), and reducing the agitation and aggression that can lead to prisoners being easily triggered by the hard edges of prison life.
5. As a **technical skill** with layers of progressive complexity and an emphasis on self-awareness and overcoming limiting self-beliefs, it helps develop a sense of mastery and agency, better impulse control, and a more positive frame of mind with which to address challenging circumstances.

What's more, it requires minimal space (a prison cell, at a pinch) and almost no equipment (a sticky mat is standard, but not essential).

The form of yoga best known in the West is what is called *hatha* yoga (literally: sun and moon), which seeks to develop mastery of the body and the ability to withdraw the mind from external objects and enter deep states of meditation. Traditional hatha yoga has eight "limbs", two of which are reasonably well-known:

1. Asana (physical postures, usually held for a period of time to develop muscle memory, stamina and self-awareness), and
2. Pranayama (techniques to control the breath and hence the flow of energy through the body).

However, there are six more. Two limbs relate to ethical behaviour (surely relevant to a prison environment):

3. Yamas (moral restraints or "don't dos"):
  - Ahimsa (non-harming)
  - Satya (truthfulness)
  - Asteya (not-stealing)
  - Aparigraha (non-possessiveness)
  - Brahmacharya (control of vital energy, including sexual energy).
4. Niyamas (principles for right living or "dos")
  - Tapas (discipline)
  - Santosha (contentment)
  - Saucha (purity)
  - Svadhyaya (self-study)
  - Ishvara pranidhana (surrender to a higher power).

The next two relate to mindfulness practices:

5. Pratyahara (withdrawal of the senses)
6. Dharana (mental focus).

And the last two limbs relate to deeper states of connection:

7. Dhyana (meditation)
8. Samadhi (usually translated as bliss or connection to a higher reality).

Even though in the West yoga is encountered primarily through the first two limbs, it is important to bear the others in mind, because the purpose of the practice is to make better connections between the physical, energetic, mental, ethical and spiritual layers of our being. (The word "yoga" comes from a root meaning "connection".) Practice one limb and you'll find you're naturally starting to practice the others as well. Yoga seeks to stretch the body, but also the mind and the spirit.

## Why yoga in prisons?

Most of the benefits of yoga practice, such as those listed above, are shared by any well-structured physical exercise regime delivered in prisons. But there is an emerging body of research into yoga in prison contexts that points to additional benefits, mostly arising from the way combining physical discipline with breath control (and both with elements of mindfulness) can address criminogenic risks, encourage receptivity and support the difficult work of personal change. Three recent studies illustrate this:

- A 2013 Oxford University study in UK prisons (Bilderbeck et al, 2013) randomly assigned prisoners to either a 10-week yoga programme or a control group, and reported that "Participants in the yoga group showed increased self-reported positive affect, and reduced stress and psychological distress, compared to participants in the control group. Participants who completed the yoga course also showed better performance in a cognitive-behavioural task, (which assessed behavioural response inhibition and sustained attention) compared to control participants".
- In 2012, the Swedish prison system studied its "Krimiyoga" programme, in which prison staff are trained to deliver four standardised yoga sequences, avoiding the need for external teachers (Kerekes, Fielding & Apelqvist, 2012). Researchers assigned participants randomly either to 10 weeks of yoga or to a metabolically-equivalent exercise programme. The yoga participants reported less stress, better sleep-patterns, increased psychological and emotional wellbeing, lower levels of aggression, self-harm and anti-social behaviour. They also performed better on a computerised attention and impulsivity test. The difference between the groups was most significant when it came to the changes in impulsivity, anti-social behaviour and attention.
- Cambridge University researchers undertook a meta-analysis of a number of studies of yoga and mindfulness in prisons and found a small, but significant, increase in both psychological well-being and behavioural functioning, noting that benefits were more significant in programmes of longer duration and lower intensity (Auty et al, 2015).

Yoga has also proven helpful in addressing two very common risk factors that affect many, if not most, New Zealand prisoners: addiction and post-traumatic stress disorder (PTSD). A recent review article (Khannaa & Greeson, 2013) noted that:

*“... the skills, insights, and self-awareness learned through yoga and mindfulness practice can target multiple psychological, neural, physiological, and behavioural processes implicated in addiction and relapse.”*

Recent New Zealand research (Indig, Gear & Wilhelm, 2016) confirms PTSD affects 52 percent of female prisoners, and 40 percent of male prisoners. Bessel Van Der Kolk, one of the first researchers of the phenomenon of PTSD and effective therapeutic responses, identifies two practices that help reverse the neurological patterns frequently caused by trauma (particularly the “fear and flight” mechanism in the nervous system): long distance running (a little impractical in most prisons!) and yoga. He also conducted a randomised control trial assigning volunteers with PTSD symptoms to either an 8-week yoga programme or Dialectical Behaviour Therapy (a form of CBT) and found yoga more effective in addressing symptoms which hamper well-being and receptivity to treatment (Van Der Kolk, 2014).

## Re-examining the importance of the body in rehabilitation theory

What this research suggests – and also my own perception from several years teaching yoga to prisoners and people in addiction recovery – is a need to ensure our approaches to prisoner rehabilitation are not so focused on “head-space” (that is, on using cognitive techniques to “flip the narrative”) that we lose sight of the fact that for many (perhaps most) people in the corrections system, their unhelpful narrative is embodied in physical, energetic and emotional patterns, or, as Bessel Van Der Kolk says, “the body keeps the score”. Our history becomes our biology.

This aligns with one of the teachings of traditional yoga, which is that much of our perception and behaviour is driven by what are called “samskaras”; habits of action and thought or “subliminal activators” that get deeper with repetition, like grooves in a muddy track. Samskaras can either promote well-being or undermine it. As modern brain research illustrates, “what fires together wires together”, and characteristics like hyper-vigilance, aggression, withdrawal and submissiveness become embedded in our posture, how we move, how we breathe, how we rest and how we instinctively react to others and to challenges in our environment. Any therapy that fails to address the body will struggle to have any lasting impact on the mind and the behaviour.

This is not to dispute the value of cognitive behavioural therapies, only to note that many prisoners may lack cognitive ability, be resistant to therapy, have limited English language ability, or be distracted by PTSD symptoms or the challenging physical, emotional and social environment of a prison. As with the submerged body of an iceberg, perhaps we need to consider rehabilitative interventions that work sub-consciously, through the body, wordlessly, pre-cognitively, rather than through the mind. As the great yoga teacher, BKS Iyengar, often said: “I can talk to you for an hour about releasing stress, or I can put your body into a posture that will relax you in five minutes.” At some levels, yoga can function as a form of behavioural therapy that just happens to use the body and the breath to change instinctive, potentially criminogenic, patterns of behaviour.

## How to use yoga effectively in prison

The multiplicity of prison environments (remand, high or low security, women’s prisons, units specialising in addiction, sex offenders or prisoners with mental health diagnoses) each present unique challenges in terms of designing, implementing and evaluating any kind of educational or therapeutic programme. Details often matter a great deal. Yoga is no exception. Nevertheless, there is some collective wisdom that can be brought to bear.

The Yoga Education in Prisons Trust (YEPT) has, for almost a decade, supported yoga and meditation in New Zealand prisons by facilitating teacher-led classes, offering a yoga correspondence course to prisoners and, more recently, training prisoners to become peer instructors so they can run yoga sessions within prison units. A number of key design features emerge out of this experience:

1. **Supportive staff:** Yoga programmes work best where unit staff understand the benefits of yoga practice, can encourage prisoners to “give it a go”, and establish a professional dialogue with external teachers. As noted above, yoga is more than “just exercise” and can help prisoners deal with stresses and challenges and practice better emotional regulation and impulse control. Staff benefit too from a less stressful and safer work environment, and on occasions (thus far quite rare) have been known to join in! So it is helpful if staff can share with instructors relevant contextual information on prisoner group characteristics, issues with routines, scheduling and individual prisoner challenges, such as physical injuries.
2. **Skilled teachers:** Although prison yoga teachers focus on safe, “entry-level” yoga postures and practices, yoga is not risk-free, especially for a prison population. An experienced teacher learns to “read” bodies, and will be alert to injuries or other

risk-factors (such as prisoners who want to “go hard” beyond their ability, are desensitised to their own pain, or attempt to disrupt others). They can ensure that the practice is both safe and enjoyable, which builds motivation for students to access the more subtle aspects of the discipline, such as maintaining a steady breath during challenging long-holds. YEPT regularly runs specialist training in “trauma-sensitive” yoga, enabling its teachers to recognise the symptoms of PTSD and to modify their teaching accordingly. Skilled teachers can also ensure that the various cultures represented in the class are respected. Although yoga comes originally from India, it is non-sectarian and seeks to support the belief systems and spirituality of its students. Teachers often invite students to relate the values implicit in the practice (stability, balance, flexibility) to their sense of a higher (spiritual) purpose, however they may express that.

3. **Encouraging self-practice:** Teachers can instruct and inspire, but are not essential, once prisoners have learned the basics. Prison yoga is “Yoga 101”. It helps greatly if the prison environment can facilitate prisoners practicing in their own time, for example, by allowing access to yoga mats and to audio-visual material (such as the current initiative to screen yoga videos on the internal TV system in women’s prisons) or providing photocopying for printed materials (such as the YEPT correspondence course). A little yoga practised often (with the regular support and knowledge of an experienced teacher) is what brings the benefits over time.
4. **A clean, safe and (preferably) quiet space:** Although prison yoga teachers get used to making do in busy, noisy environments, it helps greatly to identify a regular space for yoga practice that is uncluttered, clean and (semi) private. Yoga practice benefits from creating a “sacred space”, and many teachers will begin a session with a solemn greeting (perhaps inviting one of the prisoners to bring a karakia) and end with a period of silence or a guided meditation to help the students integrate the benefits of the practice. Silence is hard to achieve, but is definitely worth it, and it’s helpful if unit staff can assist.
5. **Using yoga as a motivator for prisoner education:** Yoga practice frequently prompts an interest in health and well-being as prisoners come to appreciate how much they have been trapped in an unhealthy cycle of drugs, depression, compulsive behaviours and a general disrespect for their own bodies (and those of others). The impulse to “get clean and get healthy” is a useful motivator for educating prisoners about healthy living (diet, exercise, mindfulness) both for their own benefit, and as a skill relevant to ongoing employment, for example in the health and fitness industry.

6. **Evaluation and research:** Although, as noted above, the research into yoga in prisons is generally positive, more is needed, especially research in the New Zealand context, which may differ from that in the various studies cited. For teachers and for YEPT it is helpful to have both informal, evaluative dialogue with prisoners and prison staff and more formal evaluation in order to refine teacher training and recruitment and inform written materials and the detailed design of yoga programmes. There are also larger questions deserving research, such as how yoga (or similar body-mind disciplines) can work alongside other therapeutic responses to addiction recovery, anger management, sex offending or PTSD.

## Conclusion: Reflecting on stress in prisons

Implementing any educational or recreational programme into the life of a prison makes demands upon prison staff and systems. Like many of my colleagues, I have been fortunate to work with some outstanding prison staff, both at management level and on the unit-floor, who have grasped the potential benefits of yoga for prisoners and done their best to facilitate and encourage. I trust that the journey has proved worthwhile, both because of the range of benefits yoga can cram into a relatively simple package, and because yoga practice can get to the heart of what prisons are about: freeing the body and the mind from destructive patterns.

Some years back, one of my students at MECF wrote on a feedback form, “This is the only hour in my week when I have any sense of control over what I am experiencing in here.” The comment prompted me to think about stress in the prison environment which is, on the one hand, something we want to minimise and manage because of its harmful impact on prisoners and staff but, on the other hand, something that is essential to the goals of the criminal justice system. The public has an expectation that prisoners will at some stage “stand in the fire” and confront their offending and do the “hard labour” of addressing their attitudes, actions and addictions.

Behind the eye-rolling first response to yoga in prison (see above) is the recognition that stress is an element in rehabilitation, and that prisoners would benefit from learning skills that improve their resilience so they can engage, rather than evade, the challenges they face. As many of the prisoners who try out yoga classes attest, yoga is not easy (“I thought this was just for girls,” is a common refrain in men’s prisons, between gasping for breath, “but it’s a lot harder than it looks”). Indeed, one of the disciplines of yoga (see the first “yama” mentioned above) is “tapas”, which means literally “an internal fire”, or the heat that is generated

from moving against the habitual flow. While yoga practice can be soothing and relaxing, it is also designed to build resilience, to dislodge habits and to strengthen body and mind, not in a hyper-masculine way, but in the context of increasing self-knowledge and self-awareness. Therein lies the benefit of encouraging prisoners to “do their stretch”.

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# Good to Grow: How's it working?

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## **Background**

The Good to Grow Agreement was signed in November 2015 between the Department of Conservation (DOC) and the Department Of Corrections (Corrections). The agreement was developed to increase the number of projects conducted between Corrections and DOC, thus allowing more people in custody or serving community work sentences to work on conservation projects.

The projects mainly involve either producing conservation products (e.g. nesting boxes) in prison or working under supervision on public conservation land. Both activities have significant benefits; community work labour frees up DOC rangers to undertake other activities, and prisoners involved in constructing products learn new skills while DOC gains specialised items that are difficult to source elsewhere.

## **Evaluation**

An evaluation of the partnership examined the perceptions of DOC staff, Corrections staff, and offenders and prisoners who had been involved in DOC projects as part of the Good to Grow Agreement. The questions asked were in line with the shared goals of the Monitoring and Evaluation Framework: public value, experiential and formal learning, benefits to New Zealand and New Zealanders, and connection to community.

The evaluation consisted of interviews completed over the phone or on site. The Corrections' sample was recruited through community work centres or prisons that have been working on DOC projects. DOC staff were recruited through the National Good to Grow liaison at DOC. Overall, thirteen DOC staff, twenty-five

Corrections community work supervisors, five prison instructors, thirty-three people on community work, and thirteen people in custody, were interviewed.

## **Common themes**

There were several common themes including: relationship building between local Corrections and DOC staff, the purpose and value in the projects, and the shared enthusiasm in the opportunities that the partnership offers.

## **Relationship building**

Both Corrections and DOC staff felt local relationships were important in establishing what was feasible for either department. Overall, staff felt their local relationship was going well, but by working more closely together they would identify more opportunities for people on sentence to work on DOC projects.

## **Purpose and value**

The evaluation clearly showed that there was value added through partnership projects, with people on sentence assisting DOC with work that is frequent and high volume. Most DOC Rangers reported a change in their focus to more specialised tasks because of the assistance by people on sentence. The value of working on the DOC projects was recognised by people on sentence, with those interviewed reporting that they felt they had "given back" to the community. Some people on sentence also felt that they were learning new work skills while working on the DOC projects. Corrections staff generally felt that they had made a difference with some large projects that would not



likely have been done otherwise. The evaluation showed that those interviewed felt that the agreement was providing purposeful work.

## Shared enthusiasm

Staff from both departments were enthusiastic about the meaningful projects the Good to Grow Agreement offers for people on community work or in custody. They were also positive about the visible, tangible benefits for DOC. Staff would like the partnership to continue and to explore expanding the scope of the work.

Many of the people on sentence reported enjoying the work on DOC projects, because they felt it was meaningful, or the project exposed them to new locations that they could take their families to.

## Conclusion

The evaluation showed that at this preliminary stage the Good to Grow Agreement is going well and working towards achieving its targets. Staff felt that the Agreement was effective, with people on sentence contributing to projects that would not have been done otherwise. The goal of providing experiential and formal learning is being achieved, with people on sentence reporting they had learned work skills on DOC sites and, for those in custody, had worked towards qualifications.

Everyone interviewed felt the agreement had benefits to New Zealand and New Zealanders though the work done. Most of the staff and people on sentence understood that the work they were doing on DOC projects helped connect them to the community. People on community work talked about the benefit of them being able to return to the DOC sites in the future with their families.

There were some challenges identified. These included issues around suitable equipment, further relationship building needed to strengthen the partnership, and the ability for staff to choose the people on community work at DOC sites. However, overall, there was wide recognition from staff from both departments that the agreement has been positive and there is greater potential. It is expected, based on the results of the evaluation, that the agreement will continue to improve as the relationship between local staff strengthens and the projects become business as usual for community work centres.

## Next steps for the agreement

The number of activities being conducted under the Good to Grow Agreement has increased. Several of the new initiatives are focused around the conservation goal of making New Zealand predator free by 2050. Corrections is supporting this goal by making predator traps in prisons and community work centres around

the country. These traps are subsequently distributed to community networks or groups who are supporting predator free initiatives in their local area. In some cases, Corrections is also helping to lay the traps through community work.

Another expansion of the partnership has been the introduction of the Grow Safe Certificate. Grow Safe involves participants attending one classroom training day and one practical training day in weed management. Participants learn about the various chemicals that can be used to control weeds, how to mix and apply them safely. Upon completion of the course every participant receives a Grow Safe certificate. This certification can be useful to obtain future employment as a number of organisations, such as local councils, require support to manage weeds on public conservation or recreational areas. The Grow Safe certification approach has been trialled in Otago and the Waikato and is set to be rolled out to other locations around the country. The certification is a good example of both organisations collaborating to achieve Corrections goals such as offender education and employment, and Conservation goals such as reducing the spread of invasive weeds on public conservation land.

## Acknowledgements

We would like to thank all the people who agreed to be interviewed for this evaluation. We would also like to especially thank Corrections staff who facilitated the interviews with people on sentence.



**Good to Grow partnership**

Department of Corrections and Department of Conservation

Good to Grow aligns Corrections and DOC's work programmes to support the protection of New Zealand's species, and cultural and historical places. The programme provides opportunities for experiential and formal learning for prisoners and offenders, to help improve their employability, and connect them to nature.

- Protecting 65 conservation areas
- 6 months 13,349h community work into conservation
- 10 different conservation products produced
- 88 kms of walking tracks maintained
- 60 prisoners achieving qualifications



# Focus groups in prison

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## **Author biography:**

*Sophia has worked for Corrections for the past six years, starting as a probation officer in Wellington and joining Quality and Performance in 2015. She has an honours degree in psychology from Massey University and has previously worked with young people in social work roles.*

## **Focus groups and prisoner councils internationally**

Across the New Zealand prison system there are some opportunities for those in prison to contribute to prison policy and regimes, however the concept is relatively new. Two examples are the Maori Focus Units and other Special Treatment Units across the prison estate. In these units the men are able to discuss unit policies and concerns. Historically, there has not been a way to contribute their ideas about national policies and there has been no national collation of common themes. Comparatively, many Australian, English and American prisons incorporate prisoner councils, and Canadian and Danish prisons have established councils across their entire prison estates as part of the legislative requirements around prisoner participation. Research into the effectiveness of prisoner councils identified several benefits to such systems, including:

- improved staff-prisoner relationships
- prisoners taking more collective and individual responsibility for their behaviour
- planned prison initiatives going more smoothly (Schmidt, 2013).

Prisons are traditionally coercive by design in order to achieve discipline and security, leaving little opportunity to exercise personal choice (Solomon & Edgar, 2004). Once imprisoned, individuals no longer have to take responsibility for their daily activities (which are planned for them), let alone any responsibilities they might have had to their families, friends and communities, effectively taking away their "citizenship" (Solomon, 2004). By obtaining their feedback on a range of issues that affect them, we give them back a voice, their sense of citizenship and the sentiment that they are an active participant within the prison system. By doing so, we are encouraging their continuing contribution to society as an active citizen upon release.

## **Establishing focus groups in New Zealand**

In light of this research, the Department of Corrections' Quality and Performance Team is leading the establishment of focus groups across the prison estate, beginning with a pilot in the three women's prisons: Auckland Region Women's Corrections Facility, Christchurch Women's Prison and Arohata Prison, and in the youth units at Hawkes Bay Regional Prison and Christchurch Men's Prison. The focus groups are made up of eight to 12 prisoners and are facilitated by prison staff. The topics for discussion can be proposed by staff and participants. Focus groups in prison were established with the aim of consulting the men and women in prison on a wide range of issues, ranging from feedback on site processes and policies to initiatives driven from a national level.

## **Pre-pilot focus groups**

Prior to embarking on Focus Groups in Prisons, the Quality and Performance Team collaborated with the Corrections Education Programmes Team to run focus groups across the three women's prisons. The purpose of the groups was to gather the women's feedback to inform "learning expos" planned for the women's estate, and also to test how the idea of focus groups would be received. The goal of the learning expos was to provide an event that empowers, inspires and motivates women to seek out and engage in learning opportunities that create meaningful futures for themselves and their whānau. Some of the ideas the women had for the expos included:

- Information about education opportunities: psychology, tikanga Māori, property development, infrastructure, small businesses, early childhood education, catering, accounting, hairdressing and beauty, fashion design, fisheries, business administration, hospitality
- Career advice and planning

- Information on how to access life skills training: budgeting skills, literacy and numeracy, cooking courses, basic computer skills, self-confidence courses, job interview and CV writing courses, sustainable living, parenting courses including how to rebuild relationships with children upon release
- Inspirational speakers.

Below are some comments made by the women:

*"We want to gain skills and acquire knowledge, things we can apply on the outside."*

*"It's about understanding what we can do on the outside with the skills we have. [We want] a list of things we can do [even though we have] convictions."*

The feedback contributed to the learning expo held at Arohata Women's Prison on 28 July 2017, and future expos that will be held at the other two women's prisons. The women were enthusiastic about having the opportunity to provide feedback on a new initiative and welcomed further opportunities to participate in focus groups.

## The pilot

The establishment of focus groups in prisons began in the youth units in Hawkes Bay Regional Prison and Christchurch Men's Prison in April 2017. Talking Trouble Aotearoa NZ (an organisation of speech-language therapists who specialise in speech, language and communication needs of young people involved in youth justice) was engaged to deliver training to custodial staff, education tutors and case managers in each of the units. The training provided an overview of common speech, language and communication needs commonly experienced by young people in our care, and how to identify and respond to these needs, ensuring the youth can effectively participate in the focus groups. The training also covered common issues that staff may face in the day-to-day running of the unit and how to deal with these situations effectively.

Quality and Performance have delivered focus group training for staff in the three women's prisons, covering group development, and strategies for managing group dynamics and challenging behaviours. As part of the pilot, staff are completing evaluations and providing feedback on the effectiveness of the current framework, which will inform implementation of focus groups at all prison sites.

## Focus group sessions and feedback

The youth units and Arohata Women's Prison have held a number of focus groups, with sessions including:

- a general focus group discussing what is working well and what is not working well in a particular unit, including support needed upon release
- education opportunities

- how kaupapa Māori values can inform the Hawkes Bay Youth Unit operating framework
- young fathers' experiences of parent-child engagement
- the operating of the prison telephone system to inform the Prisoner Communication Project.

## Feedback from the groups included:

### Support upon release

A list was compiled by participants in the youth unit in Hawkes Bay, detailing what they need upon release to support them to remain out of prison. This included: support from family and social workers, structure, sports, employment, goals, a healthy environment, encouragement and motivation, as well as opportunities for release to work and temporary release to family prior to release. During the focus group, staff noted that the majority of the youth lacked confidence that their families would provide the support they need upon release and that they may need to access a positive role model outside of their family. The feedback further validated what we already know about young people, and supported the work we're doing in this space. The feedback was shared with custodial, case management and probation teams at a national level.

One comment was:

*"Some of us are growing into adults here. Some of us don't have parents to get us to the adult world; we need that."*

### Education

The education focus group canvassed the youths' experiences of school and how Corrections can support them to improve their education outcomes. The youths in the group said that most of them left school around age 14, preferred practical subjects, and the majority dropped out of a course after school. They said they would like to engage in education opportunities which will aid their transition from prison back in to the community, including life skills, trades and vocational training, driver licences, social skills, literacy and numeracy and recognised qualifications. The feedback is in line with the practical approach to skills acquisition in our youth units and our national emphasis on helping young people acquire literacy and numeracy skills, driver licences and life skills.

### Young fathers in prison

The youth units were asked to hold focus groups with the young fathers in the unit to inform a project on parent-child engagement in prison. At the time, the Hawkes Bay youth unit housed five youths who were fathers. The staff decided to interview them one on one instead of as a group due to the personal nature of the topic. Of the four young men who participated,

none had contact visits with their children, three in part due to their relationship with the child's mother, and one due to the child's location. Only one youth had phone contact.

Other feedback included that only the youth who had contact with his child had a good relationship with his own father, and that the young men who don't have contact with their children appeared to be more emotional about their ex-partners than about their children. Unit staff believe the young men would benefit from a programme that teaches them how to overcome a relationship break-up and still build a positive relationship with their child. The feedback was provided to the project group as well as staff at national office working in relevant areas.

### **Prisoner Communication Project**

The Prisoner Communication Project is a nationally led project that is considering how prisoners communicate with friends and family and what changes could be implemented to build a sustainable communication system for the future. Focus groups were held at Arohata Women's Prison, and the youth unit in Christchurch, ensuring that user voice is considered in any decisions made. The focus groups confirmed the importance of communication systems to prisoners. The project team appreciated the participants' input, which identified issues that had not been considered and influenced the recommendations put forward. In particular, direct quotes from the participants' added weight to the recommendations put forward and helped to capture "hearts and minds."

Comments included:

*"My daughter sings and reads to me. It's our connection [phone calls] to the outside world, our peace of mind. It makes my day."*

*"[Communicating with whānau] is a crucial part of healing and re-integration."*

*"We can receive emails (printed out by prison staff) – that has made a huge difference to our families. That was really good."*

### **Next steps**

Focus groups in prisons are proving a success with both facilitators and participants across the pilot sites. The youth units have won a Communication Access Award from the New Zealand Speech-language Therapists' Association for the establishment of focus groups and consideration of the participants' communication needs. The award recognises the efforts made by the units to adapt communication for some young people when designing and facilitating focus groups in the youth units.

Sites are being asked to address site based issues as they are raised, and the women's strategy will address some of the feedback from the women's prisons. The feedback is also contributing to individual projects on a national level. While we have focused on two areas thus far – the two youth units, and the three women's prisons – we are continuing to expand across the prison estate, beginning with Whanganui Prison in August 2017.

The department, alongside other government departments, is changing direction to ensure the voices of the people we manage are recognised and continue to be utilised on an increasing level. We expect that as sites take responsibility for the focus groups they will continue to provide feedback on a national level, ensuring increased opportunity for continuous improvement across the estate.

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# Role differences between psychologists who work in Corrections and those who work in Forensic Health Services

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## **Introduction**

Department of Corrections staff may encounter psychologists in their day-to-day work, but may sometimes be unaware of the variety of roles that these psychologists have. This article briefly outlines the roles that psychologists have when working with offenders in New Zealand and contrasts the different roles of correctional and forensic psychologists.

## **Department of Corrections psychologists**

A core part of the role of psychologists in the Department of Corrections is the provision of psychological assessment and advice on high risk offenders to the courts, New Zealand Parole Board (NZPB), prisons and probation services. Recent updates in legislation on Extended Supervision Orders (ESO) and Public Protection Orders (PPO) for high and very high risk sexual and violent offenders (respectively) also require specialist psychological assessment. Each statutory body is in a position to make significant decisions over the custody and management of these offenders and, therefore, psychologists have a high duty of care to provide robust and best-practice risk assessments and recommendations for offender management.

Psychologists also have a significant role in the treatment of people on custodial and community-based sentences to assist them in managing and reducing their offence-related needs. This involves assessing treatment needs and potential responsivity barriers to treatment, and developing treatment plans with these offenders. Treatment may occur individually,

particularly in community settings, or in one of seven psychology-led Special Treatment Units (STU) around the country (six in prisons and one in the community). These units run specialist group treatment for high risk sexual and violent offenders and are proven to reduce both risk of reconviction and risk of re-imprisonment.

Psychologists are responsible for the development and review of treatment programmes for the high-risk offender population in New Zealand. This includes programmes developed for the STUs, personality disordered offenders, young offenders, female offenders, men who deny their sexual offences, and men with adaptive-functioning needs. Increasingly, psychologists consult with other Corrections staff in the management of personality disordered offenders and offenders with significant mental health needs.

Psychologists provide supervision to supervisors of other para-professional groups in the department who deliver rehabilitation programmes to moderate risk offenders. They also often develop training on specialist topics (e.g. risk assessment, group therapy, mental health awareness, other specialist treatment) for psychologists and other staff (e.g. probation officers, corrections officers, and programme facilitators).

Corrections is somewhat unique compared to other government departments in New Zealand in that it has a strong psychological presence within its National Office structure, represented by the role of Chief Psychologist and her team of ten registered psychologists. This team is necessary given the strong clinical governance required, with legislation formally

requiring psychological services (e.g. ESO/PPO, NZPB and court reports). However, the responsibilities of this team also include research, review and evaluation functions (e.g. of specialist programmes), programme development, clinical governance of psychology practice, psychological advice to the field, policy advice to other areas of the department, and support for project management and new initiatives.

## **Mental Health and Forensic Health Services**

The Ministry of Health funds five Regional Forensic Mental Health Services, via District Health Boards (DHBs), to provide mental health assessment and treatment in prisons. The principle for this provision of care is that prisoners with significant mental health issues should not be disadvantaged from receiving appropriate treatment because of their incarceration. Forensic Prison Teams generally consist of psychiatrists, clinical psychologists, and psychiatric nurses. All prisoners are screened for potential mental health issues by prison health services when they are received into prison, using the Mental Health Screening Tool (MHST). Those positively identified on the MHST are referred to the local Forensic Prison Team for further assessment. Referrals to the Forensic Prison Team may also be made at any time during a prisoner's sentence via prison health services. The Forensic Prison Teams primarily provide mental health assessment, diagnosis and treatment, which may include medication, psychological therapy, and nursing support. Their role is distinct from departmental psychologists in that the Forensic Prison Team does not focus on offence-related needs. Where the mental health difficulties are so severe or acute that the individual cannot be adequately managed and treated in the prison environment, he or she may be transferred to a secure inpatient forensic unit under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Offenders who are managed by probation and who have mental health difficulties may be eligible for DHB Community Mental Health Services and are not specifically under the care of the Forensic Mental Health Service following release. The Forensic Prison Team is responsible for making necessary referrals to Community Mental Health Services prior to a prisoner's release to ensure continuity of care.



# Book review:

## *Sport in Prison: Exploring the role of physical activity in correctional settings*

**Rosie Meek**

Abingdon: Routledge (2014) ISBN 978-0-414-8576-1

**Reviewed by Alan Walmsley**

Physical Readiness Assessment Moderator, Department of Corrections

### **Reviewer biography:**

Alan has worked in the sport and exercise field in New Zealand for more than three decades. He is a life member and former Deputy Chair of Sport and Exercise Science New Zealand. Alan joined Corrections in March 2013 to design and develop the Physical Readiness Assessment (PRA) for Corrections Officers, and, through his involvement with front-line staff, has developed an interest in the role of sport and physical activity in the prison environment.

*Sport in Prison* was written following a series of research projects in UK prisons between 2008 and 2012, including work on the 2<sup>nd</sup> Chance programme and the HMP Portland Sport Academy. Dr Meek's research was centred on the means of promoting desistance from crime among the prison population, especially young offenders.

The book presents an overview of the research evidence for the benefits conferred by sport and physical activity programmes in prison and provides extensive examples of good practice. It is a valuable resource for both front-line staff and policy makers. In the words of the author:

*"As a psychologist I am especially interested not just in observing and theorising the prison gym itself but in identifying, revealing and debating the narratives of those who work in and engage with prison-based sport and physical activity and the rhetoric of those decision makers who prescribe the ways in which prisons make use of physical activity."*

While the book inevitably reflects the UK prison system, the messages it contains seem universally applicable, particularly with respect to the young offender population. Meek explores the role of sport and physical activity in reducing re-offending, contributing to education and training, promoting health and wellness, and promoting "good citizenship". There is also a brief exploration of the potential negative outcomes of sport and physical activity programmes in prisons, ranging from the view that promoting some activities may actually contribute to an increase in offending, and to

the risk associated with the public perception that sport in prison is merely improving an offender's physical ability to commit crime.

In New Zealand, as in the UK, the prison population is predominantly male, and so, while the majority of the book deals with initiatives for men, there is a chapter devoted to the role of sport and physical activity in relation to the specific needs of women in prison. While recognising the institutional and social barriers to participation in sport and physical activity among women prisoners, Meek says,

*"Principles of best practice in engaging women prisoners in sport and physical activity includes (sic) providing a diverse programme of activities, promoting physical and mental health through sport and physical activity as a result of well-developed links between healthcare and gym departments, blending literacy and numeracy into physical education, offering sports-based qualifications alongside opportunities to gain work experience in the community and providing through-the-gate support to establish links with potential employers and community groups."*

In the concluding chapter, Meek makes the point that, even though sport and physical activity can be "a 'hook' with which to engage and motivate prisoners", considerable research is still needed to clarify the meanings of sport and physical activity, not only in prison but also in the community, to establish whether it has intrinsic value or whether it is just a way of engaging people.

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Overall, the book is an authoritative, practical, and engaging review of the influence sport and physical activity can have on the lives of both prisoners and staff. In closing his foreword, Lord Ramsbotham, former HM Chief Inspector of prisons says,

*"I hope that all those at whom [the book] is aimed will show their appreciation to its author, by listening to her advice, commissioning the suggested research and vastly increasing access to the benefits that sport brings to the rehabilitation process, and so the protection of the public."*





# Information for contributors

The Department of Corrections welcomes submissions for *Practice: the New Zealand Corrections Journal* on topics relevant to all aspects of Corrections work which aim to promote professionalism and practice excellence.

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- **Practice articles:** Contributions for practice articles are welcomed from all Corrections staff and professionals working in the wider field. Articles can include accounts of innovative or effective workplace practice, case reports, research, education, review articles, conference and workshop reports, and personal observations and should be around 1,000 – 2,000 words.
- **Reviews:** We welcome book reviews of around 500 words.

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