REVIEW OF SPS 
PSYCHOLOGICAL SERVICES

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BPS</td>
<td>British Psychological Society</td>
</tr>
<tr>
<td>CARE</td>
<td>Controlling Anger, Regulating Emotions</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>FOBP</td>
<td>Female Offending Behaviour Programme</td>
</tr>
<tr>
<td>GLM</td>
<td>Good Lives Model</td>
</tr>
<tr>
<td>GPA</td>
<td>Generic Programmes Assessment</td>
</tr>
<tr>
<td>HCPC</td>
<td>Health and Care Professions Council</td>
</tr>
<tr>
<td>ICT</td>
<td>Incident Command Team</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>LS/CMI</td>
<td>Level of Service/Case Management Inventory</td>
</tr>
<tr>
<td>MFMC</td>
<td>Moving Forward, Making Changes</td>
</tr>
<tr>
<td>NOMS</td>
<td>National Offender Management Service</td>
</tr>
<tr>
<td>OBP</td>
<td>Offending Behaviour Programme</td>
</tr>
<tr>
<td>OLR</td>
<td>Order of Lifelong Restriction</td>
</tr>
<tr>
<td>PCL-R</td>
<td>Psychopathy Checklist-Revised</td>
</tr>
<tr>
<td>PCMB</td>
<td>Programme Case Management Board</td>
</tr>
<tr>
<td>PD</td>
<td>Personality Disorder</td>
</tr>
<tr>
<td>PRA</td>
<td>Psychological Risk Assessment</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>RMA</td>
<td>Risk Management Authority</td>
</tr>
<tr>
<td>RMT</td>
<td>Risk Management Team</td>
</tr>
<tr>
<td>RNR</td>
<td>Risk, Needs and Responsivity</td>
</tr>
<tr>
<td>SAPOR</td>
<td>Scottish Advisory Panel on Offender Rehabilitation</td>
</tr>
<tr>
<td>SARA</td>
<td>Spousal Assault Risk Assessment Guide</td>
</tr>
<tr>
<td>SCP</td>
<td>Self-Change Programme</td>
</tr>
<tr>
<td>SMT</td>
<td>Senior Management Team</td>
</tr>
<tr>
<td>SPS</td>
<td>Scottish Prison Service</td>
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<tr>
<td>SROBP</td>
<td>Substance Related Offending Behaviour Programme</td>
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<tr>
<td>STIP</td>
<td>Short-Term Intervention Programme</td>
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EXECUTIVE SUMMARY

1.1 THE BRIEF

The brief was to undertake a review of Psychological Services to include:

- Provide an overview of current service provision, staffing levels and function.

- Provide an overview of current programme provision, staffing levels and approaches to target setting across the SPS estate.

- Consider whether the current psychology resource is adequate to meet existing and future needs, particularly in light of the SPS Organisational Review.

- Comment on the extent to which OBPs support an asset-based approach to offender rehabilitation.

- Make recommendations regarding how services may be improved and to provide suggestions, if appropriate, of alternative structures that may be better suited to the delivery of Psychological Services.

We see this review as an opportunity for SPS to make changes to Psychological Services in a forward-looking and innovative manner so that they may get the best service from a highly qualified and professional group of staff and so that Scotland can become an international leader in the application of psychology to correctional practice.

1.2 THE METHOD

The methods by which these aims were met were:

- Studying SPS review documents, Psychology Services staffing data, and OBP activity breakdowns.
- Appraising information on OBP provision and delivery processes in light of current evidence of effectiveness.

- Interviewing Heads of Psychology.

- Facilitating focus groups of manager and trainee psychologist grades.

- Interviewing a sample of prison governors responsible for managing Psychological Services.

- Accessing other models of psychological services’ structure and practice for comparison.

1.3 FINDINGS AND KEY RECOMMENDATIONS

Our recommendations are based on a business model of psychological services designed to meet the needs of SPS, its vision for the future as described in the Organisational Review, and the skills psychologists have to help achieve this vision. We have taken account of examples of good practice internationally, and what is practical given the external and internal professional psychology domains, and the costs of delivering services and implementing changes. The opinions of SPS governors and psychologists have been considered.

There was remarkable consistency across our three separate data collection processes and between psychologists and governors. This suggests that there is a consensus in recognising the value (both actual and potential) of Psychological Services to the organisation, as well as agreement in what can be improved.

1.3.1 Management Structure

The current system of managing psychological services is not working to best effect. There is an absence of a professional leader with the power to influence strategy and policy. Additionally, Psychological Services themselves have no strategic development plan.
**KEY RECOMMENDATION**

- We strongly recommend that a Head of Profession is appointed at a grading which would give the right to participate in strategic and policy decisions at HQ and with responsibility for the quality and content of the work of psychologists in establishments. A Head of Profession would also attend to the strategic planning of Psychological Services. Operational management should remain with local managers.

While we acknowledge that there are some advantages to both the organisation and the profession of psychologists being line managed centrally, we believe this is outweighed by the considerable advantages to services and establishments of their being managed locally, as at present.

1.3.2. Programme Delivery

There is a political imperative to ensure that programme throughput is maintained or enhanced, while at the same time there is almost universal agreement that psychologists are constrained by programme Key Performance Indicators (KPIs). To ensure that targets are met, there is frequent downward slippage of work in that Heads of Psychology will manage Offending Behaviour Programmes (OBPs) because of a shortage of Managers, and Managers will deliver more programmes than planned because of a shortage of trainees. As a result, other tasks are sidelined, particularly risk assessments. If any expansion of the role of Psychological Services is to take place, then these current arrangements will have to change: psychologists should be freed from a high proportion of programme delivery in order that they may engage in other activities.

Some highly specialised services, particularly risk assessments and management of Order of Lifelong Restriction (OLR) prisoners, are being taken over by other staff, usually with the intention of relieving psychologists of a burden so that they can keep up with programme delivery. While psychologists may welcome assistance with these specialist activities, it is imperative that they retain primary responsibility for structured risk assessments and also routinely have
input into the establishment’s Risk Management Team (RMT) by attending meetings in person to present risk assessment information and hear other professionals’ opinions.

**KEY RECOMMENDATIONS**

- Experienced psychologists should be phased out from most programme delivery, with the exception of Moving Forward, Making Changes (MFMC) and the Self-Change Programme (SCP) (i.e., the more psychologically sophisticated programmes). Responsibility for programme delivery should be handed over to programmes officers. The psychologist’s role should focus upon ensuring programme quality through officer training, supervision, and support, and development of new programmes to reflect local need.

- Psychologists should retain primary responsibility for structured risk assessments.

**1.3.3 Programmes**

Programme provision meets many of the needs of offenders. However, some gaps were identified, particularly intimate partner violence. MFMC was criticised for being unwieldy. Women prisoners were provided for in Cornton Vale by the Female Offending Behaviour Programme (FOBP) but this was not available to women held elsewhere. It was a concern that programmes designed for men may be delivered to women without thorough adaptation. Young Offenders have their own provision in Polmont. Programmes to meet the needs of individuals with low cognitive ability may need to be developed. The needs of minority groups received very little attention.

Current rules for access to programmes can in some cases delay a prisoner’s progression to the open estate. The prioritisation policy is to prioritise spaces based on critical dates, meaning that those with critical dates some way into the future will often stagnate on a waiting list because people with critical dates ahead of theirs will enter the waiting list ahead of them, regardless of how long they have been waiting. This also means that selection for programmes is being determined by factors other than readiness for change. We noted
some lack of clarity about the exact parameters of this guideline among establishment respondents.

There appears to be an unhelpful approach in situations where a prison has no programmes to meet a prisoner’s need and where that prisoner is unwilling to move to a different establishment with a vacancy on a programme. A desistance-informed approach would put equal emphasis on keeping the prisoner close to his or her social connections as well as having access to the programme.

Programme numbers set via KPIs appears to value throughput rather than quality. This is exacerbated by the absence of a quality audit system.

Programmes are not currently evaluated.

**KEY RECOMMENDATIONS**

- Expedite the development of a programme for intimate partner violence.

- When a prisoner’s needs cannot be fulfilled by programmes in the establishment, then alternative provision should be arranged to meet that prisoner’s needs in that establishment.

- Programmes designed for men should be thoroughly adapted to meet the needs of women prisoners.

- Revise programme eligibility dates and/or provide programmes in the open estate. (We understand that the prioritisation policy has been reviewed and recommendations are currently under consideration by the Executive Management Group.)

- A programme quality audit process should be initiated and quality should figure in KPI setting. (We understand that Programme Audits have recently been introduced.)

- An evaluation strategy should be drawn up and funding sources identified.
3.4 Staffing and Roles

Most local managers, both Governors and Heads of Psychology, consider psychology numbers currently to be about right in their establishment, although the predicted rise in the prison population may change this. At present, we do not recommend an increase in staff numbers.

Most considered that the roles of psychologists should be extended. We provide advice on how any role development should remain focused on psychological expertise, for example:

- One-to-one working should only take place where there is a clear psychological need and a psychological approach to fit that need, and such work is beyond the remit of other staff, e.g., the personal officer.

- To supporting throughcare, more psychology resources should be devoted to open estate and ‘top end’ prisoners where skills for coping with the demands of community access need to be reinforced.

- To have more involvement in community links, psychologists should update risk assessments pre-release and share risk assessment and risk management information to assist with supervision in the community.

- We would like to see more involvement of psychologists in developing the professionalisation of the prison officer role.

- We endorse the use of psychologists in local service-related research and evaluation.

1.3.5 Recruitment, Career Development and Grading Structure

At present only three grades are available to psychologists in SPS - D, F and G. D grade consists entirely of trainee psychologists; F grade consists of experienced trainees and qualified psychologists; G grade is restricted to chartered psychologists. As time progresses,
there will be more qualified psychologists and they will require accommodation within the grading structure if they are to be retained.

**KEY RECOMMENDATIONS**

- Revive the E grade for qualified and/or experienced psychologists who do not have the opportunity or desire to become Managers at F grade.

- Appoint a Head of Profession at a higher grade than currently available in the psychology grade structure.

- The position of Head of Psychology should be open to Registered Psychologists, who are qualified to practise independently.

- Clear criteria should be specified for each grade and these criteria should apply across the estate.

**1.3.6 Professional Development**

To meet the requirements of the psychologist’s role, it is essential that trainees be exposed to the demands of the wider role while still under supervision, and that qualified psychologists are able to access professional development experiences to maintain and extend their skills and to meet the requirements for continuation of their chartership and/or registration. We have made a number of suggestions for how this might be improved, including:

- Creating opportunities for work placements in other establishments.

- Planning psychologists’ training to meet the needs of the establishment in which they work.

- Appointing a Head of Profession who would direct (or advise) local managers about the provision of time and space for trainees to complete their training requirements
1.3.7 Specialist Services

A number of specialisms already exist within SPS, reflected in different functions within establishments, e.g. female offenders, young offenders, ‘top end’, open estate. However, offenders can present individual problems that cut across these specialisms, e.g., brain damage, personality disorder, autism, learning disability, and trauma. NHS psychologists are unlikely ever to be able to meet the demand for specialist services and forensic psychologists are not clinically trained. However, forensic psychologists could help raise awareness and support staff in managing prisoners with mental health problems, developmental disorders, and difficulties posed by personality traits.

Additional to specialist prisoner-focused work, organisational-level input was valued in places where that was available, e.g., consultancy in relation to incident management, organisational change, and managing complex cases.

KEY RECOMMENDATIONS

- Heads of Psychology should confer to identify key prevalent clinical issues (e.g., PTSD, autism, learning disability, self-harm). Lead individuals should be identified to write guidelines for management, design and deliver awareness training, and offer support to staff regarding the management of people with specific problems. There is a precedent for this model in SPS psychological services where Heads of Psychology lead on specific issues (e.g., personality disorder). However, difficulties accessing policy makers is an obstacle to them taking their proposals forward.

- Organisational psychology skills should be developed and used by Heads of Psychology and Governors.

1.3.8 Organisational Review

There was an enthusiasm for the new ways of working described in the Organisational Review. There was a general view amongst
psychologists that their ways of working are largely consistent with the aspirations of the Organisational Review, and there was despondency about the failure of the organisation to recognise this. Concerns expressed by psychologists and governors included the lack of operationalisation of asset-based and desistance-informed approaches that would clearly direct prison staff in their day-to-day work with prisoners and the lack of emphasis in the Organisational Review on risk assessment and risk management. In general, SPS should be cautious about moving away from practices that are evidence-based toward practices without the same degree of empirical support. Therefore, resources should be put into service evaluation and outcome evaluation in collaboration with the research department at HQ and Universities, using a variety of approaches.

**KEY RECOMMENDATION**

- To best support the implementation of the Organisational Review, both locally and nationally, psychologists need to be freed from the demands of programme delivery and be required to adopt a broader role, which will enable them to contribute to SPS service development.

1.3.9 Promoting Psychological Expertise

There was a prevalent lack of clarity about what psychologists do. For the benefit of the organisation and to enable better local management, staff at all levels of the organisation need to be clearer about the actual and potential contributions of forensic psychologists to SPS.

**KEY RECOMMENDATION**

- Psychologists should design and implement a strategy for raising awareness of their expertise and roles in SPS.
1. ABOUT THIS REVIEW

1.1 THE BRIEF

“Following the publication of the SPS Organisational Review, in November 2013 and the Strategy for Purposeful Activity in SPS in March 2014 it is both timely and necessary to review the role of Psychological Services. Against this backdrop, the SPS requires a Supplier to undertake a review that will explore existing structures and consider future provision. In conducting the review the following areas should be considered:

- An overview of current service provision, staffing levels and function, i.e., how psychology is utilised in each establishment. Similarities and differences in approach should be highlighted.

- In light of the SPS Organisational Review, how well this existing provision is aligned with the future direction of the service. Where current arrangements do not fit to make recommendations regarding how they may be improved.

- Whether the current psychology resource is adequate to meet existing (and future) needs.

- Whether the existing structure of Psychological Services is appropriate, especially when considering the future direction of the SPS, and psychology specifically. To provide suggestions, if appropriate, of alternative structures that may be better suited to the delivery of Psychological Services.

- An overview of current programme provision, staffing levels and approaches to target setting across the SPS estate.

- Comment on the extent to which existing OBPs, and those currently being re-developed, support an asset-based approach to offender rehabilitation, i.e. are in line with the ethos of the SPS Organisational Review.
The final report is expected to explore themes and potential issues such as:

- Capacity
- Resource
- CPD and Staff Development
- Population Specific Approaches, and
- Strategy”.

1.2 THE ORGANISATIONAL REVIEW: UNLOCKING POTENTIAL - TRANSFORMING LIVES

The SPS Organisational Review, *Unlocking Potential - Transforming Lives*, was published in 2013. This has been read along with associated documents:

- Corporate Plan 2014-2017
- Annual Delivery Plan 2015/2016
- Delivering a Strategy for Purposeful Activity in the SPS, 2014

The strategic priorities stated in the Organisational Review (p. 49) are:

1. Embedding the new SPS vision and operating model.
2. Investing in SPS people and their professional capability to lead, support and inspire change.
3. Delivering effective and efficient custodial and throughcare services.
4. Developing a collaborative, outcome focus through sustainable community partnerships that create both value and knowledge.
5. Putting people first and implementing a person-centred and asset-based approach that matches the risks and needs of different population segments including women, young people and short-term prisoners.
6. Becoming a learning organisation with redesigned knowledge and performance management, resource allocation and continuous improvement processes.
7. Promoting public confidence in SPS and the wider Justice Strategy through improved use of evidence, information
management and communication about SPS public value.

1.3 AIMS

The agreed aims were:

Aim 1

To present an overview of current service provision, staffing levels and function, i.e., how psychology is utilised in each establishment, and to highlight similarities and differences in approach.

Aim 2

To assess how well existing provision is aligned with the future direction of the Scottish Prison Service in light of the SPS Organisational Review, specifically whether the current psychology resource is adequate to meet existing (and future) needs in each prison and comparing resources; whether the existing structure of Psychological Services is appropriate; and to make recommendations for improvement in service provision, function, and organisational structure.

Aim 3

Ascertain (using information that will be provided on current Offending Behaviour Programme (OBP) provision including staffing levels and approaches to target setting across the SPS estate) if the approach used is the best method to ensure maximum outputs and identify if there are gaps in programme delivery.

1.4 METHODS

The methods by which these aims were to be met were:

- Accessing and studying SPS review documents, Psychology Services staffing data, and OBP activity breakdowns.
- Accessing information on OBP provision from SPS and appraising these programmes and processes in light of current evidence of effectiveness.

- Interviewing Heads of Psychology.

- Interviewing a sample of prison governors responsible for managing Psychological Services.

- Collating information and discussing this with two focus groups of psychologists.

- Accessing other models of psychological services’ structure and practice for comparison.
2. PSYCHOLOGICAL SERVICES: CURRENT STAFFING, STRUCTURE, AND FUNCTION

Note that this section has been augmented with quotations taken from interviews conducted with psychologists as reported in Section 4.

2.1 AIMS OF THIS SECTION

This section addresses that part of the brief that calls for an overview of current service provision. The aims here are to profile psychologists in SPS, covering:

- Staffing levels and staff mix
- Professional qualifications and training
- Staff turnover and recruitment
- Career structure
- Professional roles
- Accountability

To put this in context, we offer some background information and an international perspective.

2.2 BACKGROUND INFORMATION

There are currently 15 prisons in Scotland, two of which are privately run. They are designed to hold 7,850 prisoners but actually hold approximately 8,100 – 8,800 and the prison population is predicted to rise to 9,500 by 2020 (Organisational Review, pp. 17-18). Overall, 28% are sentenced to less than 3 months (Organisational Review, p. 18). This Review does not cover the privately run prisons, and information from here on refers only to prisons run by SPS.
2.3 CURRENT PSYCHOLOGY SERVICES STAFFING

Current staffing levels are shown in Table 2.1. There are 71.6 whole time equivalent psychologists across the prison estate, most of whom (52%) are Forensic Psychologists in Training.

Clearly, there is a heavy loading towards Forensic Psychologists in Training. This creates a burden of supervision on qualified staff.

Table 2.1. Psychology Services Staffing

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Design capacity</th>
<th>Band G – Head of Psychology</th>
<th>Band F – Psychology Manager</th>
<th>Band D – Forensic Psychologist in Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barlinnie</td>
<td>1,018</td>
<td>0.8</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Castle Huntly</td>
<td>285</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cornton Vale</td>
<td>309</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dumfries</td>
<td>200</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>872</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Glenochil</td>
<td>670</td>
<td>0.9</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Greenock</td>
<td>249</td>
<td>0.2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Grampian</td>
<td>500</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Inverness</td>
<td>98</td>
<td>0</td>
<td>1 day per month</td>
<td>0</td>
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<tr>
<td>Low Moss</td>
<td>700</td>
<td>1</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Perth</td>
<td>630</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Polmont</td>
<td>712</td>
<td>1</td>
<td>2</td>
<td>5</td>
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<td>Shotts</td>
<td>528</td>
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<td>4</td>
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<tr>
<td>HQ</td>
<td>1.7</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6,486</td>
<td>10.6</td>
<td>23</td>
<td>37</td>
</tr>
<tr>
<td>Percentage</td>
<td>15.0%</td>
<td>32.6%</td>
<td>52.4%</td>
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</table>

### 2.3 CHARTERSHIP AND REGISTRATION

All Heads of Psychology are Chartered Forensic Psychologists with the British Psychological Society (BPS), this being a requirement for the post. This enables them to supervise junior staff through the chartership process. All qualified psychologists have to be registered with the Health and Care Professions Council (HCPC) in order to practise autonomously.

Psychology Managers are experienced psychologists who may or may not be already registered with the HCPC. They are likely to be working towards chartership or registration. Additionally, they may be expected to undertake an in-service management course run by the Prison Service College in association with the Institute of Leadership and Management. This takes between one and two years to complete.

Forensic Psychologists in Training are neither chartered with the BPS nor registered with the HCPC. They may be at various stages of working towards chartership or registration, or they may not yet have begun this process. Some may have chosen not to embark on either qualification route. Consequently, those in the trainee grade have very varying degrees of experience.

*Referring to them as trainees is a mistake – although they are working towards their professional qualification, they are competent practitioners in their own right in some things, such as the delivery and supervision of programmes – I’d prefer us to refer to them as associates, for example.*
Professional qualification routes create many pressures on services. Chartership with the British Psychological Society (BPS) through undertaking the BPS Qualification in Forensic Psychology, which until recently has been the only route to professional qualification, has been a long and laborious process. This has not only affected trainees who have to acquire and evidence a portfolio of experience, but also placed a burden on the relatively few qualified staff who have to supervise these trainees’ work. Chartership qualifies a psychologist to become registered with the Health and Care Professions Council (HCPC).

While other chartership routes have been available through a small number of university-based professional doctorates, these have not been popular with trainees or employers as they are (usually) full time and comparatively expensive. Recently, a more direct route to registered status with the HCPC has become available via the Diploma in Forensic Psychology offered by Cardiff Metropolitan University. This is somewhat less onerous, although it is still a major undertaking. There are some shortcomings to this course, in that it produces psychologists who are not qualified in all areas of work, or who may not have the depth of experience of those who have undertaken the BPS qualification. However, the University supervision is seen as superior to the supervision provided by the BPS.

The BPS Qualification is, in fact, a form of apprenticeship training and the BPS does not provide supervisors or direct supervision for its Qualification. Instead, it relies on Chartered Psychologists, either under the same employer or bought in from elsewhere. Since there is a considerable dearth of Chartered Psychologists within the SPS, and all of them are very busy people, there is a pressure on time available for supervising trainees or managers who are on the chartership route. Registered Psychologists are not eligible to be co-ordinating supervisors for those working towards chartership, although they can supervise the training requirements of trainees under the overall supervision of a Chartered Psychologist.

There is some confusion among trainees when it comes to choosing between chartership plus registration or registration only. This confusion is unsurprising given that Registered Psychologists are
entitled to practise independently, but the post of Head of Psychology in SPS is open only to Chartered Psychologists.

Currently, Heads of Psychology in SPS need to be Chartered Psychologists; Psychology Managers do not need to have a professional qualification but they need to be on the route to chartership or registration; Forensic Psychologists in Training may or may not be working towards a professional qualification. Indeed, given the disparity in time to complete chartership via the BPS versus registration via the HCPC, it is possible that some recently-appointed trainees may gain a professional qualification before Managers who have been in post for some time and who are working towards chartership. Thus, you could theoretically have an unqualified Manager who is supervising a qualified trainee.

It might get more confusing as more people go through registration. I think the Managers will go through chartership because that is their generation; I think more of the trainees will go through registration, and that process is meant to be quicker. In that case I think you’ll find more confusion because people will see that you’ve got qualified trainees but not qualified Managers.

One additional issue is the potential for role conflict where the same person is line manager and professional practice supervisor. The British Psychological Society’s Professional Practice Board discourages such dual roles.¹

2.4 TURNOVER AND RECRUITMENT

Table 2.1 shows an overall increase in posts since 2011. Information about turnover for Forensic Psychologists in Training is that of the 25 in post in 2011, 8 are still in trainee posts, 9 were promoted to Manager grade, and 8 left the service. Of the 12 Managers in post in

2011, 7 are still in Manager posts, 2 were promoted to Head of Psychology posts, and 3 left the service. Ten of the 11 Heads of Psychology in post in 2015 had been in post since 2011. Hence, the loss to the service over this 4-year period was 32% trainees, 25% Managers, and 23% Heads of Psychology.

Table 2.1. Change in staffing, January 2011 – December 2015

<table>
<thead>
<tr>
<th>Role</th>
<th>Pay Band</th>
<th>In post 2011</th>
<th>In post 2015</th>
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<tr>
<td>Forensic Psychologist in Training</td>
<td>D</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td>Psychology Manager</td>
<td>F</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Head of Psychology</td>
<td>G</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td>50</td>
<td>71</td>
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</tbody>
</table>

Although some turnover is to be expected, high turnover impacts on costs of recruitment and training new staff. Recruitment activity between 2013 and 2015 is presented in Table 2.2. There have been healthy numbers of applicants for Forensic Psychologist in Training posts, currently around 10 to 15 per post. Filling Manager posts is first by internal promotion and then, if necessary, by advertising internally and then externally, attracting around 5 and 10 applicants per post respectively. There has been relatively little movement in Heads of Psychology posts.
Table 2.2. Psychology recruitment January 2013 – December 2015

<table>
<thead>
<tr>
<th>Role</th>
<th>Pay Band</th>
<th>Number of Campaigns</th>
<th>Number of Applications</th>
<th>Number of Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic Psychologist in Training</td>
<td>D</td>
<td>5</td>
<td>166</td>
<td>24</td>
</tr>
<tr>
<td>Psychology Manager</td>
<td>F</td>
<td>5</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Head of Psychology</td>
<td>G</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>11</strong></td>
<td><strong>199</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>

2.5 CAREER STRUCTURE

There is clearly a heavy weighting towards forensic psychologists in training. There was a view that this situation could sort itself out as trainees become qualified. However, this requires attention to the career structure. When trainees become qualified, what positions will be open to them?

The current grades were seen to be a poor fit.

_We’ve got three grades in psychology. We’ve got Forensic Psychologists in Training, Managers and Heads of Psychology. But sometimes that structure doesn’t work the best for us because we can have Forensic Psychologists in Training who aren’t really Forensic Psychologists in Training because they are choosing not to be on a training route… so we almost have two kinds of individuals in the first tier. And equally, we’ve got two types of individuals in the second tier, which are individuals who are on a training route or perhaps close to qualification and individuals who are qualified and are registered or chartered. In my head, we’ve almost got five tiers._

Expanding the grades could add to career progression for psychologists.
One of the things the organisation is going to have to think about though is, if we start getting an increasingly more qualified staff within our existing pool, what is the incentive to stay?

2.6 PSYCHOLOGISTS’ ROLES

The roles of the three grades of psychologists are:

**Headquarters Psychologists (Band G)**

Two Band G psychologists, both of whom are chartered and registered, are employed at HQ. Their role is to develop and negotiate programmes; recruit, train and supervise staff; write policies and guidelines for practice; and respond to legal challenges from prisoners.

**Heads of Psychology (Band G)**

Heads of Psychology are responsible for managing an establishment’s psychology service, line managing Psychology Managers, professional supervision of psychologists, overseeing Offending Behaviour Programmes (OBPs) to ensure that delivery targets are met, forward planning of programmes, chairing or attending Programme Case Management Board (PCMB) meetings, conducting risk assessments, supervising risk assessments of non-chartered psychologists, individual work with prisoners, attending management meetings, and liaising with headquarters. Where there are Order of Lifelong Restriction (OLR) prisoners, the Head of Psychology will case manage these, including writing risk management plans and annual implementation reviews, providing support to staff working with OLR prisoners, delivering support to OLR prisoners in conjunction with operational and mental health colleagues, and contributing to case conferences and Risk Management Team (RMT) meetings. They will oversee research activities.
**Psychology Managers (Band F)**

Psychology Managers oversee the selection for and delivery of OBPs, supervise programme delivery staff, chair or attend PCMB meetings, supervise and line manage trainees, conduct risk assessments, sit on RMT meetings, and provide individual work to support prisoners in programmes or to work with prisoners whose needs are not met by available OBPs, and attend management meetings. They provide national OBP training. Where there are OLR prisoners, Psychology Managers will case manage these, including writing risk management plans and annual implementation reviews, providing support to staff working with OLR prisoners, delivering support to OLR prisoners in conjunction with operational and mental health colleagues, and contributing to case conferences and RMT meetings.

**Trainee Psychologists (Band D)**

The main activity of trainees is in the delivery of OBPs, including assessing prisoners for programmes, writing post-programme reports, and attending PCMB meetings. If they have time, they may shadow senior psychologists to observe risk assessment work.

2.7 **UTILISATION OF PSYCHOLOGY IN EACH ESTABLISHMENT**

A breakdown of tasks by establishment is presented in Table 2.3. Information in this Table illustrates that many psychologists are constrained by programme delivery but also that psychologists can have a more comprehensive role where that is encouraged by the Governor and responded to by the psychology staff. We note too the existence of national roles, such as contributions to incident command via national call-out to an Incident Command Team (ICT).

2.8 **ACCOUNTABILITY**

Psychologists in establishments are in the Operations Directorate. Heads of Psychology in establishments are usually line managed by
the Deputy Governor. One is currently managed by the Governor in Charge, and another is about to become managed in this way. One is line managed by the Head of Offender Outcomes, an arrangement that is seen as anomalous in that both are the same grade. The psychologists at HQ are in the Strategy and Innovations Directorate and are line managed by the Divisional Head of Offender Outcomes and Services.

2.9 AN INTERNATIONAL PERSPECTIVE
Information about a selection of other services worldwide was collected to inform the review of SPS psychological services. All correspondents seemed to be positive about the value of psychology services. Inevitably some felt that their psychology services were insufficient to meet the needs of the correctional services and could benefit from more resources and more concentration on evidence-based delivery of services; the more structured services with planned resource provision and a clear philosophy were most satisfied with their level of service. Observations were positive in countries where it was thought that the system offered supervision for new psychologists, strong support for professional development and constant review of psychological services and programmes. A summary is attached at Appendix A.
Table 2.3. *Tasks in each establishment*

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Staff and Roles</th>
<th>OBPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters</td>
<td><em>Staff</em>&lt;br&gt;Principal Psychologist (1.7)&lt;br&gt;Psychology Manager (1.0)&lt;br&gt;Forensic Psychologist in Training (2.0)</td>
<td>Principal psychologists have national oversight of all OBPs</td>
</tr>
<tr>
<td></td>
<td><em>Roles</em>&lt;br&gt;Principal Psychologist - Provide professional supervision to trainees; Line manage Psychology Manager/Forensic Psychologists in Training. Inform and develop Psychological Services strategy for the organisation; develop and keep under review standards and procedures that reflect and assure best practice; identify psychological service priorities and lead on commissioning the work necessary to address them; develop protocols and guidelines for psychological procedures; oversee all national psychological work commissioned to ensure adherence to project timeframes/deadlines. Responsible for recruitment; contact for all psychological field matters across the estate. Support and advise Psychologists and Governors in the field. Provide psychological advice to Directors about the running of psychological services. Sit on governance boards for programme work; Can assist the field (e.g., undertake psychological risk assessments and personality assessments or Treatment Manage/supervise programmes).&lt;br&gt;Psychology Manager - Line Manage Forensic Psychologist in Training; Provide contingency cover for the field (including undertaking PRAs, supervising and Treatment Managing Offender Behaviour Programmes); assist with national projects (e.g., work on accreditation of SROBP)&lt;br&gt;Forensic Psychologist in Training – Contingency for the field (namely programme assessment and delivery); assist with national HQ projects.</td>
<td></td>
</tr>
</tbody>
</table>
| Barlinnie & Greenock       | **Staff**  
|----------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Barlinnie                 | Barlinnie – 1 Head of Psychology, 2 Managers (neither Chartered), 3 (2.4 WTE) trainees | Greenock – 1 Manager (Chartered), 1 trainee | **Roles**                                     | Head of Psychology— manages the Managers; oversees the direction of the department. | Managers – manage trainees; supervise OBPs; 1:1 work with complex case, especially national top end prisoners who are high-risk prisoners at the last stages of their sentence; OLR case management. | Trainees - supervising programmes, delivering MFMC; awareness sessions, file reviews, assessment for programmes (for those with 6 months or more to serve), 1:1 programme work. | **Constructs** | Barlinnie 
|                            |                                               |                                               |                                               |                                               |                                               |                                               | MFMC SROBP CARE                       | Greenock Constructs to 2015 Survive & Thrive |
| Greenock                   |                                               |                                               |                                               |                                               |                                               |                                               |                                               |                                               |
|                            | mainstream, men and women, national 'top end', OLRs |                                               |                                               |                                               |                                               |                                               |                                               |                                               |
| Cornton Vale               | **Staff**  
| Women’s prison             | Head of Psychology                           | 1 Manager - Chartered                        | 2 trainees –1 experienced (8-9 years) but not on training route, 1 x 4 years doing Masters | **Roles**                                     | Head of Psychology— 1 day x week on national work; managing/supervising programmes (facilitating when programme staffing problems which have occurred consistently over recent years); risk/personality assessments for RMT; 2:1 risk related intervention input as directed by RMT; mental health work; consultancy as directed by Governor; attendance at range of strategy meetings e.g. violence, trauma strategy group linked to women’s estate project; local and national training delivery, mainly programmes-related but also PD etc. | **Female OBP** | SROBP Constructs |
|                            |                                               |                                               |                                               |                                               |                                               |                                               |                                               |                                               |
Manager - managing/supervising programmes (facilitating when programme staffing problems which have occurred consistently over recent years) and Survive and Thrive Approved activity; risk/personality assessments for RMT; 2:1 risk related intervention input as directed by RMT; mental health work; Head of Psychology duties in her absence.

Trainees - mostly co-facilitate OBPs (60-80% of time); experience in line with training route, e.g., risk assessment, collateral info gathering, 2:1 risk management work; cognitive assessments, national training.

<table>
<thead>
<tr>
<th>Edinburgh</th>
<th>Staff</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream men</td>
<td>1 x Head of Psychology (chartered)</td>
<td>Head of Psychology - Responsibility for meeting programmes delivery</td>
</tr>
<tr>
<td>and women, male</td>
<td>3 x Manager (1 x registered, 2 x latter stages of chartership)</td>
<td>targets; Supervising all post-programme reports; Case managing OLR</td>
</tr>
<tr>
<td>sex offenders,</td>
<td>5 x Trainee (1 x chartership route, 4 x not on a route yet)</td>
<td>prisoners; Writing Psychological Risk Assessment reports and Risk</td>
</tr>
<tr>
<td>male non-offence</td>
<td></td>
<td>Management Plans; Writing Annual Implementation Reviews; Providing</td>
</tr>
<tr>
<td>protection, male</td>
<td></td>
<td>support to staff working with OLR prisoners; Delivering support to</td>
</tr>
<tr>
<td>LTP, male remand</td>
<td></td>
<td>OLR prisoners; case conferences and Risk Management Team meetings;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>managing programmes; Chairing PCMB meetings; Conducting risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>assessments; Supervising risk assessments; Supervising other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>assessments; Supervising Psychological Risk Assessment reports;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chair monthly Psychology team meetings; Chair programmes management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meetings; Chair Psychology and Programmes joint team meetings;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chair monthly OLR case management meeting; Co-ordinate research;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supervise chartership and registration work; Risk Management Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>meetings; Mental Health and Primary Care meetings; National Heads</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of Psychology lead for developing a personality disorder strategy;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Driving development of a prison-wide approach to managing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>personality disordered prisoners within HMP Edinburgh; Line</td>
</tr>
<tr>
<td></td>
<td></td>
<td>managing 3 x Psychology Managers;</td>
</tr>
</tbody>
</table>

MFMC CARE Constructs SROBP
### Glenochil

**Adult male sex offenders and mainstream**

<table>
<thead>
<tr>
<th><strong>Staff</strong></th>
<th><strong>Roles</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Psychology (Chartered and Registered)</td>
<td>Head of Psychology - programme assessment and delivery; management tasks; individual work; delivering national training; risk assessment; national and local meetings; personal training.</td>
</tr>
<tr>
<td>5 Managers (2 registered; 2 on chartership route, 1 on HCPC route)</td>
<td>Managers- programme assessment and delivery (3 treatment Managers for MFMC; one has lead status – drive formulation and treatment and undertake schema work as well as HSF (healthy sexual functioning); individual work; delivering national training; risk assessment; national and local meetings; personal training.</td>
</tr>
<tr>
<td>6 trainees but only have 5 in post (1 on HCPC route) – trying to convert one trainee post to a Manager post.</td>
<td>Trainees - Programme assessment and delivery; delivering national training; locally delivering PD training to staff; individual work; personal training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Manager</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Manager (2 registered; 2 on chartership route, 1 on HCPC route)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Trainees</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 trainees but only have 5 in post (1 on HCPC route) – trying to convert one trainee post to a Manager post.</td>
</tr>
</tbody>
</table>

- Attending Heads of Psychology meetings; Attending case management meetings; Attending some SMT meetings.
- Psychology Managers - Case managing OLR prisoners; Writing Risk Management Plans; Writing Annual Implementation Reviews; Providing support to staff working with OLR prisoners; Delivering support to OLR prisoners; case conferences and Risk Management Team meetings; Treatment managing and supervising; Attending national MF:MC treatment management meetings; Delivering 2:1 interventions; Co-ordinating and chairing PCMB meetings; Delivering national training in Offending Behaviour Programme Groupwork Skills; Conducting risk assessments; Writing Psychological Risk Assessment reports; Line managing trainees.
- Trainees - Generic Programmes Assessments; Delivering OBPs; Attending PCMB meetings.

- MFMC
- SROBP
- CARE
- Constructs
<table>
<thead>
<tr>
<th>Grampian &amp; Inverness</th>
<th>Staff</th>
<th>Constructs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mainstream men and women</strong></td>
<td>Head of Psychology</td>
<td>CARE</td>
</tr>
<tr>
<td></td>
<td>2 Managers</td>
<td>SROBP</td>
</tr>
<tr>
<td></td>
<td>2 trainees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 assistant (fixed term)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Manager covers Inverness 1 day x month.</td>
<td></td>
</tr>
</tbody>
</table>

**Roles**

Head of Psychology – professional supervision; completing risk assessments; signing off risk assessments for non-chartered psychologists; attending RMT, or overseeing Manager’s contributions to RMT; overseeing programmes including planning in order to meet targets / needs; chairing PCMBs and overseeing GPA assessments; staff training and supervision; working with offenders with personality disorder; senior management team meetings such as violence reduction strategy, offender behaviour and engagement meetings, strategy meetings; overseeing research, for example into violence in Grampian, motivational strategies to enhance engagement; contributing to strategy for example helping offenders engage in work / programmes etc.; attendance at mental health team meetings; programme planning; liaising with HQ. National lead for incident command team – includes developmental work (e.g. strategies for different groups) input into training and development of staff; attendance at national and local ICT training events; being on national and local ICT call out list.

Managers - Oversee programmes, attend RMT when Head of Psychology not available; chair PCMB; supervise programmes; oversee selection; attend management meetings (violence reduction, separation and reintroduction, mental health, strategy reviews); supervise and line manage trainees; risk assessment under supervision; research; 1:1 work to support people in treatment; staff training and support.

Trainees – assess for programmes; deliver programmes; write post-programme
<table>
<thead>
<tr>
<th>Location</th>
<th>Staff Details</th>
</tr>
</thead>
</table>
| Low Moss        | Staff:  
Head of Psychology (Chartered and Registered)  
2 Managers (1 Registered but not Chartered)  
5 trainees  
Head of Psychology – work with the more difficult to manage prisoners; case manager to 2 prisoners; Chartership supervision to trainees; OLR case management; undertake PRAs; attendance at strategic meetings and RMT; development of short-term offenders programme and responsibility for programme KPI’s; management of the psychology department.  
Managers - supervise programmes; OLR case management; contribute to national training events and national training development; attend various meetings; chair PCMBs; undertake PRAs.  
Trainees - programme delivery (80%-85% of their time); assessment for programmes; shadowing risk assessments. |
| Perth and Castle Huntly | Staff:  
Head of Programmes & Psychology  
2 trainees at HMP Perth |
|                 | SCP  
SROBP  
Constructs  
CARE  
Short-term intervention programme |
<table>
<thead>
<tr>
<th>Location</th>
<th>Staff and Programmes</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perth – male mainstream</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Castle Huntly male open</strong></td>
<td>1 Manager at Castle Huntly – (Registered)</td>
<td>Head of Psychology – 20% risk management; 10% risk assessment; 10% individual work with complex prisoners; 10% managing OLR; 10% national CARE development (lead for CARE), incl. national training; 40% clinical supervision of trainees; line management of programme staff and psychology staff; senior management roles; clinical oversight of Manager at Castle Huntly. Trainees = 75% supervision and delivery of programmes; 10% individual work; 5% consultation to management; 5% risk assessment, 5% national projects. Castle Huntly Manager = 20% risk assessment; 60% risk management; 20% individual work – no OBPs at Castle Huntly.</td>
</tr>
<tr>
<td><strong>Polmont Young offenders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Head of Psychology &amp; Programmes (Chartered and Registered)</td>
<td>30% psychology and programme team management and supervision 30% Organisational Development - 3rd sector contract management, My Life With Others initiative, Casework Process Development 30% Individual Casework, RMT attendance and preparation 10% - National Input, local management support Managers oversee programmes and do some delivery Trainees deliver programmes</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>2 Managers about halfway through their Chartership</td>
<td>2 Managers (2 Registered –1 on chartered route) 5 trainees (2 on registration route; 1 on chartership route; 2 undecided)</td>
</tr>
<tr>
<td><strong>Shotts Long-term male</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Head of Psychology</td>
<td>2 Managers</td>
</tr>
</tbody>
</table>
4 trainee psychologists either just started or are just beginning Chartership.

*Roles*
Head of Psychology – lead the SCP from a strategic point of view; attend strategic management meetings; risk assessments; national work for Incident Command; involved in the National Integration Centre; manage the Programmes Manager; manage the programmes team (9 programmes officers and 1 programmes manager); 1:1 Work with complex cases; attend RMT; co-ordinate SPS lectures for Glasgow Caledonian University; national risk lead for psychology SPS; working group with NHS for PD in prisons; case manage OLR prisoners; assessment for and writing PRAs; SCP programme supervision; supervise all staff and chartership work.

Managers- case manage OLR prisoners; risk assessments and reports; treatment manage programmes; one is the training lead for the Self Change Programme; one is leading a pilot project in the National Integration Centre; 1:1 work under supervision.

Trainees - mainly facilitate programme delivery; programme assessments; help case manage OLR prisoners; 1:1 facilitation work under supervision.
3. OFFENDING BEHAVIOUR PROGRAMMES

Note that this section has been augmented with quotations taken from interviews conducted with psychologists and governors as reported in Section 4.

3.1 AIMS OF THIS SECTION

In this section, we collate information to address three of the four questions in the brief:

- Whether methods of target setting are appropriate to achieve maximum outputs;

- Whether there are gaps in programme provision; and

- Whether existing OBPs and those currently being re-developed support an asset-based and desistance-informed approach to offender rehabilitation, i.e., are in line with the ethos of the SPS Organisational Review.

A question in the interview sections about whether staffing levels are appropriate to achieve maximum outputs further elucidates this issue. In addressing staffing and outputs, we take into account the quality of outputs as well as the quantity.

For information in this Section, we had sight of the following documents:

- Generic Assessment Guidance Manual
- Management manuals for each programme and some theory manuals.

3.2 METHODS OF TARGET SETTING

SPS has a Generic Programmes Assessment (GPA) procedure in
which prisoners are assessed for all programme needs at one time to permit the development of an integrated and sequenced treatment plan. Locally, needs assessment information is discussed at the Programme Case Management Board (PCMB) to determine an individual’s treatment plan.

A second purpose to the GPA is to collate needs to inform programme delivery and development. An establishment’s needs for the past year are submitted to HQ where a strategic planning group considers the information and sets Key Performance Indicators (KPIs) for the next year. There is a view, particularly among governors, that demands from HQ to inflate the throughput place a burden on establishment staff. Also, measurement of the KPIs is in terms of quantity rather than any meaningful outcomes (see Section 6).

3.3 ACCESS TO PROGRAMMES

Prisoners at establishments who need a programme that is either not run there or when there are insufficient numbers to run a group programme may be offered a transfer to another prison where a vacancy exists. If they choose not to transfer, then they are disadvantaged in two ways: first, they are deemed to have been offered an opportunity that they did not take up, which may have a pejorative implication; second, they may not be offered any alternative treatment (e.g., one-to-one work).

Anomalies were identified in relation to programme access for Order of Lifelong Restriction (OLR) and pre-release prisoners in relation to access to OBPs and progression to open conditions.

SPS policy states that …for OLRs they should only access programmes when they reach their critical date which means that none of our … OLRs have an opportunity of being ready for release at the earliest point at which they could. That’s a corporate position that needs to change. It’s also in conflict with another policy that we have that relates to progression and that says that in an ideal world somebody should progress to the open estate for testing two years before their liberation date.
We simply can’t do that if we are operating to their liberation date ... as the date at which they start to access the programme. We deny them any time beyond that point…. It’s a source of consternation for many prisoners. ….. [People at HQ] determine how, for example, waiting lists operate. And on that policy anyone that’s been out and recalled automatically goes to the top of the list because they’re past their critical date which seems nonsensical because they’ve effectively had that chance and blown it and to put them through treatment means to deny it to another individual who’s never had the opportunity. [Governor]

3.4 CURRENT PROGRAMMES

The focus here is on the seven main offending behaviour programmes, although other approved activities are available. Our understanding is that these programmes are either fully or partially accredited or under revision and due to be submitted to the Scottish Advisory Panel on Offender Rehabilitation (SAPOR) for accreditation. However, we do not see our remit in this review as duplicating the work of SAPOR. Here, we focus on programme coverage (needs and populations) and programme fit with the aspirations of the Organisational Review (person-centred, asset-based, desistance-informed, evaluated). We have assessed programmes from the management manuals or theory manuals made available to us, and the results are presented in Table 3.1. Some specific comments are made about MFMC.

Moving Forward, Making Changes (MFMC)

MFMC is a modular sex offender treatment programme, with essential and optional modules, the latter taken depending upon the needs identified in the formulation. The Management Manual advises that even high-need individuals should complete the programme in a maximum of 8 months, with the frequency of sessions between 2 and 4 times per week. If necessary, a person may re-enter the programme to consolidate learning and skills.
There was a view that MFMC was a ‘monster’ that controlled services rather than being controlled by services.

There needs to be far greater acknowledgement that the MFMC programme actually doesn’t suit the prison service’s needs. It’s an absolute monster or machine … that as a rolling programme, more people go through it and need further work. Take the Self-Change Programme: it’s a 9-month programme, you go in, you come out, you don’t do it again. Most offenders have to go through MFMC and come back out and have to go through a various amount [again] because further needs have been exposed. And they get demoralised. They go ‘How many programmes do I need to do?’ ……….. It’s now time to say enough’s enough, we don’t think it’s working for us…. We’re making it work – just. We need a simpler programme that’s more risk based rather than treatment based. … [Governor]
Table 3.1. Current Programmes

<table>
<thead>
<tr>
<th>Programme</th>
<th>Need</th>
<th>Male/Female</th>
<th>Rolling/Fixed</th>
<th>Duration</th>
<th>What Works</th>
<th>Asset-based</th>
<th>Desistance-informed</th>
<th>Inbuilt evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFMC</td>
<td>Sex offending</td>
<td>Adult male</td>
<td>Rolling</td>
<td>Average 8 months</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SCP*</td>
<td>Violence</td>
<td>Not stated</td>
<td>Rolling</td>
<td>Varies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CARE</td>
<td>Anger/emotions</td>
<td>Not stated</td>
<td>Fixed</td>
<td>48 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>Not explicitly</td>
<td>Yes</td>
</tr>
<tr>
<td>Constructs</td>
<td>General offending</td>
<td>Not stated</td>
<td>Fixed</td>
<td>56 hours</td>
<td>Yes</td>
<td>Not explicitly</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SROBP§</td>
<td>Substance use</td>
<td>Not stated</td>
<td>Rolling</td>
<td>70-140 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>Not explicitly</td>
<td>Yes</td>
</tr>
<tr>
<td>FOBP</td>
<td>Offending by women</td>
<td>Female</td>
<td>Rolling</td>
<td>Approx. 120 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>Not explicitly</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth</td>
<td>General offending</td>
<td>Young men (16-23)</td>
<td>Rolling</td>
<td>120-180 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* SCP is a NOMS programme; all others have been developed by SPS.  
§ The substance misuse programme has been revised. The new version, called Pathways, has not yet been introduced in practice.
Documentation indicated that programmes were being developed by SPS psychologists in line with an asset-based approach, typically the Good Lives Model (GLM). Less explicit mention was made of desistance-informed approaches. McNeil lists what one might expect to see in a desistance informed approach to offender rehabilitation. Rehabilitation approaches should:

a) Accommodate and exploit issues of identity and diversity.
b) Develop and maintain motivation and hope.
c) Build good relationships, both between workers and offenders and between offenders and those who matter to them.
d) Focus on developing personal strengths and resources and also strengths and resources in their social networks.
e) Encourage and respect self-determination, which means working in collaboration with offenders.
f) Develop social capital, i.e., opportunities in the community.

Offending behaviour programmes incorporate many of these approaches through case formulations co-produced with offenders, explicit motivational strategies used throughout programmes, establishing effective working alliances, and encouraging independent problem solving. However, desistance approaches could be enhanced by greater involvement by psychologists in throughcare to community settings.

3.5 SPECIFIC POPULATIONS

a) Women

Provision is made for women offenders in the FOBP. However, FOBP is not available at all establishments that house women offenders (i.e., not at Edinburgh, Greenock, or Grampian). Other programmes

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are available to women (e.g., Constructs, SROBP), but may not be thoroughly adapted to suit the needs of women offenders.

b) Young offenders

The Youth Justice programme is designed to address general offending in 16 to 23 year old young men and suits the developmental stage of this group. It was developed in HM YOI Polmont, where work is ongoing to establish an all-round ‘learning environment’. In this, all staff promote change at all times through prosocial modelling, problem solving, and authentic relationships.

c) Offenders with low cognitive abilities

While prisoners can progress through some programmes at their own pace, and management manuals state that support for slower learners and those with literacy problems should be provided, some programmes appear to be pitched at those with high cognitive abilities (e.g., CARE).

d) Minority groups

There appears to be little cognisance of specific needs of minority groups, including Black, Asian, and minority ethnic (BAME) individuals and lesbian, gay, bisexual and transgender (LGBT) individuals.

3.6 GAPS IN PROGRAMME PROVISION

a) Intimate partner violence

One gap in service provision was mentioned repeatedly, namely the lack of a programme addressing intimate partner violence (IPV) or domestic violence (DV). HM Prison Service delivers interventions for IPV and it is reported that SPS has begun to consider programmes for IPV in conjunction with psychologists at Glasgow Caledonian
University⁴.

b) **Fire-setting**

Another gap in provision was a programme for fire-setting. A programme for fire-setters has been developed by psychologists at the University of Kent, with some promising indications.⁵

c) **Short-term programmes**

Short-term prisoners were seen as underprovided for.

*What we could do with is shorter modular programmes that prisoners can roll on and roll off from.* [G6]

A short-term intervention programme has been developed at Low Moss. It is a local programme that could potentially be made national if it was ‘signed off’ by the Director. It has reportedly been under consideration for over a year.

### 3.7 AUDIT AND EVALUATION

There is no current implementation of any routine SPS audit procedure to ensure programme integrity. There is an agreement with NOMS that they carry out an independent quality check on SCP every two years, where they gauge SPS delivery against their standards. However, since SCP has not yet been running for two years, this process has not yet been undertaken.

While the SAPOR accreditation criteria include that there should be evaluation of offending behaviour programmes, there are no reports of evaluations of SPS programmes. However, support from the SPS Research Unit was potentially available.

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⁴http://www.gcu.ac.uk/issjr/researchimpact/impactcasestudies/changingpracticeforintimatepartnerviolence/

The psychologists can request through a business case for funding so that research can get undertaken in our research department, which is the case for example for the accreditation of programmes and making sure that we have met the criteria set out by SAPOR. [G4]

In the longer term, however, ongoing accreditation cannot depend on serial business cases that may or may not be approved.

Questions regarding whether the current suite of programmes is appropriate to the population and whether these programmes merit being continued are hard to answer in the absence of research evidence. Clearly, the programmes available match with the ‘what works’ literature in terms of addressing criminogenic needs in programmes based on cognitive-behavioural and strength-based approaches. They also follow a structured approach and use active learning methods. Research is needed to answer questions about appropriateness and effectiveness. Furthermore, research could begin to identify how much treatment is needed to bring about positive change, and such evidence could contribute to decisions about streamlining the more intensive programmes such as MFMC.
4. THE VIEWS OF PSYCHOLOGISTS AND GOVERNORS

4.1 INTERVIEWS WITH HEADS OF PSYCHOLOGY

Telephone interviews were conducted with all 9 Heads of Psychology plus one HQ psychologist. The interview schedule is appended (Appendix B). The interview material was analysed using thematic analysis. The themes identified are described briefly below. Full supporting evidence in the form of quotes transcribed from the interviews is attached at Appendix C.

Psychologists were enthusiastic and positive respondents in the interview process. Their responses evidenced a good understanding of the organisation. There was a strong commitment to improving psychology input to the benefit of the organisation, the prisoners within it, and the community to which these prisoners belong. The interview data were organised into 6 themes, and these themes were organised into sub-themes. These are listed in Table 4.1 below.

There was a strongly held view that managers were not fully aware of or not fully appreciative of the skilled resource that is Psychological Services. There was also an acknowledgement that psychologists themselves need to be proactive in ‘selling’ psychology to managers. A major consequence of the lack of understanding of the potential contribution of psychologists is that their skills are under-used. Psychologists are largely used in programme delivery, which is core SPS business. Nonetheless, other potentially valuable contributions suffer.

For psychologists, the burden of programme delivery and associated activities such as post-programme report writing has at least two consequences. First, managers help to ameliorate the load by distributing tasks among other staff. Specialist activities can thus be devolved to staff with less training. One specific example that was repeatedly mentioned was risk assessment. Second, restricting psychologists’ roles can lead managers to question the need for
Table 4.1. Themes and sub-themes in psychologist interviews

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
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</thead>
<tbody>
<tr>
<td>1. Lack of understanding of what psychologists can do</td>
<td>i. Managers don’t fully understand what psychologists currently do and could do</td>
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<td></td>
<td>ii. Psychologists underselling psychology</td>
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<tr>
<td>2. Role restriction and erosion</td>
<td>i. A valuable resource that cannot maximise its potential contribution</td>
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<td></td>
<td>ii. Non-psychologist staff taking over psychologists’ roles</td>
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<td></td>
<td>iii. Order of Lifelong Restriction (OLR) reporting</td>
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<tr>
<td></td>
<td>iv. Possible solutions</td>
</tr>
<tr>
<td>3. Management structure</td>
<td>i. Support for local management arrangements</td>
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<tr>
<td></td>
<td>ii. Reservations about local management</td>
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<tr>
<td></td>
<td>iii. Advantages of central management</td>
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<td></td>
<td>iv. Problems with central management</td>
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<td></td>
<td>v. Need for better representation at Headquarters</td>
</tr>
<tr>
<td>4. The organisational review</td>
<td>i. Support for the proposals in the Organisational Review</td>
</tr>
<tr>
<td></td>
<td>ii. Psychologists already work this way</td>
</tr>
<tr>
<td></td>
<td>iii. Reservations about the Organisational Review</td>
</tr>
<tr>
<td></td>
<td>iv. Marginalisation</td>
</tr>
<tr>
<td>5. Potential contribution of psychological services to the organisational review</td>
<td>i. Overall skills and knowledge</td>
</tr>
<tr>
<td></td>
<td>ii. Staff training and development</td>
</tr>
<tr>
<td></td>
<td>iii. Throughcare and community links</td>
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<td></td>
<td>iv. Joint working</td>
</tr>
<tr>
<td></td>
<td>v. Research and evaluation</td>
</tr>
<tr>
<td>6. What psychological services needs to contribute fully to the organisational review</td>
<td>i. A greater inclusion at organisational level</td>
</tr>
<tr>
<td></td>
<td>ii. Developing specialist services</td>
</tr>
<tr>
<td></td>
<td>iii. Resource needs assessment</td>
</tr>
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<td></td>
<td>iv. Professional representation at senior level</td>
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</table>
highly qualified staff. Possible solutions to programme pressures that were mooted were either to have more psychology staff to relieve the pressure, or devolve programme work to officers.

In some prisons, OLR reporting is time consuming. There was a view that the streamlining of various reporting procedures that duplicate information in different ways would be advantageous.

Clearly, the way psychologists are managed impacts upon how they are deployed. Currently, psychologists are managed within establishments and there was widespread support for this arrangement. However, there were also some reservations about being line-managed by a non-psychologist. One reservation, which reflects the view that managers do not fully understand the capabilities of psychologists, is that the manager may not always appreciate the professional aspects of psychological input. Local management also has the potential to further focus psychological services on programme delivery. Lack of mobility, which was seen as a positive aspect of local management by some people, was seen as a disadvantage by others. Local management arrangements were also seen to dilute the cohesiveness of psychological services.

A central management arrangement, which Psychological Services has had in the past, was seen as having advantages, particularly the ability to provide a strategic direction and the power to influence SPS at a higher level. Nonetheless, central management was not seen as the perfect arrangement in that it had the potential to create tension between what a Governor wanted psychologists to do and what the central directive was. There was no real appetite for central management, but there was an enormous degree of support for more effective arrangements for professional leadership at the top levels of SPS.

All Heads of Psychology had read the Organisational Review and were in agreement with its aims. There was a view, however, that psychologists have been working along the lines of the Organisational Review for some time, although this has not been
recognised. This related specifically to asset-based and desistance approaches.

While psychologists were in support of the aspirations described in the Organisational Review, there were some reservations. These related to a shift towards practice that is not underpinned by solid evidence of effectiveness and a down-playing of risk assessment and management. There was also a question about how the asset-based, desistance-informed approach could be operationalized and how it would fit with risk assessment and risk management. There were concerns about whether the aims of the review could realistically be resourced, particularly in relation to throughcare.

While psychologists were pleased with the direction of the Organisational Review, a lack of input led to them feeling marginalised. Psychologists were excluded from some developments that they thought would have benefitted from psychology input.

Despite feelings of marginalisation, psychologists were enthusiastic about identifying contributions they could make to realising the aims of the Organisational Review. They viewed their overall academic and professional skills to be of value. Staff training, support and supervision was seen as a particular area for psychological input, particularly in working towards the professionalisation of the personal officer role. Psychologists were also keen to build community links, particularly by sharing risk assessments. Psychologists were keen to embrace joint working, particularly with health professionals. Research and evaluation were also seen as aspects of the Organisational Review to which psychologists could contribute.

While psychologists felt that they have most of the skills and knowledge needed to help SPS realise the aims of the Organisational Review, they proposed some developments that would empower them to maximise their impact. Allowing them to take a more organisational role would be of benefit. Allowing them to develop and provide specialist services would improve the overall service. Examples of this included services for those with learning disability, personality disorder, and trauma.
A more rounded assessment of resource issues is required to clarify what the SPS wants Psychological Services to do and the staff number and mix required to fit the service specification. Improved professional direction and representation and high organisational levels is important in such developments.

4.2 FOCUS GROUPS WITH MANAGERS AND TRAINEES

Focus group discussions are a type of group interview where people are encouraged to discuss specific topics in a relatively informal atmosphere in order to identify common important issues. In this case, focus group members were Psychology Managers and Forensic Psychologists in Training. The main purpose of the focus groups was to elicit information about specific topics identified as relevant to SPS Psychological Services in a way that would allow us to further explore why an issue is important, what is important about it, and what improvements could be made. A discussion guide focusing on the aims of the review of psychological services was followed (see Appendix D). Two focus groups were held at SPS headquarters with 7 people in each group: four Managers and three trainees. As with the interviews, material was analysed using thematic analysis. These themes are described briefly below. Full supporting evidence in the form of quotes transcribed from the interviews is attached at Appendix E.

Psychologists engaged fully in the focus groups. Their responses evidenced a balanced understanding of the aims of the organisation and the role of psychology in achieving those aims. However, there were strong views that psychologists’ skills could be put to better use to the benefit of the organisation.

The focus group data were organised into 8 themes, some of which were organised into sub-themes. These are listed in Table 4.2 below.
Table 4.2. Themes and sub-themes in focus group discussions

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of understanding of what psychologists can do</td>
<td>i. Managers don’t fully understand what psychologists currently do and could do</td>
</tr>
<tr>
<td></td>
<td>ii. Psychologists underselling psychology</td>
</tr>
<tr>
<td>2. Role restriction and erosion</td>
<td>i. Underdevelopment of specialist services</td>
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<tr>
<td></td>
<td>ii. Non-psychologist staff taking over psychologists’ roles</td>
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<tr>
<td>3. Quality issues with programmes</td>
<td>i. Officer training and supervision</td>
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<td></td>
<td>ii. Prisoner selection</td>
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<td></td>
<td>iii. Operational versus treatment issues</td>
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<td></td>
<td>iv. Key Performance Indicators</td>
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<td></td>
<td>v. Lack of audit</td>
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<tr>
<td></td>
<td>vi. Culture</td>
</tr>
<tr>
<td>4. Gaps in service provision</td>
<td>i. Top end and open estate prisoners</td>
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<td></td>
<td>ii. Prisoners who are ‘stuck’</td>
</tr>
<tr>
<td></td>
<td>iii. Domestic violence, violence, and fire-raising</td>
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<tr>
<td>5. Lack of co-ordination of input</td>
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<tr>
<td>6. The organisational review</td>
<td>i. Translating the aims of the Organisational Review into practice</td>
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<td></td>
<td>ii. Joint working</td>
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<td></td>
<td>iii. Personal officer training</td>
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<td></td>
<td>iv. Resource issues</td>
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<tr>
<td></td>
<td>v. Marginalisation</td>
</tr>
<tr>
<td>7. Professional training</td>
<td>i. Professional qualification</td>
</tr>
<tr>
<td></td>
<td>ii. Continuing professional development</td>
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<tr>
<td>8. Head of Profession at headquarters</td>
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Like the Heads of Psychology, Managers and Trainees thought that there was a poor level of understanding of what psychologists could do. Again, psychologists accepted some responsibility for this lack of awareness of their potential input.

There were many comments about the potential for developing specialist services but that this was impossible because of the
requirement to manage and deliver programmes. Nonetheless, the importance of programme management and delivery was acknowledged, although the need to gain experience in other areas was expressed. Suggestions for specialisms included working with complex cases, such as people with personality disorder, brain injury, and autism, and also providing consultancy to staff working with complex cases. Working with people at the ‘top end’ who are on their way to release from prison, as well as following cases through into the community were seen as important but neglected areas. Increased individual work and non-programme group work were aspirations, although resource issues were acknowledged. Research was also noted as a skill that was seldom used in establishments, although where research has been conducted it has been of value. A lack of direction with regard to developing specialisms was mentioned, although in some establishments the role of psychologists was under negotiation.

A heavy involvement in programmes has the consequence of lessening involvement in other activities, such as risk assessment. This can lead to a neglect of important psychological aspects of the assessment and management of prisoners.

Concerns about the quality of programmes were frequently expressed, with a number of areas requiring attention. Officers need to have training, support and supervision to sustain the quality of their programme delivery. However, sometimes supervision can be impacted upon adversely when people are too busy to fulfil the role adequately or where there are insufficient appropriately experienced staff for the job. There are missed opportunities for development and support of supervisors. However, the application of competency criteria for supervisor selection has gone some way to solving the issue of quality of supervision. Appropriate selection of prisoners for programmes was considered important, but operational issues were seen to trump psychological issues, to the detriment of programme quality. These included the prioritisation policy, the drive to meet KPIs, and avoiding litigation. The lack of distinction between operational staff and psychology quality-focused staff leads to situations where programmes staff shortages are covered by psychologists, and so quality suffers. In an establishment, when a programme cannot be run because of lack of numbers, prisoners can
be ‘pulled in’ from other establishments. This must be unsettling for prisoners and staff. Programme audit procedures were seen as lacking, again to the detriment of programme quality. The prison culture was seen as undermining programme effectiveness. There appears to be little awareness training for staff in general to help support programmes.

Gaps in service provision that psychologists could contribute to filling were discussed. There was a view that more work should be done at the prisoner’s pre-release stage. Working with prisoners who are not making progress was another opportunity for psychological input. Some identifiable needs are not served by any programmes currently available in SPS.

A concern was raised about a lack of co-ordination of input to prisoners, both in-service and bought-in services. Concern was about the risk of duplication of effort, the risk of not knowing what treatment people are getting, the lack of integrity checks, particularly where untrained and unsupported staff are employed. Lack of co-ordination may give prisoners the opportunity to avoid addressing important issues.

Regarding the Organisational Review, there was acknowledgement that an asset-based, desistance-informed approach was the right way to go for SPS, but alongside that there was concern about how this could be translated into day-to-day practice. The aim for joint working was applauded, but the view was that the practicalities remain to be addressed. The aim of professionalising the personal officer role was endorsed, but a need for officer training and support was identified. Psychologists felt that they could expand their input into officer training. Psychologists have sometimes been asked to contribute to personal officer training; however, this was not a national initiative. In some cases, training that psychologists could undertake was being bought in from outside agencies. Resourcing the implementation of the aims of the Organisational Review was a concern. Again, psychologists felt marginalised in the Organisational Review.

As mentioned in Section 2, working towards a professional qualification requires considerable effort. There were questions about the organisation’s level of support for individuals working towards
qualification. Some people queried why they had to complete work at home even though it was work that benefited the organisation. There were issues regarding the struggle to identify opportunities for skill development and get support for work outside the establishment. There was inconsistent support across establishments and a desire for some consistency. One result was that trainees focused more on the qualification than the quality. Qualified staff felt that more could be done to develop their skills. Mobility of staff is one possible way of developing skills, but moving staff is not commonplace and nor is deploying staff to specific tasks across establishments.

Like Heads of Psychology, Managers and trainees favoured the appointment of a Head of Profession at HQ level. This person could give direction, mitigate indecision, and influence policy and strategy. With no Head of Profession, the feeling was that the reputation of psychology has suffered. There was no strong preference for central management over local management, but rather a desire for cohesion.

4.3 INTERVIEWS WITH GOVERNORS

Telephone interviews were conducted with 6 prison managers: three Deputy Governors, two Governors, and the Divisional Head of Offender Outcomes and Services. The interview schedule is appended (Appendix F). The interview material was analysed using thematic analysis. These themes are described briefly below. Full supporting evidence in the form of quotes transcribed from the interviews is attached at Appendix G.

Prison managers were very knowledgeable about psychological services and were helpful in the interview process. The interview data were organised into 9 themes, some of which were organised into sub-themes. These are listed in Table 4.3 below.

The broad range of psychologists’ activities was acknowledged by managers. Consultancy and staff support about the management of offenders was valued. Psychologists’ contribution to risk assessment and risk management was considered important. A role in incident
management was valued. There was acknowledgement of a service staffed by dedicated and industrious professionals.

Table 4.3. Themes and sub-themes in prison manager interviews

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
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</thead>
<tbody>
<tr>
<td>1. Positive contributions of psychologists</td>
<td>i. Staff numbers</td>
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<tr>
<td></td>
<td>ii. Staff grades</td>
</tr>
<tr>
<td></td>
<td>iii. Staff location</td>
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<tr>
<td>2. Underused potential</td>
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<tr>
<td>3. Role stagnation and erosion</td>
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<td>4. Risk reporting issues</td>
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<tr>
<td>5. Performance targets, monitoring, and reporting</td>
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<td>6. Staffing issues</td>
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<tr>
<td></td>
<td>i. Lack of theory to practice translation</td>
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<td></td>
<td>ii. Underplaying risk</td>
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<tr>
<td></td>
<td>iii. Psychologists’ contribution</td>
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<td>iv. Psychologists will have to continue as they are</td>
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<td>7. Line management</td>
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<td>8. Head of Profession at headquarters</td>
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<tr>
<td>9. Organisational review</td>
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Nonetheless, it was recognised that psychologists could be deployed in more creative ways that would better use their professional skills. These other activities included staff training and support, individual work with prisoners, throughcare, mental health work, and risk management. Almost without exception, there was acknowledgement that other roles psychologists could undertake were inhibited by the sheer pressure of programme delivery targets. Because of the burden of programme delivery, the development of psychological services has apparently stagnated. Furthermore, some of the psychologists’ work has been transferred to other staff.
In terms of what needs to change, one major candidate was post-programme reports, which managers saw as too tardy, too elaborate, and missing the point. One possible reason for this criticism of reports was a difference in what the prison manager wants and what the programme facilitator writes in relation to risk and needs. The prison manager wants to know if the individual’s risk has been reduced by treatment whereas psychologists appear to want to treat all risk out. Hence, a prisoner can go through programmes repeatedly to the detriment of the number of prisoners that can access programmes.

Target throughput for programmes, which are the Key Performance Indicators (KPIs) for establishments, are set centrally on the basis of data on establishment needs. Most interviewees in establishments were familiar with a process of basing establishment KPIs on the needs identified in the past year. However, at HQ the approach is to base targets on a current needs analysis of the prison’s population. This difference of approach may explain why there can be tension between centrally set targets and local resources. Non-programme work is negotiated locally. Targets for non-programme work might be advantageous, but this is problematic from a measurement point of view and also because of a lack of awareness of other activities. Usually, performance is monitored in local meetings. Dissatisfaction was expressed with numerical monitoring rather than quality of outputs.

The staffing issues around meeting programme targets and becoming involved in a wider range of activities included numbers, grades, and location. The general view was that staffing levels are barely adequate to deliver programmes, and that any extension of psychologists’ work would require more staff. One issue about numbers related to lack of cover for long-term leave.

Comments about grades largely focused on the shortage of qualified and experienced managers. Additionally, the requirement for Heads of Psychology to be chartered was queried. This was decided originally because there was a need for a chartered psychologist to be co-ordinating supervisor for trainees on the chartership route. However, now registered psychologists are viewed as independent practitioners and where these are in F band posts this can create anomalies, for instance they may be more suited to a leadership role.
than a chartered psychologist. These matters of staffing levels, grading and advancement were seen sometimes to militate against good quality professional practice. Having appropriately qualified and experienced psychologists in the right places to deliver programmes was seen as suboptimal. This leads to two prospects – moving staff or moving prisoners to meet programme targets and needs.

There were mixed views about local management of psychological services. Some prison managers were happy to take responsibility for the operational management of psychologists, whereas others thought that central management would be a better arrangement, allowing greater attention to quality issues. Nonetheless, there was clarity about the operational side of management, focusing on throughput, the speed of delivery, and monitoring arrangements.

While there was no clear preference about management arrangements, stronger professional leadership at HQ was endorsed. The requirements for a Head of Profession would be that this person was at a higher grade than Heads of Psychology in the field, and would be an expert in applied prison psychology. This person would advise both prison managers and Heads of Psychology.

The Organisational Review was endorsed as a positive approach, yet there was a view that the means by which the theory of the Review would be translated into actual practice were not clearly specified. The emphasis on an asset-based approach was seen to under-emphasise risk when both are important, and difficulties in changing an ethos from risk reduction to an asset-based and desistance approach were envisaged.

There was a view that psychologists could help the drive towards the professionalisation of the prison officer role although, as with any other potential development, this would be hampered by the burden of programme delivery. Nonetheless, some training was being developed in some establishments. Also, psychologists could help prepare prisoners for release. Despite this potential, there was a view that psychologists would have to continue with programme delivery rather than assist with the implementation of the aims of the Organisational Review because risk reduction work through programme delivery is too valuable to lose.
5. DISCUSSION AND RECOMMENDATIONS

We see this review as an opportunity for SPS to make changes to Psychological Services in a forward-looking and innovative manner so that they may get the best service from a highly qualified and professional group of staff and so that Scotland can become an international leader in the application of psychology to correctional practice.

There was remarkable consistency across our three separate data collection processes and between psychologists and governors. This suggests that there is a consensus in recognising the value (both actual and potential) of Psychological Services to the organisation, as well as agreement in what can be improved.

The recommendations are based on a business model of psychological services designed to meet the needs of SPS, its vision for the future as described in the Organisational Review, and the skills psychologists have to help achieve this vision. We have taken account of examples of good practice internationally, and what is practical given the external and internal professional psychology domains, and the costs of delivering services and implementing changes. The opinions of SPS governors and psychologists have been considered.

While all recommendations are important, those that should be prioritised are designated Key Recommendations.

5.1. MANAGEMENT STRUCTURE

The current system of managing psychological services is not working to best effect. There is an absence of a professional leader with the power to influence strategy and policy. Psychologists at HQ have no input at a strategic level and no authority over the deployment and content of psychology service resources across the
estate. Additionally, Psychological Services themselves have no strategic development plan.

**KEY RECOMMENDATION**

- We strongly recommend that a Head of Profession is appointed at a grading which would give the right to participate in strategic and policy decisions at HQ and with responsibility for the quality and content of the work of psychologists in establishments. Operational management (e.g., performance toward KPIs) should remain with local managers. This arrangement would capitalise on the experiences expressed by psychologists and most governors that local management best facilitates their integration into establishments. A professional head would also give governors a central person to consult on matters of quality and on development of local services. A Head of Profession would also attend to the strategic planning of Psychological Services, including role development, staffing levels, training, qualifications, and continuing professional development.

A Head of Profession would (indicative):

- Participate in strategy and policy decision making.
- Support the development of the role of psychological services in line with the organisation’s business model.
- Ensure that key psychology issues (e.g., programme development; psychology roles; training; support etc.) are properly debated at senior level.
- Clarify the nature and implications of the roles for psychology and ensure support at HQ and in establishments.
- Oversee staffing levels and human resource planning necessary to fulfil the agreed roles, including ensuring training opportunities.
- Take responsibility for informing estate personnel about the potential roles undertaken by Psychological Services.
- Take responsibility for processes to keep psychologists up to date with current research.
- Take responsibility for driving the programme accreditation process, including convening SAPOR.
• Ensure programme quality audit takes place and that appropriate programme and procedural developments take place.
• Co-ordinate programme evaluation with establishments (e.g., data collection) and the research division at HQ and/or contracted external researchers.
• Ensure professional quality standards are applied (including involvement in disciplinary issues).
• Support local initiatives at HQ and broadcast these to other establishments.
• Negotiate risk assessment procedures (e.g., streamlining) with all involved agencies, such as SPS, prisons, the Parole Board, and the RMA.

There are two main structural options for Psychological Services: central management and devolved management. These options are analysed in Appendix H. While we acknowledge that there are some advantages to both the organisation and the profession of psychologists being line managed centrally, we believe this is outweighed by the considerable advantages to services and establishments of their being managed locally, as at present.

5.2. PROGRAMME DELIVERY

There is a political imperative to ensure that programme throughput is maintained or enhanced, while at the same time there is almost universal agreement that psychologists are constrained by KPIs, which are entirely focussed on this. To ensure that targets are met, there is frequent downward slippage of work in that Heads of Psychology will manage OBPs because of a shortage of Managers, and Managers will deliver more programmes than planned because of a shortage of trainees. As a result, other tasks are sidelined, particularly risk assessments. Despite the psychology service being managed locally, KPIs are set for their service by a strategic planning group at HQ. If any expansion of the role of Psychological Services is to take place, then these current arrangements will have to change: psychologists should be freed from a high proportion of programme delivery in order that they may engage in other activities.
In addition, there is concern that programmes are neither audited nor evaluated properly, which may lead to drift from optimum delivery and hence to reduced effectiveness. This requires a greater focus by psychologists on training, supervision and support.

One specific criticism was the length and focus of post-programme reports. This could be addressed via audit standards and professional guidance from a Head of Profession.

Some highly specialised services, particularly risk assessments and management of OLRs, are being taken over by other staff, usually with the intention of relieving psychologists of a burden so that they can keep up with programme delivery. While psychologists may welcome assistance with these specialist activities, it is imperative that they retain primary responsibility for structured risk assessments and also routinely have input into the establishment’s RMT by attending meetings in person to present risk assessment information and hear other professionals’ opinions.

**KEY RECOMMENDATIONS**

- Experienced psychologists should be phased out from most programme delivery, with the exception of MFMC and SCP (i.e., the more psychologically sophisticated programmes). Responsibility for programme delivery should be handed over to programmes officers. The psychologist’s role should focus upon ensuring programme quality through officer training, supervision, and support, and development of new programmes to reflect local need.

- Psychologists should retain primary responsibility for structured risk assessments.

**RECOMMENDATIONS**

- Trainee psychologists with less than 3 years experience should remain involved in programme delivery to provide appropriate training, experience and credibility for later support roles.
Senior psychologists may help deliver new programmes or programmes with which they are unfamiliar for personal development and to ensure they are equipped to provide a credible support function.

There needs to be an accessible mechanism at HQ to ensure new or modified programmes are 'signed off' to make them available to the wider estate. This could be most easily done through a Head of Profession.

Driving programme evaluation and programme audit should become the responsibility of Head of Profession.

Standards for post-programme reports should be revised.

Psychologists should continue to attend the RMT meetings in person.

5.3. PROGRAMMES

a) Programme provision

Programme provision meets many of the needs of offenders. However, some gaps were identified, particularly intimate partner violence. MFMC was criticised for being unwieldy.

KEY RECOMMENDATION

- Expedite the development of a programme for intimate partner violence.

RECOMMENDATIONS

- Investigate the feasibility of providing treatment for fire-setting.

- Expedite rollout of the short-term intervention programme.
Review the suitability and implementation of MFMC and its focus on treatment needs as opposed to risk reduction.

If our recommendation that experienced psychologists should be phased out from most programme delivery is adopted, then this is likely to alleviate the pressure of staffing the longer programmes, especially MFMC.

b) Programme match with the Organisational Review

Overall, programmes were developed in line with the aspirations of the Organisational Review, particularly in being person-centred, personalised, and asset-based, while retaining a focus on evidence-based interventions.

c) Specific populations

Women prisoners were provided for in Cornton Vale by the FOBP but this was not available to women held elsewhere. It was a concern that programmes designed for men may be delivered to women without thorough adaptation. Young Offenders have their own provision in Polmont. Programmes to meet the needs of individuals with low cognitive ability may need to be developed. The needs of minority groups received very little attention.

KEY RECOMMENDATIONS

- When a woman prisoner’s needs cannot be fulfilled by programmes in the establishment, then alternative provision should be arranged to meet that woman’s needs in that establishment.

- Programmes designed for men should be thoroughly adapted to meet the needs of women prisoners.

RECOMMENDATIONS

- A needs assessment of offenders with low cognitive ability should be conducted.
Guidelines for inclusion of minority groups in programmes should be produced.

d) Access to programmes

Current rules for access to programmes can in some cases delay a prisoner’s progression to the open estate. The prioritisation policy is to prioritise spaces based on critical dates, meaning that those with critical dates some way into the future will often stagnate on a waiting list because people with critical dates ahead of theirs will enter the waiting list ahead of them, regardless of how long they have been waiting. This also means that selection for programmes is being determined by factors other than readiness for change. We noted some lack of clarity about the exact parameters of this guideline among establishment respondents.

There appears to be an unhelpful approach in situations where a prison has no programmes to meet a prisoner’s need and where that prisoner is unwilling to move to a different establishment with a vacancy on a programme. A desistance-informed approach would put equal emphasis on keeping the prisoner close to his or her social connections as well as having access to the programme.

**KEY RECOMMENDATIONS**

- Revise programme eligibility dates and/or provide programmes in the open estate. (We understand that the prioritisation policy has been reviewed and recommendations are currently under consideration by the Executive Management Group.)

- When a prisoner’s needs cannot be fulfilled by programmes in the establishment, then alternative provision should be arranged to meet that prisoner’s needs in that establishment.

e) Quality and quantity

Programme numbers set via KPIs appears to value throughput rather than quality. This is exacerbated by the absence of a quality audit system.
**KEY RECOMMENDATION**

- A programme quality audit process should be initiated and quality should figure in KPI setting. (We understand that Programme Audits have recently been introduced).

**f) Evaluation**

Programmes are not currently evaluated. It is noted that research and evaluation is not included as a key role for HQ psychologists.

**KEY RECOMMENDATION**

- An evaluation strategy should be drawn up and funding sources identified.

**5.4. STAFFING AND ROLES**

**a) Staffing**

Most local managers, both Governors and Heads of Psychology, consider psychology numbers currently to be about right in their establishment, although the predicted rise in the prison population may change this. At present, we do not recommend an increase in staff numbers.

**b) Roles**

Most considered that the roles of psychologists should be extended. Here, we list the broad areas with our advice.

**RECOMMENDATIONS**

- To do more one-to-one working. This should only take place where there is a clear psychological need and a psychological approach to fit that need, and such work is beyond the remit of other staff, e.g., the personal officer.
To conduct more risk assessments. We agree that this is appropriate work for psychologists.

To have more involvement in supporting throughcare. We suggest an appropriate psychological focus at various stages of the prisoner’s journey, e.g., induction - self-harm and suicide risk assessment; pre-release - programme booster sessions and behavioural risk assessment. In particular, more resources should be devoted to open estate and ‘top end’ prisoners where skills for coping with the demands of community access need to be reinforced.

To have more involvement in community links. We suggest pre-release updating of any risk assessments and sharing risk assessment and risk management information to assist with supervision in the community.

To have more involvement in teaching, supervision and support for officers. We would like to see more involvement of psychologists in developing the professionalisation of the prison officer role.

To support a scientific approach to addressing management and organisational issues. We endorse the use of psychologists in local service-related research and evaluation.

This would bring the role of psychologists more into line with that in neighbouring prison services and assist in recruitment and retention of skilled staff. Clarification and phased implementation of a broader role for psychological services will require careful planning, phasing and professional input, preferably led by a Head of Profession at HQ.

5.5. RECRUITMENT, CAREER DEVELOPMENT AND GRADING STRUCTURE

At present only three grades are available to psychologists in SPS - D, F and G. D grade consists entirely of trainee psychologists with no automatic up-grading upon becoming qualified; F grade consists of
experienced trainees and qualified psychologists; G grade is restricted to chartered psychologists. As time progresses, there will be more qualified psychologists and they will require accommodation within the grading structure if they are to be retained.

**KEY RECOMMENDATIONS**

- Revive the E grade for qualified and/or experienced psychologists who do not have the opportunity or desire to become Managers at F grade.

- Appoint a Head of Profession at a higher grade than available in the current structure.

- The position of Head of Psychology should be open to Registered Psychologists, who are qualified to practise independently. Those on the chartership route in a department headed by a Registered Psychologist could have a coordinating supervisor elsewhere in the estate or outside of SPS.

- Clear criteria should be specified for each grade and these criteria should apply across the estate.

**5.6. PROFESSIONAL DEVELOPMENT**

To meet the requirements of the psychologist’s role, it is essential that trainees be exposed to the demands of the wider role while still under supervision, and that qualified psychologists are able to access professional development experiences to maintain and extend their skills and to meet the requirements for continuation of their chartership and/or registration.

**RECOMMENDATIONS**

- Trainees of less than 5 years experience should have the opportunity to have placements in other establishments to enable exposure to the wide range of experiences required for their training and developing their role.
An appropriately qualified person should monitor trainee progression to track the availability of work experience and the availability of supervision. The Head of Profession should have oversight of this process.

For those seeking BPS chartership, the co-ordinating supervisor should not normally be the line manager.

Psychologists’ training should be planned to meet the needs of the establishment in which they work. This will help psychologists fulfil operational demands as well as contribute to implementing the aims of the Organisational Review. The Head of Profession should coordinate Training and staff development.

The Head of Profession should direct (or advise) local managers about the provision of time and space for trainees to complete their training requirements.

5.7. SPECIALIST SERVICES

a) Clinical issues

A number of specialisms already exist within SPS, reflected in different functions within establishments, e.g. female offenders, young offenders, 'top end', open estate. However, offenders can present individual problems that cut across these specialisms, e.g., brain damage, personality disorder, autism, learning disability, and trauma. NHS psychologists are unlikely ever to be able to meet the demand for specialist services and forensic psychologists are not clinically trained. However, forensic psychologists could help raise awareness and support staff in managing prisoners with mental health problems, developmental disorders, and difficulties posed by personality traits. Psychologists’ continuing professional development should develop these skills.

KEY RECOMMENDATION

Heads of Psychology should confer to identify key prevalent clinical issues (e.g., PTSD, autism, learning disability, self-
harm). Lead individuals should be identified to write guidelines for management, design and deliver awareness training, and offer support to staff regarding the management of people with specific problems. There is a precedent for this model in SPS psychological services where Heads of Psychology lead on specific issues (e.g., personality disorder). However, difficulties accessing policy makers is an obstacle to them taking their proposals forward.

b) Consultancy

Additional to specialist prisoner-focused work, organisational-level input was valued in places where that was available, e.g., consultancy in relation to incident management, organisational change, and managing complex cases.

**RECOMMENDATION**

- Organisational psychology skills should be developed and used by Heads of Psychology and Governors.

5.8. ORGANISATIONAL REVIEW

There was an enthusiasm for the new ways of working described in the Organisational Review, particularly the positive approach and multidisciplinary working. There was a general view amongst psychologists that their ways of working are largely consistent with the aspirations of the Organisational Review, and there was despondency about the failure of the organisation to recognise this. Asset-based and desistance approaches are already familiar to them and reflect what is currently viewed as good practice in modern forensic psychology. However, there were three main concerns expressed by psychologists and governors: 1) the lack of operationalisation of asset-based and desistance-informed approaches that would clearly direct prison staff in their day-to-day work with prisoners; 2) the lack of emphasis in the Organisational Review on risk assessment and risk management; and 3) a confusion about the place of programmes in the new approach. In general, SPS should be cautious about moving away from practices that are
evidence-based toward practices without the same degree of empirical support\(^6\). Therefore, resources should be put into service evaluation and outcome evaluation in collaboration with the research department at HQ and Universities, using a variety of approaches.

**KEY RECOMMENDATION**

- To best support the implementation of the Organisational Review, both locally and nationally, psychologists need to be freed from the demands of programme delivery and be required to adopt a broader role which will enable them to contribute by:
  - Helping clarify how an asset-based, desistance-informed approach can be implemented in day-to-day practice.
  - Helping develop and sustain the new extended professional role for personal officers through training, supervision and support beyond that required just for programme delivery.
  - Taking more responsibility for risk assessment and risk management.
  - Broadening their community links to use psychological knowledge and skills to support each stage of the transition from custody to community.
  - Contributing to service evaluation and outcome evaluation of the new approaches that arise from the Organisational Review.

5.9. **PROMOTING PSYCHOLOGICAL EXPERTISE**

There was a lack of clarity about what psychologists do. For the benefit of the organisation and to enable better local management, staff at all levels of the organisation need to be clearer about the actual and potential contributions of forensic psychologists to SPS.

**KEY RECOMMENDATION**

- Psychologists should design and implement a strategy for raising awareness of their expertise and roles in SPS.

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6. ACKNOWLEDGEMENTS

Our thanks to Rachel Roper for her friendly and helpful efficiency, without which this piece of work could never have been completed on time. We are grateful to Stephan McAlpine and Paula Arnold for additional information and advice. Thanks also to Jacqueline Malone for her administrative support.

We are grateful to all the psychologists and operational managers who afforded us the time to interview them and who were clear and honest in the views they gave us.
7. ABOUT THE AUTHORS

Professor Mary McMurran PhD is both a BPS Chartered and an HCPC Registered Forensic and Clinical Psychologist. She has worked as a prison psychologist and as a clinical psychologist in maximum and medium secure settings and in the community. She has spent the last 15 years as an academic, most recently as Professor of Personality Disorder Research at the University of Nottingham.

Mr John Hodge MPhil is a forensic clinical psychologist who is former Head of Psychological Services at Rampton Hospital. He is also former Registrar for the British Psychological Society’s Qualification in Forensic Psychology.

Professor Cynthia McDougall OBE PhD is both a BPS Chartered and an HCPC Registered Psychologist. She began her career as a probation officer before qualifying in psychology and joining HM Prison Service. She is former Head of Psychology for HM Prison and Probation Services and is currently Professor of Psychology and Deputy Director of the MSc in Applied Forensic Psychology at the University of York.
8. **APPENDICES**

A. An international perspective

B. Interview schedule for Heads of Psychology

C. Full results of interviews with Heads of Psychology

D. Focus group discussion guide for Managers and trainees

E. Full results of focus groups with Managers and trainees

F. Interview schedule for Governors

G. Full results of interviews with Governors

H. Options for psychological services organisation
Appendix A.

AN INTERNATIONAL PERSPECTIVE

The following summary is based on correspondence with representatives from a selection of international prison psychology services including Australia, Canada, Denmark, England and Wales, Germany, Ireland (Republic of), Norway, Portugal, Spain, USA.

Do most prisons in each country have psychologists on their staff?

Most of the countries have prison psychology services, some being employed by the prison and some being contracted externally. It is difficult to be specific when continents are involved: in Australia it is estimated that across States there will be at least one psychologist in each prison, apart from remote locations; in Canada psychological services are common across the Correctional Service as a whole and in the 14 provinces and territories, both in institutional and community corrections; in the USA most state and federal prisons have staff either employed or readily available. The quality of services varies from state to state, but in large jurisdictions, such as Pennsylvania Corrections they have a full complement of psychology staff up to Ph.D. level.

Portugal, Germany and Ireland have psychologists in most prisons, and France is increasing the number of psychologists, although not all prisons have appointed psychologists.

Norway is unique in that numerous services are brought in from the general population to give the same kind of services as those provided in society. This is called the ‘import-model’ of general services. These cover education, social welfare, health services, dentists, medical practitioners and psychologists. Therefore in principle no clinical or forensic psychologists are ‘employed’ within the prisons.

Denmark is to some extent similar to Norway in that only one prison in Denmark, Herstedvester, has dedicated psychologists employed full-time. Most (but not all) of the other prisons in the country have an associated psychologist who consults on a contracted basis. Most of these psychologists have private practices in the community and spend only a small amount of their time in the prison.

The most structured psychology services appear to be in England and Wales and in Spain, where psychologists are deployed according to the needs of the individual prisons. In England and Wales psychologists have been allocated by benchmarking with the type of institution, level of risk and type of offence. In Spain psychologists are deployed in all of the 80 prisons on the basis of prison population size (300-1300 inmates) ranging between 1 and 5 or more psychologists.
What kind of work do their psychologists do, e.g., deliver offending behaviour programmes, conduct risk assessments, conduct research?

The core roles of psychologists in prisons appear to be offending behaviour programmes and risk assessments. This applies to Australia, Denmark, and England and Wales. In Norway in one prison of the highest security, 3 psychologists conduct risk assessments and that is the only exception to their ‘import’ model. In Germany prison psychologists conduct mainly risk assessments, a small amount of intervention, and not research.

In Denmark at Herstedvester (a prison for individuals serving indeterminate or lengthy prison terms and in need of psychiatric or sexual assessment and treatment) psychologists are involved in some risk assessment and research above and beyond providing standard treatments. But at the other prisons, the contracted psychologists are engaged almost exclusively in providing basic psychological treatment/therapy. The Danish Prison and Probation service has in-house (typically non-psychological) staff who deliver offending behaviour programmes in prisons.

In the England and Wales psychology service, risk assessment has become one of the prime functions and they are involved in intervention programmes to a lesser degree, with psychologists assisting and treatment managing only the most intensive and psychologically demanding programmes. Psychologists are now functioning in Category D Prisons (which prepare prisoners for release), for the purposes of Enhanced Behaviour Monitoring, which involves both risk assessment and risk management.

In Canada, jurisdictions have psychologists concentrated at certain treatment-oriented facilities, where their role is designing, implementing, and running (to a lesser extent) offender rehabilitation programmes. There are also psychologists employed throughout the various services who provide basic mental health care (anxiety, PTSD, crisis management). Psychologists have been contracted from an external firm to do a lot of release assessments for the Correctional Services, largely but not exclusively by psychologists.

In the USA, the psychologists’ involvement is highly variable across states. They may be involved in rehabilitative programmes and inmate assessment. For some, their core work may be in mental health services. They may also participate in research.

In Spain and Portugal there are more varied activities. In Portugal most of psychologists’ work involves testing, therapy and counselling (although in this there are no clear boundaries between psychology and social work). They also undertake reports for the courts and for early release.
In Spain the main responsibilities are assessment of inmates, classifications and re-classifications inside and between prisons, and for regime classification; direct interventions are conducted with offenders using psychological, educational or social work techniques; standard psychological programmes are regularly applied for violent offenders, sex offenders, partner abusers, drug addicted offenders; technical reports are prepared for the prison and legal processes including reports for judges, or for the prison system to classify inmates for open regime or for conditional freedom, temporary exit conditions, etc. Universities contribute to the correctional systems doing research, normally not intervening with prisoners.

In France there are programmes but not usually of the cognitive-behavioural evidence-based style, which have been adopted more widely in other countries. There is group work which is developed in-house and which has some psychodynamic elements. Psychologists working for probation services (in prison and in the community) help leading and preparing for these ‘programmes’, and help assess offenders, but there is some resistance to actuarial tools which are frequently used in other countries to categorise risk of reoffending. Health Service psychologists do most of the individual one-to-one interventions for offending behaviour.

**Research**

In general research takes a lesser place in prison establishments, predominantly being conducted in universities, and in some jurisdictions as part of a government research function. In England and Wales there are in-house researchers who may conduct research and commission external provision. There is a National Research Committee which has to approve all research conducted in prisons for quality, feasibility and ethics before the research can be conducted. A Justice Data Lab has been set up to assist and encourage evaluation of projects by providing access to reconviction data and identifying appropriate control groups to help assess the impact of their work.

Canada has a strong government research department (Public Safety Canada) conducting research on risk, understanding offending behaviour, developing an evidence base relating to reoffending and evaluation to demonstrate effective practice. The research has been influential internationally. There is no attempt to manage the psychology services in Canada to adopt evidence-based approaches; instead the research is disseminated widely to influence decision makers, based on sound science. The approach is to have a prepared system, with individuals sufficiently trained that they are looking for evidence-based research on which to base new, improved practices.
How are psychology services structured, e.g. centrally or regionally managed, or independently recruited by the prisons?

Some psychology services are centrally managed in terms of recruitment, training, programme delivery, and modes of service (Spain, England and Wales). In the case of Continents, often individual States are similarly centrally managed (Australia, USA). This applies in the German Federal System where there is Federal Law, but individual States manage their prisons. Canada is unique in that the Correctional Service psychologists are part of health services; offender programme managers are correctional staff, some of whom may have psychology training. In Portugal, psychology services are centrally managed, but there is not an independent psychology service, with this provision being part of a broad re-education structure including other professionals (e.g. social workers).

Probably the most formally centrally managed systems are Spain and England and Wales. Both manage the staff and the content of their work; in England and Wales this is from the position of Lead Psychologist at a senior level in Prison Headquarters, with Regional and Team Psychologists based in selected prisons, so that all psychological needs may be met. In Spain there is a central rehabilitation structure that directs all programmes, psychological treatment, education, social work services, etc. The head of the central structure is a sub-director of the prison system, immediately below the Director General. Habitually, this job is occupied by a psychologist or a lawyer. At present there is a lawyer in Madrid (for the whole Spanish prison system) and a psychologist in Barcelona (for the Catalan Sub-system).

In Denmark, apart from the Herstevester prison, psychologists are highly decentralised. Each prison can hire their own contract psychologists and can also decide not to employ a psychologist. There is no legal right to psychological services so this allows complete discretion at an institutional level. The prison service is also cautious about expanding psychological services within the remit of the regular prison system, as individuals with considerable mental health needs are not supposed to be placed in the regular system.

In Norway the psychologists and psychiatrists are provided from the external public health system. They do not have permanent work in the prisons; either they come into the prison one or two times a week, or the prison officers bring the inmates to treatment at the specialist’s office outside of the prison. This reinforces the principle that prisoners have the same public services as outside of prison.

Opinions on whether psychology resource provision and structure meet the aims of each country’s Correctional Services

These are individual opinions which should not be taken as a thorough evaluation of each country’s psychological services.
All correspondents seemed to be positive about the value of psychology services. Inevitably some felt that their psychology services were insufficient to meet the needs of the correctional services and could benefit from more resources and more concentration on evidence-based delivery of services; the more structured services with planned resource provision and a clear philosophy were most satisfied with their provision. Where psychological services were decentralised across States, this inevitably meant there was variable delivery which some thought depended on which State was being observed, with some being well-structured and well-provided for. Observations were positive in countries where it was thought that the system offered supervision for new psychologists, strong support for professional development and constant review of psychological services and programmes. Some psychology services were still in the process of development, but were making progress, and a number were looking to take up proposals following review.

All of the comments were constructive and appropriately critical where it was thought benefits could be achieved. All of the international reports have been taken into account in proposing a model for the current review.
Appendix B.

INTERVIEW SCHEDULE FOR HEADS OF PSYCHOLOGY

We have been commissioned by SPS to review Psychological Services in light of the SPS Organisational Review – ‘Unlocking Potential, Transforming Lives’.

We are:

- **Professor Mary McMurran**, an HCPC Registered Forensic and Clinical Psychologist who is currently Professor of Personality Disorder Research at the University of Nottingham.

- **Mr John Hodge**, former Head of Psychological Services at Rampton Hospital and former Registrar for the British Psychological Society’s Qualification in Forensic Psychology.

- **Professor Cynthia McDougall OBE**, former Head of Psychology for HM Prison and Probation Service and currently Professor of Psychology at the University of York.

The purpose of this interview is to ascertain current Psychological Services’ activity and what senior psychologists perceive as the implications of the Organisational Review for the future roles, staffing, and organisation of psychological services. We will use this information to help us make recommendations to SPS about how best to configure Psychological Services to meet SPS needs and aspirations. The interview should last about 30 minutes.

This interview is being recorded. Your interview will not be passed on to anyone other than the people conducting the service review. Your views will be presented anonymously in all reports. We may quote you verbatim but no information that could identify you will be given.

Do you agree to the interview on these terms?

=================================================================

1. GENERAL

i. Please tell me your name, place of work, and your position.

ii. What type of establishment is this?
   (male/female; adult/youth; sentenced/unsentenced; type of sentence, e.g., long > 4years/short < 4 years/order of lifelong restriction)

iii. How many places are there in this establishment?
(Certified Normal Accommodation/average number of inmates)

iv. How many psychologists are there of each grade? (Head, Manager, Trainee)

v. How are psychologists managed and to whom is the Head of Psychology accountable?

2. CURRENT SERVICES

i. What are the current roles of psychologists in your establishment? Specifically, what are the main activities for each grade and what percentage of psychologists’ time is spent on each activity (e.g., risk assessment, risk management, individual work with prisoners, OBPs, research, staff training, organisational-level work)?

ii. What OBPs do you run? How are prisoners’ needs assessed, collated, and responded to with regard to planning the type and number of OBPs delivered? Can you supply us with any needs assessment reports/summaries?

iii. What are the positive aspects of the current service structure and service provision (i.e., numbers, grades)?

iv. What are the negative aspects of the current service structure and service provision (i.e., numbers, grades)?

v. Are there any written reviews of psychology activity that we could access, e.g., annual reports to the Governor or to SPS HQ?

3. ORGANISATIONAL REVIEW

i. What are your general views on the Organisational Review. Were psychologists consulted in its preparation?

ii. What do you see as the main strengths of Psychological Services that could contribute to the aims of the Organisational Review?

iii. What do you see as the main opportunities for Psychological Services emanating from the Organisational Review?

iv. What do you see as the main areas for development of Psychological Services that would better enable them to contribute to the aims of the Organisational Review?
v. What do you see as the main threats for Psychological Services emanating from the Organisational Review?

vi. The Organisational Review emphasises an asset-based and desistance-informed strategy and requires an individualised approach to working with offenders. How should these approaches be addressed in OBPs?

vii. What changes, if any, do you think will be required to equip Psychological Services to meet the needs of the Review, e.g., numbers, spread across institutions, the proportion of qualified:unqualified psychologists, psychological expertise, management and accountability structure?

That’s all the questions.

We will be collating your views along with our own recommendations and presenting a draft to two focus groups of psychologists for further discussion.

Is there anything else you would like to say before we conclude?

Thank you for your time.
Appendix C.

FULL RESULTS OF INTERVIEWS WITH HEADS OF PSYCHOLOGY

METHOD

Telephone interviews were conducted with all 9 Heads of Psychology plus one HQ psychologist. The interview schedule is appended (Appendix 2). Interviews lasted between 45 minutes and an hour. Interviews were recorded.

The interview material was analysed using thematic analysis\(^7\). This is a method of data reduction that starts with identifying ‘codes’, which are pieces of information that are of interest to the analyst (words, phrases, or longer expressions of a single idea or concept). These codes are then organised into themes and superordinate themes in a hierarchical manner. These themes are described below with supporting evidence in the form of quotes transcribed from the interviews. Each psychologist is given a unique reference, and anonymity is preserved.

RESULTS

Psychologists were enthusiastic and positive respondents in the interview process. Their responses evidenced a good understanding of the organisation. There was a strong commitment to improving psychology input to the benefit of the organisation, the prisoners within it, and the community to which these prisoners belong.

The interview data were organised into 6 themes, and these themes were organised into sub-themes. These are listed in Table 1 below.

Table 1. Themes and sub-themes in psychologist interviews

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
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<tr>
<td>1. Lack of understanding of what psychologists can do</td>
<td>i. Managers don’t fully understand what psychologists currently do and could do</td>
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<tr>
<td></td>
<td>ii. Psychologists underselling psychology</td>
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<td>2. Role restriction and erosion</td>
<td>i. A valuable resource that cannot maximise its potential contribution</td>
</tr>
<tr>
<td></td>
<td>ii. Non-psychologist staff taking over psychologists’ roles</td>
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<td></td>
<td>iii. Order of Lifelong Restriction (OLR) reporting</td>
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<td></td>
<td>iv. Possible solutions</td>
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<td>3. Management structure</td>
<td>i. Support for local management arrangements</td>
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<td></td>
<td>ii. Reservations about local management</td>
</tr>
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<td></td>
<td>iii. Advantages of central management</td>
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<td></td>
<td>iv. Problems with central management</td>
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<td></td>
<td>v. Need for better representation at Headquarters</td>
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<td>4. The organisational review</td>
<td>i. Support for the proposals in the Organisational Review</td>
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<td></td>
<td>ii. Psychologists already work this way</td>
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<td></td>
<td>iii. Reservations about the Organisational Review</td>
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<td></td>
<td>iv. Marginalisation</td>
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<td>5. Potential contribution of psychological services to the organisational review</td>
<td>i. Overall skills and knowledge</td>
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<td></td>
<td>ii. Staff training and development</td>
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<td>iii. Throughcare and community links</td>
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<td>iv. Joint working</td>
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<td></td>
<td>v. Research and evaluation</td>
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<td>6. What psychological services needs to contribute fully to the organisational review</td>
<td>i. A greater inclusion at organisational level</td>
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<td></td>
<td>ii. Developing specialist services</td>
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<td></td>
<td>iii. Resource needs assessment</td>
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<td>iv. Professional representation at senior level</td>
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Evidence for each sub-theme is provided in the form of quotes attributed to an anonymised psychologist [P] by way of a number [1 to 10]. The conventions of presentation are that a string of dots (…) represents non-essential material that has been omitted, for instance repetitions and tangential remarks, and material in square brackets indicates material that has been inserted to clarify meaning.

**THEME 1. LACK OF UNDERSTANDING OF WHAT PSYCHOLOGISTS CAN DO**

Managers don’t fully understand what psychologists currently do and could do

There was a strongly held view that managers were not fully aware of or not fully appreciative of the skilled resource that is Psychological Services.

*Every Head of Psychology in SPS is a Chartered Psychologist … we know it’s a doctoral-level qualification and so there’s this huge pool of … knowledge and access to the literature and understanding of how the literature could be applied to specific populations. … It feels like that there’s no awareness. It’s like someone needs to switch a light on at the top of SPS and say, ‘Look, here’s all these people with knowledge and experience and you’re just ignoring them.’ … They seem to be thinking ‘What are they for?’ … and I’d rather they were thinking ‘How can we use all this staff?’.* [P4]

**Psychologists underselling psychology**

There was acknowledgement that psychologists themselves need to be proactive in ‘selling’ psychology to managers.

*we need to get better at … presenting what we do. There’s a lot of good work going on in SPS but we don’t tell anybody about it.* [P3]

*It would probably help to highlight our existing practice, particularly outwith the offending behaviour programmes …* [P7]

*You know, when you actually say to Heads of Psychology, ‘What do you actually do in your jail?’ … I’m hoping …that it shows a real diversity, and that you can actually say ’Look, even though not everyone’s doing it, if you actually count up the tasks there’s a lot of things that psychology are doing in pockets, and maybe what’s happening in pockets would be useful across the place rather than in one or two places. … If that’s the case, there is a PR job to do to say you’ve got a great resource there; there’s*
lots of things they could be doing for you that you’re not using them for, and … if you can sell it against what the Organisational Review is positing, then all fair and well. [P8]

THEME 2. ROLE RESTRICTION AND EROSION

A valuable resource that cannot maximise its potential contribution

A major consequence of the lack of understanding of the potential contribution of psychologists is that their skills are under-used. Specifically, psychologists are largely used in programme delivery.

You employ psychologists for their skills and their educational basis in psychological knowledge and theory ... and unfortunately we utilise them as programme deliverers. [P6]

We just support [programmes]. In some establishments, Head of Psychology also manages the programmes department...... I don’t really see that as a role for psychology because you can get side-tracked into a lot of issues over that. [P7]

There was, however, an appreciation that programmes are core SPS business.

What the organisation tends to do is put core business first, so obviously programme delivery ...if contributing to other things is going to impact on that, then that always comes first. [P10]

.. there’s an over-emphasis on programmes, particularly the Governor’s targets that are linked to that. And we’re seen quite often in terms of programme delivery and there’s not a general understanding of the range of work that we could be useful in. [P7]

Nonetheless, other potentially valuable contributions suffer.

I don’t feel I’m fulfilling the role I should be fulfilling because I’m just fire-fighting constantly. [P5]

We’re resourced to do programmes and risk and that’s what we do. We do try to squeeze in the other stuff but we don’t really have the time to do it. [P3]
Non-psychologist staff taking over psychologists’ roles

For psychologists, the burden of programme delivery and associated activities such as post-programme report writing has at least two consequences. First, managers help to ameliorate the load by distributing tasks among other staff. Second, restricting psychologists’ roles can lead managers to question the need for highly qualified staff.

Specialist activities can be devolved to staff with less training. One specific example that was repeatedly mentioned was risk assessment.

…sometimes the impression I get is that ‘we can do that too and we’re not sure that you’re needed’. An example of this is at an RMT I would say that psychologists are the ones that have all the training, have all the supervision for it; we’re the ones that know the tools inside out, all about your scenario planning, that sort of thing. We’ve handed over a lot of our responsibility for risk management planning and scenario planning (we don’t even do scenario planning at our RMTs) to staff who don’t have the training and the support…For me that’s a key role that we should be upskilling other people, we should be playing a bigger role in that, having a better oversight of it….. because of the resource issue, we’re kind of sitting back and letting SPS do some of the things that actually should sit better with us. [P3]

Risk management teams who are not psychologists …are potentially informed by …more generic risk assessment …..which is very helpful…..but it’s about robust risk assessment built on an evidence base. What senior management are trying to do, and it is very helpful, is not overload us. …When they [managers] make recommendations about cases with them having a little knowledge of risk … but not having the whole picture, I’m worried it sometimes skew risk management decision making. They can update a risk management plan but when it comes to updating the formulation, they’ll need our input. [P2]

Order of Lifelong Restriction (OLR) reporting

In some prisons, OLR reporting is time consuming.

We don’t have enough time to do risk assessments. Because we’ve got OLR prisoners,… they come with a certain amount of reports that have to be done annually …. It’s a time thing … they are time consuming the way that they are structured. We’ve mentioned this more than once to the Risk Management Authority but they seem to be quite keen on sticking with that format. …. [P4]
There’s quite a focus on OLR prisoners and the work that has to be done with risk management … it sounds as if it’s allowing an individual approach but actually there’s a lot of paperwork involved in that system which takes us away from what we would see as the more meaningful work. We can influence that process but because the RMA oversee it we’re bound by their jurisdiction. [P7]

Possible solutions

Possible solutions to programme pressures that were mooted were either to have more psychology staff to relieve the pressure, or devolve programme work to officers.

There’s two ways to fix it. You could either have more psychologists generally …. or you could perhaps have more officers and fewer psychologists delivering [programmes]…. The must-haves are that you don’t want G bands in group rooms… I mean dipping in occasionally in a supervisory role, of course, but beyond that, no. F bands should be managing the programmes not delivering them…. Some D bands need to be in programmes a lot while they’re learning how it all works, but there needs to be scope for the more experienced ones … to then start spreading their wings a bit more and getting involved in risk assessment and so on. [P4]

With regard to OLR reporting, there was a view that streamlining of various procedures would be advantageous.

We’ve got umpteen processes in prison, not in line with each other – different review dates, different paperwork.

- ICM – integrated case management
- Programmes assessment
- Tribunal
- Parole
- RMA

It’s a waste of public money because they all provide similar information in different ways. [P2]
THEME 3. MANAGEMENT STRUCTURE

Support for local management arrangements

Clearly, the way psychologists are managed impacts upon how they are deployed. Currently, psychologists are managed within establishments and there was widespread support for this arrangement.

Advantages … of local management … are that if you are able to influence that manager then you can get your establishment much more psychologically facing and psychologically aware… [P1]

Being line managed by the Ops side of things is a good thing because it keeps a communication line open … it’s better co-working. [P2]

I think there’s a massive advantage to us being attached to or embedded in the individual establishment … you’ve got the relationships with the residential staff, relationships with social work, and so on… and all the other agencies so you get a collaborative approach… which works really well here…… and that adds a huge amount of value beyond what you could measure … the working relationships are so positive, information is shared easily…and a lot more meaningful discussions are had as a result…. I wouldn’t want to have a peripatetic service where there’s a central hub of psychologists who get …outsourced….you’d lose the relationships which are so, so valuable. [P4]

I can come up with an idea……take it to my Governor and get support…….actually being involved in local initiatives is phenomenal….. [P6]

Reservations about local management

However, there were also some reservations about being line-managed by a non-psychologist. One reservation, which reflects the view that managers do not fully understand the capabilities of psychologists, is that the manager may not always appreciate the professional aspects of psychological input.

There are also advantages and disadvantages in having someone who is not a psychologist in management in that they will see .. local priorities much more clearly, but they don’t always get or understand the nuances of the difficulties around practice. [P1]

My preference is to be managed locally but … that depends on having a good manager. At first I was ‘How can a non-psychologist manage a psychologist because how do you know that professionally we are doing the right thing, that we’re doing what we should be doing?’ …. As long as
you get a good manager who knows how to manage a psychologist then that works. [P3]

Local management also has the potential to further focus psychological services on programme delivery.

The disadvantage [of local management] is that you can end up on the … hamster wheel of having to do all these … programmes and so on. [P1]

One locally is about how we are used by other functional areas. For example, I don't manage the programme staff and the expectation is that psychology will come to the rescue if programme staff are off sick.......there is an expectation that that is what psychology does. [P6]

Lack of mobility, which was seen as a positive aspect of local management by some people, was seen as a disadvantage by others.

I suspect we might need mobility… What happens just now is that there's not really any sense of altruism. So when jails are short there's no way of backfilling. So if you think of a limited resource with multiple needs, we may need to have that opportunity to move people to where they are needed, even if it's in the short term…. Even our trainees don't move. And when you think about breadth of experience and working with different client groups, you'd think they'd be champing at the bit to move, but that's not the case. [P8]

…we need specialist teams or clinical teams that can deliver specialist services psychologically across the estate….you don't need to have that skill in every establishment but you do need to have a pool of availability to do that sort of work …e.g.....ASD [autistic spectrum disorders] assessment and treatment...brain injury, trauma. It’s just about developing our service so that we can actually provide a psychology service. [P10]

Local management arrangements were also seen to dilute the cohesiveness of psychological services.

[Also] there is no consistency across the service: people do tweak things at their own establishment. They don't have that collective sense any more. For example, treatment managers used to meet monthly – that no longer happens. People became insular. [P6]

Advantages of central management

A central management arrangement, which Psychological Services has had in the past, was seen as having advantages.
[The advantages of central management are that] we had a strategic direction, which we absolutely do not have now. [Psychologists in HQ] have no power and they have no influence and no-one listens to them. And they are the same grade as the rest of us, so we [could] do with a leader. [P1]

When we were HQ based we had a Head of Psychological Service who was able to look strategically at what we could provide as a service directed from the centre outwards… there was flexibility in what you could deliver at an establishment. ….You can be locked in an establishment .. it depends on the senior management team how you are viewed, what their expectations are of you and … what you can deliver and how you can go about delivering it. [P5]

Central management .. helps to maintain professional standards, to receive training…. To help ensure that there are processes for case management, for psychology providing an opinion on risk. [P2]

Problems with central management

Nonetheless, central management was not seen as the perfect arrangement.

When [psychological services were managed centrally] [managers] began to have a thought that there was a whole cohort of psychologists coming into the jail who they couldn’t really control in terms of a contract but neither did they have complete responsibility for [them]. So, they [psychologists] were SPS staff and they were in their jail but they weren’t always exactly clear about what it is that they did. [P1]

When we were managed centrally there was a lot of tension between what the Governor wanted us to do and what the SPS staff wanted us to do and what [head of service] wanted us to do. [P3]

Need for better representation at Headquarters

There was no real appetite for central management, but there was an enormous degree of support for more effective arrangements for professional leadership at the top levels of SPS.

We need one back [a psychologist at H band level at HQ]. [P1]

You’re trying to get things done at the Head of Psychology meetings and [psychologists at HQ] are trying to take things up the way.... it’s going nowhere. It’s frustrating for everybody involved. ... It’s not exactly fair on them. …We need a voice….somebody strong …about the professional issues. [P2]
But I think that the disadvantage of it is that we’ve lost that team cohesiveness; we don’t have a head of service. Sometimes I think we’re a wee bit rudderless…. At Head of Psychology meetings if nobody agrees on it then we go round in circles. And sometimes I think actually having that head of service who had the overall responsibility … [P3]

We need to be at the top table and we’re not. [P4]

We just don’t have voice at HQ any more. Having an H band psychologist at HQ that was able to converse with directors and have a voice, since that has gone there’s been a downward spiral. They just have no say and very little input. [P5]

Needs somebody who has clear direction for us that actually invests in us as a service. [P6]

It does get confusing, our current structure … it would be a lot clearer to everybody if we had a head of service. [P7]

It’s probably not entirely clear …where psychology belongs because there’s quite a disconnect between psychology at headquarters and psychology in the field. I’m not sure that makes a lot of sense…. So, the lack of a head of service means that there’s no overarching oversight of what’s going on in psychology more generally than programmes, and how to tie together what’s going on in the field to be consistent across the estate….. [P8]

Personally, I think we need a Head of Psychology services for the SPS who is there at HQ in a strategic position. We need a leader of the service. At the moment, our management structure is with Governors or Deputy Governors at base, which has its advantages because we are right at the core of the prison, and I think we’re well accepted within the prison, but at a strategic level I don’t think we are. A fix for me would be a Head of Psychology services for the SPS. [P9]

…People [in headquarters] … know we need to be there but they don’t really know what we do and nobody really puts our point of view forward at higher level so I think sometimes we get lost, and we get missed and we just get added on....... [P10]
THEME 4. THE ORGANISATIONAL REVIEW

Support for the proposals in the Organisational Review

All Heads of Psychology had read the Organisational Review and were in agreement with its aims.

The ethos, the ideas and the underlying principles are really good. The direction it’s going is a good thing…. I have no anxieties about the proposals whatsoever; in fact I see it as a positive thing.  [P5]

Psychologists already work this way

There was a view, however, that psychologists have been working along the lines of the Organisational Review for some time, although this has not been recognised.

Asset-based, strength-based, and desistance – that’s very much what we do. That’s the direction our programmes are going in. …MFMC is Good Lives based. … [P2]

….We actually based the [Short Term Programme] on an asset-based and desistance informed strategy with solution-focussed elements in there as well. That programme was developed round those ideas at that time. [Other programmes] are very individual focussed … [P6]

Generally we wouldn’t see that as being too far removed from they way we do approach programme work… We have mostly rolling programmes now … and they’re driven by the assignments that participants bring to the programme and it’s very much reliant on the group process … so by their very nature they are very flexible … responsive to individual needs… We involve other services, for example speech and language therapists … addictions workers, mental health workers, social workers … [P7]

Theory manuals drive what a programme looks like and we’ve broadened it out to be consistent with what the Organisational Review puts forward philosophically. … We run seven programmes… only two are closed… the other five are rolling, so by definition rolling programmes are individually tailored. Even in our closed programmes, we’ve added in formulation… We recognise that everyone has to do everything, but we also make sure that our facilitators understand that not everything is relevant to everyone. So you target sessions to those with particular needs….. OBPs do exactly what the Review wants. [P8]

I think we have started [to develop an individualised approach]. The ways that we work with offenders are far more individualised, far more
Reservations about the Organisational Review

While psychologists were in support of the aspirations described in the Organisational Review, there were some reservations. These reservations related to a shift towards practice that is not underpinned by solid evidence of effectiveness and a down-playing of risk assessment and management.

I think that it’s heavily focused on the desistance paradigm.. and my view on that is, although it’s a cohesive notion, I don’t think it’s got a whole lot of evidence for whether it’s got a high degree of efficacy, particularly in custodial settings. [P1]

Maybe too much of a shift away from the risk and needs model and coming to the conclusion that that’s all bad and we need something that’s brand new. There are some attitudes like that around. To be over critical of existing practices without really considering the basis for that. [P7]

I think that the review almost marginalises the idea of risk. It’s almost like if we focus on assets then risk isn’t an issue. That’s a bit frustrating, I suppose, because it’s really short-sighted. It’s almost like we don’t really like the language of risk so we’re going to start using positive language and if you’re going to use positive language, you can’t use risk and so, for me, it lacks balance. [P8]

I have a fear that well-meaning attempts to support asset-based, desistance approaches might lead to practices that are not fully evidence based. I have a fear that we might swing from too much of risk focussed approach to too much of an asset-based, positive, desistance approach – or what people interpret as an asset-based, positive, desistance approach – without a nice critical look at the evidence base. [P9]

Understanding desistance requires an understanding of risk and requires an underpinning of knowledge...... but there isn’t that knowledge across the field. .....Sometimes I see very scary decisions getting made because we are rapidly coming back to a carte blanche of you know we don’t talk about risk any more, we talk about positives and moving people on with their lives. I think psychology really should be playing a central part in that because we are all about moving people on towards positive lives but we
are all about measuring that against risk. ……we could be a lot more involved in that and trying to move forward sort of in terms of treatment and what treatment should look like …..what unlocking potential actually looks like ….. at the moment, unlocking potential seems to be going to woodwork rather than doing offence-focussed interventions. I am very aware that offence-focussed intervention is only one cog in the wheel, but it is about making the wheel turn that is important. [P10]

There was a question about how the asset-based, desistance-informed approach could be operationalized and how it would fit with risk assessment and risk management.

I personally like the strengths-based approach and the inclusion of the desistance literature and also aspects about acknowledging the need for prisoners to develop a non-offending identity... It also doesn’t discard the whole risk and needs area which has been our bread and butter – it still sees that as relevant… Where it could be improved is how does that actually work in practice because I think people find it difficult to integrate these approaches. [P7]

There were also concerns about whether the aims of the review could realistically be resourced.

About throughcare – the success of all that kind of stuff is quite dependent on resources in the community. So, clearly, for this review to have success it has to be a system wide thing. … SPS are trying to drive a lot of this. My worry is that when you read the review there is so much rhetoric. [P2]

Offending behaviour programmes are there because they are cost effective….and they are most effective for large populations. Person-centred case management …. is actually so much more intensive and time consuming. …If you identify … people’s [specific] needs rather than for example a substance related programme or a violence programme then it is about finding the resource to deliver those services. And while we can train and we are training our psychologists in the service to have those skills there is just not enough of us to do it. So we could be potentially opening the door to massive amount of individualised case management which I’m not in disagreement to but I’m not sure there is an understanding of the resources that would be required to run that. [P10]

**Marginalisation**

While psychologists were pleased with the direction of the Organisational Review, a lack of input led to them feeling marginalised.
Overall, I think SPS is heading in the right direction in terms of asset-based, desistance, looking at good things. The thing that frustrates me is that that’s no different to what psychologists have been doing for years. The thing that annoys me slightly is that they think they have come up with something new and it’s not new it’s just that they have discovered it. Don’t get me wrong – I think it’s good, it’s forward thinking, but psychology were not involved in that. [P3]

What’s come out of this is that we want to create a person-centred, asset-based approach … and what’s more person-centred than psychology? Surely the first people you’d look to are people who understand people? [P4]

We don’t have much of a voice, to be honest, psychologists within the SPS. I would like to see us being involved in some of the steering groups and take forward new ways of working – just be part of those working groups, which we never seem to be. We’re never afforded the time, to be honest; we are constantly fire-fighting at establishments. [P5]

The report wasn’t done with people saying, ‘What could psychology add? Where do you think you could contribute?’ I’m not saying they should have done that, but I’m saying there might have been some value in exploring that. [P8]

That we are just seen as group work deliverers. That psychology is just associated and linked with group work and delivering group work – which I think we do really well – but that’s all we are seen as. We are not seen as people who can promote or support an asset-based approach. … I think we might just be seen as people who are just risk sensitive and owners of risk .. and we’re not supportive of desistance. Other than applying caution to newer approaches, I don’t want us to be seen as always just harping on about risk, risk, risk. I think we are much more than that and I fear that we’ll be just categorised as group deliverers and people who are just risk averse all the time. [P9]

I think psychology brings a lot to the table in terms of what we can offer from risk point of view, defensible decisions from the legal point of view, intervention work. We work as holistic autonomous practitioners, so we know how to look at things differently...we know how to write as well and communicate. So I think there a lot of things we could have brought to the table that perhaps we haven’t been asked to… it's not just that we don’t get asked, we don’t actually know about it.. [P10]

Psychologists were excluded from some developments that would have benefitted from psychology input.
Airmaps …it's a case management approach [delivered by officers] with prisoners in terms of where do you want to be now, what's gone wrong, what's gone right, trying to develop assets. It was developed without psychology input, and it's a really complicated tool that they've developed. And also you run the risk of them discussing things like trauma, background stuff…. You’re asking similar questions to what we do in programme assessment, but your programme staff are all well supported, supervised, they’ve got us for advice and guidance, they’ve got lots of training and Airmaps wasn’t like that. …. So there’s one example where they could have used psychology to help with professionalisation, training and support and they didn’t. We were left out of it completely. It’s [run by] prison staff without any input from psychology, social work, health…. [P3]

THEME 5. POTENTIAL CONTRIBUTION OF PSYCHOLOGICAL SERVICES TO THE ORGANISATIONAL REVIEW

Overall skills and knowledge

Despite feelings of marginalisation, psychologists were enthusiastic about identifying contributions they could make to realising the aims of the Organisational Review. They viewed their overall academic and professional skills to be of value.

*There is generic psychological skills of objective thinking and knowledge of the evidence base.* [P1]

*I think we are best placed in the organisation to provide that evidence base to new initiatives and new strategies so that policy direction is just a little more informed. I’m thinking of identifying service gaps, informing policy based on evidence, and supporting implementation, and evaluating policy based on initial aims. I think that’s where we could really kick in.* [P9]

Staff training and development

Staff training, support and supervision was seen as an area for psychological input, particularly in working towards the professionalisation of the personal officer role.

*The involvement that we could have in … being utilised to help frame and do awareness sessions for officers in what’s involved in the personal perspective.* [P5]
The role of the 21st century prison officer - I think we can contribute to looking at what those skills might be, how we can support the transition of the staff. We had a local initiative … to provide a .. support structure to staff just like we use in psychology or social work, but again we’ve just not had any time .. to promote that. [P6]

A strength of psych services that I think is under utilised is training and using what we know to help train staff in asset-based theoretical approaches….. The College developed a package based on desistance and it’s almost like there’s no understanding that psychology could add to that. What they want to do with personal officers and make them much more accessible and skill them up in working on a much more person-centred way with the people that they are personal officers for, then psychology could have a massive role in terms of support …. There’s a whole training through to practical application through to supervision that’s potentially missed if you’re serious about what the personal officer role’s going to be. [P8]

Throughcare and community links

Psychologists were also keen to build community links.

Throughcare support officers [TSOs] …[are] given a caseload of prisoners who are due to be released and they are the common thread from that prisoner being in prison, coming through the gate and establishing themselves in the community and the TSO … is responsible for coordinating that journey… So we can input to the prison side of that and, for example, the reports that we’ve written can go out to our community colleagues as well – the risk management plans, the post-programme reports, … the psychological risk assessment reports….. If anything, it’s a relief and a joy that they are doing so because previously everything we did stayed inside the prison and was lost…. They were just stored in SPS and never went outside at all. So it’s a great step forward and one that we welcome. [P4]

Being involved in the Community Integration Unit.. How to assess people's risk and build on people's assets to make them be able to stabilise when they get out the door…… [P6]

If I’m reading the Organisational Review correctly and if I’m understanding what the vision is, I think we have a far greater role in those transition periods for prisoners. So, when we talk about the open and transitions from custody to local community, I think generally there’s a big gap there. And I get a sense that the organisation knows that because we’ve introduced throughcare support officers who are helping bridge that gap,
but I think for more complex cases our support would be invaluable for the prisoner’s rehabilitation journey as well as meeting the aims of the organisation. So, I see a greater role for us in that aspect of rehabilitation and maybe a stepping back from just group work delivery. [P9]

Joint working

Psychologists were keen to embrace joint working.

… we have a strong mental health team and the clinical psychs that come in here …. they’re meticulous at not stepping on our toes…. At the moment there’s one joint intervention going.. [P4]

As practitioners, we need to be rather more open to and perhaps trained in other therapeutic approaches and also we need to be open to other applied professionals as well, such as occupational therapists, that can work with us to move towards the same kind of goals. If we want a truly biopsychosocial approach and we truly want to be more holistic, then I think we need to be more broad and we need to look to other health professionals to see what they can do to support us. [P9]

Research and evaluation

Research and evaluation were seen as aspects of the Organisational Review to which psychologists could contribute.

Us becoming more involved in the research and development aspects. [P7]

Programme evaluation – a bit of a nonentity until recently…. What happened was that [programme accreditation] and programme evaluation was really marginalised. So, in the absence of somebody really pushing for these types of things, it just got left by the wayside. Since we’ve started redeveloping our current suite of programmes and obviously accreditation always has to have an evaluation with it, we are now closely aligned with our research department. I must say, they were always keen to evaluate, it just wasn’t a priority. Now what we’ve done is we’ve got them on board with evaluation. And also what’s helped us is that SAPOR, the accreditation panel, have made independent evaluation an essential criterion for any programme to be accredited…Clearly, it’s still incumbent upon the organisation once it’s got accreditation to do the evaluation, and sometimes that just goes by the wayside. All we can do this time round is recognise that we cannot continue to defend not having evaluation done. One thing about the Organisational Review is that it talks about evidence
base, and hopefully it’s going to become less defensible to say that we
don’t evaluate our programmes. [P8]

THEME 6. WHAT PSYCHOLOGICAL SERVICES NEEDS TO
CONTRIBUTE FULLY TO THE ORGANISATIONAL REVIEW

A greater inclusion at organisational level

While psychologists felt that they have most of the skills and knowledge needed
to help SPS realise the aims of the Organisational Review, they proposed some
developments that would empower them to maximise their impact. Allowing them
to take a more organisational role would be of benefit.

I actually think we should know more organisational psychology. We
should be in a position to help governors to manage organisational
change….. It would be useful if we were empowered to become more
flexible so that we could provide an in-house consultancy service through
the Governor to assist with local needs. Not being completely tied to the
amount of programmes that we have to deliver. [P1]

Developing specialist services

Allowing them to develop and provide specialist services would improve the
overall service.

Need to be more skilled in [learning disability] work. [P2]

It’s frustrating that [our service] goes as far as the walls … and it stops
there. … with personality disorder .. the clear message over and over and
over again in the literature is that co-ordinated, collaborative joint agencies
working…. is what works. Anything short of that doesn’t work, so … it’s a
fantastic opportunity to start getting things right. …. If you just think where
PD comes from – trauma, attachments … we’re doing the wrong thing by
just turning our backs and walking off…. [P4]

Resource needs assessment

A more rounded assessment of resource issues is required.

I don’t think there has ever been any real sort of …. look at what resources
we actually need to run a psychology service. There is a lot of onus placed
on psychology and programme delivery …..but is never any real
consideration given to resources.. [P10]
Until we know what the SPS wants psych services to do, we don’t know if our [staff] mix is right. At the minute, because it’s so programme oriented, the mix is probably OK, with the exception of the sex offender arena, where we don’t have enough qualified people or experienced people. But if somebody says, ‘Yea, we still want programmes but you know how it’s 90% now, we only want 50% and we want you to be working with guys in seg. and we want you do to other things that are more complex’, then you’d have to look at the mix and say maybe we’re top heavy on the unqualified. But, it’s a circular thing, because until the service decides what it wants, we won’t know. And frankly now it’s about programmes. [P8]

Professional representation at senior level

Improved professional direction and representation and high organisational levels is important.

*Psychological services suggests a service; it does not suggest 13 disparate groups working similarly but also quite in isolation…. there’s almost a sense of if we’re right structurally, then you can think about how the service develops to be best placed to support the work of the review.* [P8]
Appendix D.

FOCUS GROUP DISCUSSION GUIDE FOR MANAGERS AND TRAINEES

Consent Process

Thank you for agreeing to participate. We are very interested to hear your valuable opinion on how the SPS can best use psychologists to fulfil its aims both currently and in the future.

- The purpose of this study is to learn how psychologists view their jobs, what strengths they bring to the SPS as an organization, and what obstacles they perceive to get in the way of them maximizing their input.

- The information you give us will be reported back to SPS. We may use quotes from the discussion. However, we will not associate your name with anything you say in the focus group.

- We would like to tape the focus groups so that we can make sure to capture the thoughts, opinions, and ideas we hear from the group. No names will be attached to the focus groups and the tapes will be destroyed once the project is completed.

- We also ask participants to respect each other’s confidentiality.

- If you have any questions, please ask them now or you can contact John or Mary later. Our contact details are johnhodge@gmx.com and mcmurran@gmail.com

- We will take your participation as consent.

Introduction:

1. Welcome

   Introductions.

   - Who we are and what we’re trying to do
   - What will be done with this information
   - Why we asked you to participate

2. Explanation of the process

   - We have specific topics that on which we’d like to have your opinion.
   - Not trying to achieve consensus, we’re gathering information
• The focus group will last about one hour
• To allow us to capture the ideas, both in the group and later when we are
  listening to the tape, please speak clearly and please don’t have side
  conversations
• Any questions before we start?

3. Turn on Tape Recorder

Questions

1. Let’s start the discussion by talking about what makes SPS a good place to
  work. What are some of the positive aspects of working as psychologists in
  SPS?

2. What are the opportunities for providing the best psychological service to
  SPS?
   Probes:
   - Skills and knowledge
   - Organisational Review

3. What are some of the obstacles to providing the best psychological service to
  SPS?
   Probes:
   - Staffing profile (qualified:unqualified)
   - Chartership/Registration
   - Professional development
   - Programmes – delivery KPIs

4. What are your views on programme management and delivery?
   Probes:
   - Staffing levels
   - Training
   - Value of these activities

5. What could be done to develop psychological services better to contribute to
  the aims and
  aspirations of SPS, especially the aims of the Organisational Review?
   Probes:
   - Raising awareness of psychology skills
   - Management arrangements
   - Head of profession at HQ
   - Specialist services
   - Research

That concludes our focus group. Thank you so much for coming and sharing
your thoughts and opinions with us.
Appendix E.

FULL RESULTS OF FOCUS GROUPS WITH MANAGERS AND TRAINEES

AIMS OF THE FOCUS GROUPS

Focus group discussions may be seen as a type of group interview where people are encouraged to discuss specific topics in a relatively informal atmosphere in order to identify common important issues.

In focus groups, the researcher plays the role of moderator (or facilitator) of group discussion between participants. The objective is not primarily to elicit the group’s answers, but rather to stimulate discussion and thereby elicit a multiplicity of views, some of which the researchers may not have thought to ask about in interviews.

In this case, focus group members were Psychology Managers and forensic psychologists in training and the information collected was intended to complement findings drawn from individual interviews with Heads of Psychology and governor grades. The main purpose of the focus groups was to elicit information about specific topics identified as relevant to SPS Psychological Services in a way that would allow us to further explore why an issue is important, what is important about it, and what improvements could be made.

PROCEDURE

Two focus groups were held at SPS headquarters with 7 people in each group: four Managers and three trainees. A discussion guide focusing on the aims of the review of psychological services was followed (see Appendix 4). Focus groups were moderated by Mary McMurran and John Hodge. Discussions, which lasted about 75 minutes, were audio-taped.

As with the interviews, material was analysed using thematic analysis, a method of data reduction that starts with identifying ‘codes’, which are pieces of


information that are of interest to the analyst (words, phrases, or longer expressions of a single idea or concept) and then organises codes into themes and superordinate themes in a hierarchical manner. These themes are described below with supporting evidence in the form of quotes transcribed from the interviews. Each psychologist is given a unique reference, and anonymity is preserved.

RESULTS

Psychologists engaged fully in the focus groups. Their responses evidenced a balanced understanding of the aims of the organisation and the role of psychology in achieving those aims. However, there were strong views that psychologists’ skills could be put to better use to the benefit of the organisation.

The focus group data were organised into 8 themes, some of which were organised into sub-themes. These are listed in Table 1 below.

Table 1. Themes and sub-themes in focus group discussions

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
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<tbody>
<tr>
<td>1. Lack of understanding of what psychologists can do</td>
<td>i. Managers don’t fully understand what psychologists currently do and could do</td>
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<tr>
<td></td>
<td>ii. Psychologists underselling psychology</td>
</tr>
<tr>
<td>2. Role restriction and erosion</td>
<td>i. Underdevelopment of specialist services</td>
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<tr>
<td></td>
<td>ii. Non-psychologist staff taking over psychologists’ roles</td>
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<td>3. Quality issues with programmes</td>
<td>i. Officer training and supervision</td>
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<td></td>
<td>ii. Prisoner selection</td>
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<td>iii. Operational versus treatment issues</td>
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<td>iv. Key Performance Indicators</td>
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<td>v. Lack of audit</td>
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<td>4. Gaps in service provision</td>
<td>i. Top end and open estate prisoners</td>
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<td>ii. Prisoners who are ‘stuck’</td>
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<td>iii. Domestic violence, violence, and fire-raising</td>
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<td>5. Lack of co-ordination of input</td>
<td></td>
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<tr>
<td>6. The organisational review</td>
<td>i. Translating the aims of the Organisational Review into practice</td>
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</tbody>
</table>
Evidence for each sub-theme is provided in the form of quotes attributed to an anonymised psychologist by way of focus group (FGA and FGB) and a number [1 to 7]. The conventions of presentation are that a string of dots (…..) represents omitted material, for instance repetitions and tangential remarks, and material in square brackets indicates that which has been inserted to clarify meaning.

**THEME 1. LACK OF UNDERSTANDING OF WHAT PSYCHOLOGISTS CAN DO**

**Managers don’t fully understand what psychologists currently do and what they could do.**

Like the Heads of Psychology, Managers and Trainees thought that there was a poor level of understanding of what psychologists could do.

*We can get frustrated at times when we feel there’s an area when we could really be of benefit as a service but maybe it’s people don’t really understand what we do.*  [FGA6]

**Psychologists underselling psychology**

Again, psychologists accepted some responsibility for this lack of awareness of their potential input.

*I think that’s because we don’t promote what else we could do, and so there’s actually a lot of folk who don’t understand what we’ve got to offer. And the focus is different in different jails…. There’s just not a good understanding and that means we don’t get used to the best effect.*  [FGA2]
THEME 2. ROLE RESTRICTION AND EROSION

Underdevelopment of specialist services

There were many comments about the potential for developing specialist services but that this was impossible because of the requirement to manage and deliver programmes.

*We can be quite like a programmes officer, so while we’ve been to University, we’ve got skills as a psychologist, we’ve got knowledge as a psychologist, we’re not getting to use that as much we could be and we’re almost getting used as a programmes officer.* [FGA1]

*We could be a bit more specialised in our service rather than doing a lot more generic programme stuff. I think people tend to get sucked into programmes and it becomes your entire working day and actually that’s not what psychologists should be doing.* [FGA6]

*The establishments that are running programmes like MFMC that have a big need, you just get stuck delivering …*[FGB5]

Nonetheless, the importance of programme management and delivery was acknowledged, although the need to gain experience in other areas was expressed.

*I think a lot of people believe that [programmes are] our role… I think that is a positive. People get a really good grounding in terms of basic psychology skills and how to apply them to group work. But sometimes it doesn’t take that step beyond into different areas, whether that be research or risk or whatever it is.* [FGA5]

Suggestions for specialisms included working with complex cases, such as people with personality disorder, brain injury, and autism, and also providing consultancy to staff working with complex cases.

*I think that forensic psychologists could help more with awareness and assisting people with traumatic brain injury, whereas I think we’ve got the attitude of that’s clinical psychology. I think we’re doing ourselves an injustice by saying that it’s not us, it’s not in our contract, and I think we do have the skills to work with specific populations and support and assess them in custody and hand them over to the community.* [FGA7]

*We should be doing a lot more consultancy work – working with really complex cases and trying to help other services understand [them] …. and trying to devise risk management plans that may help.* [FGA6]
Working with people at the ‘top end’ who are on their way to release from prison, as well as following cases through into the community were seen as important but neglected areas.

_Lifers, particularly the ones at the national top end, some of the cases that come through, you think why has this person never had a full risk assessment? …._ So then you’re dealing with somebody who is potentially really, really risky and presenting some concerns… And some of the other arguments are what’s the point in doing a PD assessment or a PCL-R because there’s nothing that we can do with it anyway…. [FGA4]

_And have a lot more links into the community …. It feels like a treadmill sometimes – pushing people through programmes, and not following through on anything. [FGA6]

Increased individual work and non-programme group work were aspirations, although resource issues were acknowledged.

_There’s …. a will from most psychology departments to do more individual work, but there’s a resource issue. [We’ve] started making moves towards that individual work but then we spread ourselves too thin. [FGA3]

Research was also noted as a skill that was seldom used in establishments, although where research has been conducted it has been of value.

_I don’t think we’re research focused enough….Research tends to be put down the priority list… that can go and we focus on other things. [FGB6]

_The Governor has asked us to get involved in a lot more research such as situational risk factors for violence … which I’ve found useful and I think it’s more what we should be doing in terms of consultancy and steering policy. But it’s not HQ driven, it’s locally driven, so it’s operating in isolation. [FGB7]

A lack of direction with regard to developing specialisms was mentioned, although in some establishments the role of psychologists was under negotiation.

_I think it’s not clear what we stand for though. I don’t feel that it’s a clear direction that we’ve got. [FGB7]

_We’ve been asking what can psychology be doing, rather than just what we’ve been doing for years. It comes down to your Head and what they see as the vision for the department and how that’s agreed with the Governor. [FGB6]
Non-psychologist staff taking over psychologists’ roles

A heavy involvement in programmes has the consequence of lessening involvement in other activities, such as risk assessment. This can lead to a neglect of important psychological aspects of the assessment and management of prisoners.

_We do the risk assessments and feed them back to the risk management team, but the kind of things we should be involved in we’re not. So, thinking about somebody moving back to the community, we’re talking about scenario planning – that seems to come to the table already done, but I don’t really know who does it. I think we need more of a role in that ….. We need to emphasise the psychological parts of it too._ [FGB6]

THEME 3. QUALITY ISSUES WITH PROGRAMMES

Concerns about the quality of programmes were frequently expressed, with a number of areas requiring attention.

Officer training and supervision

Officers need to have training, support and supervision to sustain the quality of their programme delivery.

_The facilitators have to have an understanding of actually what the programme is meant to achieve rather than just going through a manual ticking the boxes, and then saying ‘well done, you’re done’. I don’t think prisoners are getting encouraged to go away and practise and come back and tell them about what they’ve been doing…. I think to a certain extent some programmes… I’m not sure what impact they are having. I’m not sure the quality is good enough. I think programmes are valuable if you do them well. I think [facilitators] need to have good training, they need to have good post-programme supervision…_ [FGA2]

However, sometimes supervision can be impacted upon adversely when people are too busy to fulfil the role adequately or where there are insufficient appropriately experienced staff for the job.

_It’s about the supervision as well, perhaps. And that ties in …with being quite stretched and establishments can be quite short of supervisors… and we look for a supervisor and it’s not necessarily …that you’ve got the knowledge and the skills … it’s more like who’s best placed to do this because we need someone to do it .. and that means that folk step up to_
that role [prematurely] but that impacts on the work of the people they’re supervising…. [FGA2]

Supervision has become formulaic…. People go into a supervision session, and they watch a bit of the session and they’ll give feedback on the session, perhaps talk a wee bit about what’s happened in a session and maybe it’s not documented. [FGA2]

There are missed opportunities for development and support of supervisors.

I’m not on any [training] route, but I have vast experience of having been in the prison service for a number of years and I am finding that I am supervising people who are on the same pay scale. [FGB3]

However, the application of competency criteria for supervisor selection has gone some way to solving the issue of quality of supervision.

Going back many years, at that point there wasn’t any clear criteria for supervisors. People were coming in with very little experience and becoming supervisors. And there needs to be a clear level of clinical practice skill before you can get to [supervisor] level, and that’s actually got rid of a lot of that problem. [FGB6]

**Prisoner selection**

Appropriate selection of prisoners for programmes was considered important, but operational issues were seen to trump psychological issues, to the detriment of programme quality.

You can see an impact [of programmes] on people but where we fall down is putting people on programmes who are not ready. We’re probably a slave to that because of the policy for prioritisation… [FGA6]

Actually, we have to go by liberation date. Even as a psychologist, my hands are tied unless there is something that really stands out…. [FGA3]

There’s national guidelines that say you cannot skip anyone – the list has to go in order of critical date, so you just go down the list until you get ten…. No-one cares about programmes as such …it’s more about when can we get this guy out…. rather than what we can do for him. [FGA7]

And sometimes it’s not even about getting him out, it’s about avoiding litigation. [FGA2]
We do give consideration to responsivity issues on selection boards … definitely for MFMC. But there is definitely more of a push on that critical date… [FGA4]

**Operational versus treatment issues**

The lack of distinction between operational staff and psychology quality-focused staff leads to situations where quality suffers.

So we have a programmes team that’s made up of psychologists and programmes officers but when the programmes officers go off sick psychology is stretched across, and you can very much start to feel as if you’re constantly doing programmes and not actually developing yourself as a psychologist. [FGA6]

In an establishment, when a programme cannot be run because of lack of numbers, prisoners can be ‘pulled in’ from other establishments. This must be unsettling for prisoners and staff.

We aggregated treatment needs over the year and put them to HQ. One in particular related to anger-related violence. We had a need for one group and they came back and said you need to do two. So we had a bit of battling about well that isn’t what our needs of the population are; we’ll have to start pulling from other establishments, which doesn’t sound great. [FGB7]

**Key Performance Indicators (KPIs)**

Very much linked to operational issues is the drive to meet targets set in an establishments KPIs. Meeting KPIs can be at the cost of quality.

When it’s so focused on KPIs, you’re not really looking at the group dynamics, which you should be; you’re not looking at who’s coming in to what programme … you’re not really doing a proper selection.. [FGA1]

Programmes give like KPIs, so a lot of them are pushed by governors in terms of they’re something… that can be measured….. We’ve had massive fights about do we even have enough staff to run the number of programmes that they want, and you’ve just got to suck it up. [FGB2]

**Lack of audit**

Programme audit procedures were seen as lacking, again to the detriment of programme quality.
The audit gives you a focus, gives you buy-in from other people, it sets the standard. You want to attain that standard and generally so do your team. …Where I work there’s a big team of programme officers that have been there a large part of their career and it's probably time for a lot of them to move on, but there doesn’t seem to be any process to help that happen. They just keep ticking on doing just enough, but that’s not enough. [FGA4]

Culture

The prison culture was seen as undermining programme effectiveness. There appears to be little awareness training for staff in general to help support programmes.

A lot of what we do in programmes can be undermined in a heartbeat when they go back to the hall. It's frustrating. So, I think if prison officers understood a bit more, like what impact their interactions have with that person, that might help foster what we are all trying to achieve. [FGA6]

THEME 4. GAPS IN SERVICE PROVISION

The discussion focused on gaps in service provision that psychologists could contribute to filling.

Top end and open estate prisoners

There was a view that more work should be done at the prisoner’s pre-release stage.

I’ve actually heard people say when people are at the top end they shouldn’t be any risk and it boggles my brain because of course they are because they are coming up to a much more testing environment. …. [Top end] is where we should be topping up some of the programmes work. [FGA6]

I think there’s a load more scope for psychology involvement in the open estate, both to smooth transition from top end to the open estate and from the open estate out into the community. There’s loads that we could be doing and there just isn’t the resources channelled into that at the minute. [FGB4]
Prisoners who are ‘stuck’

Working with prisoners who are not making progress was another opportunity for psychological input.

_We’ve got a lot of folk that have been in for years and years beyond tariff and … they just seem to float around the system … and I think we’ve got a problem motivating them to look forward to a life outside. And that’s where the desistance stuff comes in terms of giving people hope and trying to help them understand why they behave the way they do and actually engage them…._  [FGA2]

Domestic violence, violence, and fire-raising

Some identifiable needs are not served by any programmes currently available in SPS.

_The bit that … worries me is, in terms of meeting treatment needs, we’ve got a whole host of people with domestic violence needs that we don’t have a programme for…. It’s the same for other violence related needs. …. So we’ve got a database full of these people but they kind of get lost. So going back to the point about central management, I think that’s what I mean when I say I’m not sure what we stand for or the direction, because we’re pulling all this information together, saying what these needs areas are but we’re still not meeting it. Fire-raising is another one. …_  [FGB7]

_Domestic violence is a big issue for us in the open estate as well … it’s been identified in a GPA or a PCNB as being an issue for somebody then there’s nothing that we can do about it. So they’re just progressed to the open estate with a need that we then have to manage that person back into the community. Sometimes they haven’t even had a SARA done, so we don’t actually know anything in-depth about the nature of that offending and it can be quite prolific sometimes, across several relationships, over many years._  [FGB4]

THEME 5. LACK OF CO-ORDINATION OF INPUT

A concern was raised about a lack of co-ordination of input to prisoners, both in-service and bought-in services. Concern was about quality control.

_What we need to have is somebody who knows what services are doing what because there’s a risk of duplication and there’s a risk that we don’t know what treatment people are getting, the integrity, whether it’s accredited or not accredited, and I just think it needs to be more co-
ordinated. … There’s often blocks about what people will share information about. [FGB7]

Another concern was duplication of effort, particularly by untrained and unsupported staff.

Airmaps is another thing we should be involved in at a strategic level. When you look at the Airmaps, there’s such a crossover with some of the content of programmes and some of the assessments we’re doing, and psychology was never, ever involved in it. And it’s being rolled out. It’s where they talk about people’s histories, setting goals. The officers who are rolling it out don’t have training in how to deal with disclosures, they don’t have the support in place, there’s no proper supervision, what happens if somebody’s struggling with their emotions, and ….I’ve even heard them say they’re finding this more useful than programmes because it’s one-to-one. But this isn’t programme work though – so they actually give the wrong message that you don’t need to engage in programmes because you’re in Airmaps. So, how does this all fit together? ….It’s not co-ordinated. There’s no discussion about how that fits with what’s already in existence. [FGB7]

Lack of co-ordination may give prisoners the opportunity to avoid addressing important issues.

If they want to avoid things, they can say they’re working on that with such-and-such. [FGB3]

THEME 6. THE ORGANISATIONAL REVIEW

Translating the aims of the organisational review into practice

There was acknowledgement that an asset-based, desistance-informed approach was the right way to go for SPS, but alongside that there was concern about translating this into day-to-day practice.

They can’t really conceptualise that. How do you translate [the desistance approach] into what you’re doing on a day-to-day basis? [FGA5]

All of our programmes now are far more Good Lives, strengths focused…. There’s nothing in the Organisational Review that sees that that’s what we’re doing in programmes. But how do we actually tie that across to what’s actually happening for men and women in the hall environment. [FGA5]
It’s about influencing culture, if we can, and we are thin on the ground. We talk a lot about desistance, and we give a lot of lip service to certain things, but we don’t actually see it or hear it in practice with the way people talk. [FGA2]

**Joint working**

The aim for joint working was applauded, but the view was that the practicalities remain to be addressed.

*I’d like to see a bit more, you know when someone finishes a programme have a targeted case conference, bring their family in, bring their partners in so they can start to understand …* [FGA6]

*… we don’t join up with the NHS and other services.* [FGA4]

**Personal officer training**

The aim of professionalising the personal officer role was endorsed. However, this raised issues of training and support. Psychologists felt that they could expand their input into officer training.

*We could have a much better role in training. I know we train in programmes and risk stuff, but I think a wider [role is possible].* [FGB7]

In some cases, training that psychologists could undertake was being bought in from outside agencies.

*Working with disability, working with trauma, working with loss, looking at general wellbeing … there’s been a lot of investment in training across the establishment. We haven’t been involved in this training – it was all bought in.* [FGB6]

A need for officer training with regard to the Organisational Review was identified.

*… the whole strategic objective of Unlocking Potential, Transforming Lives is that every interaction is an opportunity to try to promote change. So… are the officers trained sufficiently in doing that, because we’re expecting them to do these meaningful interactions, but do they have the skills? That’s a training area we could become involved in.* [FGB7]

In some cases, psychologists had been asked to contribute to personal officer training. However, this was not a national initiative.
We’ve just developed a new initial interview … and we put training alongside it…. to help with risk management. You really need to understand and know this person in order to be in a position to effectively help us get them safely back out into the community. So, I definitely think there’s a role for psychology in the training side of things. [FGB4]

College staff are keen on psychology input. Whether that goes all the way up the line … it’s always the informal chats. [FGA2]

Resource issues

Resourcing the implementation of the aims of the Organisational Review was a concern.

When we’re thinking about an asset-based approach, working with individuals and what their needs are … I work with sex offenders and a lot of the time the view is just do programmes with them, but we’re getting to the point where there’s actually a lot of cases where it needs a more individual approach. We need to be thinking more about that, community facing stuff and using other agencies… and that becomes a bit more of a battle at times because that involves extra psychological resources. Meanwhile, they just want us to invest our resources in doing the programme … rather than think how can we add into that with other services. [FGB2]

Marginalisation

Again, psychologists felt marginalised in the Organisational Review.

You search for psychology or psychologists and it comes up three times in the whole lengthy document. [FGA4]

THEME 7. PROFESSIONAL TRAINING

Professional qualification

As mentioned in Section 2, working towards a professional qualification requires considerable effort. There were questions about the organisation’s level of support for individuals working towards qualification. Some people queried why they had to complete work at home even though it was work that benefited the organisation.
Personally, I do a lot of [professional qualification work] in my own time…… You’re still delivering it for the organisation …. It almost gets to the point where it feels exploitative…. If you are going to do a training route you need to be supported by the organisation. I don’t really feel we get that. It may be that people don’t understand what competencies we’re trying to develop. [FGA6]

I’m doing a bit of consultancy …. That’s not been the priority in terms of my work load, so I have to write my consultancy work at home in my own time, even though it’s for SPS and it’s a need they identified and they asked psychological input for. [FGB2]

There were issues regarding the struggle to identify opportunities for skill development.

You’re contracted to [progress towards the professional qualification] as well. I won’t get an opportunity by the year end and I’ve been told it’s my responsibility to get these opportunities, but I’m not progressing fast enough. [FGA7]

I found a placement at [XX] and got the head of [XX] to say he’d supervise me, and I even offered to take annual leave or build up hours so I could take a Friday off for like 6 months to be able to go and work there and they told me they wouldn’t support that. [FGB2]

There was inconsistent support across establishments and a desire for some consistency.

There’s no consistency. Each head of department has their own idea about what amount of time should be given for training … I raised this at HQ ages ago and was told basically it’s pot luck. If you’re working in an establishment where your Head supports time in work then good for you and if they don’t then tough luck. [FGA4]

I think we would benefit from having national guidance on time protected….because it’s done establishment to establishment it depends whether they have time and what they decide. But if you actually had protected time that came down from a national level, then it would be fair to everyone. [FGB5]

One result was that trainees focused more on the qualification than the quality.

Training can almost take over. As an organisation, I don’t think we’re very good at working out how to align [training] with natural work…. We can get fixated on ‘when are we going to get qualified’, which can distract from just getting good at the job. [FGA2]
You’re so focused on getting the qualification that you’re neglecting the fact that actually ‘are you ready?’ [to supervise] because you need to do it to get yourself chartered – to demonstrate the competencies. You’re just wanting to get in there and get it done as quick as rather than thinking ‘Am I ready for this? Should I be in this role?’ [FGA6]

**Continuing professional development**

Qualified staff felt that more could be done to develop their skills.

*There’s a quarterly peer supervision for chartered and registered. Half a day. Attendance fluctuates…. As a professional body we need that supervision. It’s voluntary.* [FGB6]

*There’s something about upskilling officers, but there’s also upskilling our own departments.* [FGB2]

Mobility of staff is one possible way of developing skills, but moving staff is not commonplace and nor is deploying staff to specific tasks across establishments.

*My manager is happy having me move to a different establishment based on the person that she’s swapping for me having the same experience or skill base as me … I think it would be really important to have that experience, say working with sex offenders, to say that I do have the skills. But just now there’s no opportunity for me to move.* [FGA1]

**THEME 8. HEAD OF PROFESSION AT HEADQUARTERS**

Like Heads of Psychology, Managers and trainees favoured the appointment of a Head of Profession at HQ level. This person could give direction, mitigate indecision, and influence policy and strategy.

*If we go back to the time when there was [central management] … you had that figure there who was taking the lead… we’re missing anyone to take that steer…. Direction isn’t as clear as it used to be.* [FGB6]

*It seems like at every Head of Psychology meeting there’s a discussion about ‘whose role is that?’ … If you look at Heads of Psychology minutes you can see exactly the same discussions from three years ago and so on…* [FGA2]
Because there’s no Head of Psychology at HQ, at directorate-type level, proposals never seems to go anywhere. It sits in an abyss where nobody seems to think they can do anything with it. [FGA5]

With no Head of Profession, the feeling was that the reputation of psychology has suffered.

I don’t think it was like that a number of years ago. … At senior management level, at a national level, there’s a feeling that psychology maybe doesn’t have as much to contribute than they used to [think]. [FGA5]

I think it’s because we’re not co-ordinated. There’s a sense that we’re disjointed … you need someone at the top. [FGA6]

There was no strong preference for central management over local management, but rather a desire for cohesion.

With local management you’re part of the establishment and you are more embedded. [FGB6]

We’re more isolated when you’re locally managed as a psychologist because you don’t have the same framework. Before [when centrally managed] we’d come together for research days and I think everybody knew who everybody was…. I certainly feel we’re operating in isolation as a psychology department. [FGB7]
Appendix F.

INTERVIEW SCHEDULE FOR GOVERNORS

We have been commissioned by SPS to review Psychological Services in light of the SPS Organisational Review – ‘Unlocking Potential, Transforming Lives’.

We are:

- **Professor Mary McMurran**, an HCPC Registered Forensic and Clinical Psychologist who is currently Professor of Personality Disorder Research at the University of Nottingham.

- **Mr John Hodge**, former Head of Psychological Services at Rampton Hospital and former Registrar for the British Psychological Society’s Qualification in Forensic Psychology.

- **Professor Cynthia McDougall OBE**, former Head of Psychology for HM Prison and Probation Services and currently Professor of Psychology at the University of York.

The purpose of this interview is to ascertain what Governors value about current Psychological Services’ activity, what they see as the scope for development in Psychological Services, and what they perceive as the implications of the Organisational Review for the future roles, staffing, and organisation of psychological services. We will use this information to help us make recommendations to SPS about how best to configure Psychological Services to meet SPS needs and aspirations.

The interview should last about 30 minutes.

This interview is being recorded. Your interview will not be passed on to anyone other than the people conducting the service review. Your views will be presented anonymously in all reports. We may quote you verbatim but no information that could identify you will be given.

Do you agree to the interview on these terms?

=====================================================================

1. GENERAL

i. Please tell me your name, place of work, and your position.

ii. Which OBPs run in your establishment?
2. CURRENT SERVICES

i. What are the current roles of psychologists in your establishment?

ii. How are psychologists managed and to whom is the Head of Psychology accountable?

iii. How are Psychological Services’ performance targets set, monitored and reported?

iv. What are the positive contributions of Psychological Services in your establishment?

v. What would improve the contribution of Psychological Services in your establishment?

vi. Do you think the current number of psychologists, the proportion of qualified to unqualified psychologists, and the level of psychological expertise and experience is optimum for the service your establishment needs?

vii. What are your views on the management and accountability structure of Psychological Services for developing and maintaining an optimum service?

viii. Are there any written reviews of psychology activity that we could access, e.g., annual reports to the Governor or to SPS HQ?

3. ORGANISATIONAL REVIEW

i. What do you see as the main implications of the Organisational Review for your establishment?

ii. What do you see as the main areas for development of Psychological Services that would better enable them to contribute to the aims of the Organisational Review in your establishment?

That’s all the questions.

We will be collating your views along with our own recommendations and presenting a draft to two focus groups of psychologists for further discussion.

Is there anything else you would like to say before we conclude?

Thank you for your time.
Appendix G.

FULL RESULTS OF INTERVIEWS WITH GOVERNORS

METHOD

Telephone interviews were conducted with 6 prison managers: three Deputy Governors, two Governors, and the Director of Offender Outcomes. The interview schedule is appended (Appendix 6). Interviews lasted between 30 minutes and an hour. Interviews were recorded.

The interview material was analysed using thematic analysis\(^\text{10}\), a method of data reduction that starts with identifying 'codes', which are pieces of information that are of interest to the analyst (words, phrases, or longer expressions of a single idea or concept) and then organises codes into themes and superordinate themes in a hierarchical manner. These themes are described below with supporting evidence in the form of quotes transcribed from the interviews. Each interviewee is given a unique reference, and anonymity is preserved.

RESULTS

Prison managers were very knowledgeable about psychological services and were helpful in the interview process.

The interview data were organised into 9 themes, some of which were organised into sub-themes. These are listed in Table 1 below.

Table 1. Themes and sub-themes in prison manager interviews

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
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<td>1. Positive contributions of psychologists</td>
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<td>2. Underused potential</td>
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<td>3. Role stagnation and erosion</td>
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<td>4. Risk reporting issues</td>
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<td>5. Performance targets, monitoring, and reporting</td>
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<td>6. Staffing issues</td>
<td>i. Staff numbers</td>
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<td>ii. Staff grades</td>
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<td>iii. Staff location</td>
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<td>7. Line management</td>
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<td>8. Head of Profession at headquarters</td>
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<td>9. Organisational review</td>
<td>i. Lack of theory to practice translation</td>
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<td></td>
<td>ii. Underplaying risk</td>
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<td></td>
<td>iii. Psychologists’ contribution</td>
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<td></td>
<td>iv. Psychologists will have to continue as they are</td>
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Evidence for each sub-theme is provided in the form of quotes attributed to an anonymised prison manager [G] by way of a number [1 to 6]. The conventions of presentation are that a string of dots (…) represents omitted material, for instance repetitions and tangential remarks, and material in square brackets indicates material that has been inserted to clarify meaning.

**THEME 1. POSITIVE CONTRIBUTIONS OF PSYCHOLOGISTS**

The broad range of psychologists’ activities was acknowledged by managers.

*The current services that they are responsible for are … ensuring all programme delivery targets are achieved; they supervise programme reports; they case manage OLR prisoners; …. The psychologist (depending on the grade and level of experience) …. will chair a variety of*
meetings – the PCNB meetings … they will also conduct a number of different risk assessments; they may supervise those risk assessments; some of them are responsible for practice supervision as well; and they attend a number of different weekly meetings, for example RMT meetings, mental health and primary care meetings… the Head of Psychology also has responsibility.. as a lead …all Heads of Psychology will have a lead for a particular strand of development work for SPS as a whole. [G2]

Consultancy and staff support about the management of offenders was valued.

They also provide consultancy to the separation and reintegration unit ....there is weekly meetings with the staff who work there, and it is twofold: it is to contribute to the actual management of specific individuals but it is also about welfare for staff...making sure that they are not being conditioned; make sure that they are fully aware of themselves; give them a bit of an insight...so there is a bit of management of the staff as well as the general management of the prisoners. [G3]

The psychology service are a good formal and informal support for our staff who actually work closely with the offenders. [G6]

..if I ever have difficulties in terms of the operational running of the establishment I very often pull in the Head of Psychology just for some expert opinion, in particular if I’m trying to look at the internal psyche of a particular individual that’s causing me concern. .... So, I very much value their contribution. [G2]

Psychologists' contribution to risk assessment and management was considered important.

I wouldn’t be able to do the risk management team without the input from psychology. Obviously, they do our risk assessments and between psychology and social work they are the professionals that give me the advice… [as chair of RMT] to make the final decision and without their support I wouldn’t be able to do that. I couldn’t imagine the job we do without having psychology input into that… They also manage the OLRs in terms of monitoring them and writing risk management plans for the Risk Management Authority. So they’re integral to our national top end and prisoners’ progression. [G5]

A role in incident management was valued.

Because of the skills set of the senior psychologists in some of the teams we get a good input into if we have incident management for example. They are trained in incident management roles to support incident command teams and so on ....so we get good support from that. [G6]
In terms of the value of psychology services, when an incident takes place ... I think we undervalue the benefit that psychology services can bring to the table when we're trying to successfully manage an incident .... When I'm managing an incident or when we’ve got an incident that requires mutual support from around the rest of the SPS estate, they’d be the first people that’d be sitting round the table with me. And currently I think we undervalue that resource. [G2]

There was acknowledgement of a service staffed by dedicated and industrious professionals.

I've got a lot of positive things to say about psychology. There’s a lot of dedicated people in the field and at HQ who are working quite hard to meet the demands of the job in relation to the population needs in their establishment. [G4]

Within my establishment… I’m really satisfied with [the psychology service] that I get. I’m really content. … I have the luxury of a really good Head of Psychology who comes forward with new ideas and he thinks proactively about what he can do to improve the service. [G2]

**THEME 2. UNDERUSED POTENTIAL**

It was recognised that psychologists could be deployed in more creative ways that would better use their professional skills. These other activities included staff training, staff support, individual work with prisoners, throughcare, mental health work, and risk management. Almost without exception, there was simultaneous acknowledgement that other roles psychologists could undertake were inhibited by the sheer pressure of programme delivery targets.

There’s no opportunity for [psychologists to be involved in other work] because of the volume of programme delivery. It consumes their time. It would be great if we had psychologists .. training more prison staff.... There’s certainly potential to get engaged in a broader spectrum ... [G1]

I think if we stopped tying them up in programme delivery ... What I think would also be useful because officers are not particularly subject matter experts so more involvement in things like behaviour modification and providing individual support for prisoners....a great scope there for providing help and support...they do it in the [segregation and reintegration unit] but actually across the whole establishment. But also one-to-one work with individual prisoners. [G3]
We need to spend so much time trying to get people on programmes that we actually really don’t measure the other end. You know, you might get a post programme report but then are we continuing to ensure that what that individual’s learnt is still being practised? That doesn’t happen particularly well. I think they could be better involved in ICM (Integrated Case Management) as well I think there is greater scope for them to be involved there. I think they could contribute to the annual plan. And to the throughcare...and certainly they don’t seem to be involved in throughcare to any great extent other than informing… risk management meetings for high risk offenders or indeed for even those that are progressing. They’re not involved in that throughcare at all. [G3]

We have issues where you feel people need some kind of clinical [psychology] input for their health. Now the NHS should supply that, but possibly there isn’t enough there and from the risk management team we wouldn’t direct someone to the NHS for some kind of clinical psychological support, whereas if we had somebody at the SPS then we might be able to utilise them…[The NHS] provide the necessary for people’s mental health but it’s linked to the mental health but not to the risk management. It should be covered by the NHS but it sometimes feels that there’s a disjointedness there. [G5]

Most of their work is focussed in and around delivery, preparation and post report writing for these programmes….. I think it constricts their skills; it doesn’t give enough flexibility for them. ... There [is scope to] be doing more one-to-one with some of our population....there is also a role I feel for them to expand...they do play a part in the risk management procedures, inputting to risk management teams, prisoner management plans but I think if we widened their scope a bit and removed some of the structured programmes, we would get far greater benefit from them using their skills to help us inform prisoner management plan;, moving towards the community would be my view. [G6]

I think the utilisation of all of the skills they actually have. I know that we have spent an inordinate amount of money investing in some of the psychologists .... things like CBT .....IPDE, training them on various risk inventories and management tools. We don’t actually seem to be getting our money’s worth on that....so it’s about, people have been sent away, been trained, and not given the opportunity to practice to the extent that we require them to do so. [G3]

They do feel a heavy burden on making sure those programmes are delivered - a personal responsibility. I think if we were actually to free them up from some of that we would start to use some of their real skills. ... They’ve got a wealth of knowledge and experience they could provide for our offender group to support them in the prisoner's journey in the prison.
That to me is the real thing - we need to free them up from the day to day
delivery of programmes to allow them to work more flexibly with
individuals on perhaps a one-to-one basis or group settings whichever it
may be. So that’s what I'd like to see expand here. [G6]

THEME 3. ROLE STAGNATION AND EROSION

Because of the burden of programme delivery, the development of psychological
services has apparently stagnated.

I’ve been involved with psychology for a fair wee length of time and I’ve
never really seen how they’ve developed over the years. I’ve never really
seen how they’ve continued to contribute to either individual prisoner
management or the prison management as a whole, other than things like
management of OLRs ... because obviously they’ve been .... legislatively
require to be [treatment] managers .... but other than that I haven't seen
any changes to the way that they operate. [G3]

Furthermore, some of the psychologists' work has been transferred to other staff.

[Psychologists should manage OLRs] however … the demands that we
had to deliver programmes meant that our psychologist simply wouldn’t
have the time to spend writing risk management plans and update them
on an annual basis for the high number of OLR prisoners that we have.
[G1]

THEME 4. RISK REPORTING ISSUES

In terms of what needs to change, one major candidate was post-programme
reports, which managers saw as too tardy, too elaborate, and missing the point.

While the programme manual sets a time for a post-programme report at 8
weeks, it's been as much as 20 weeks. That’s completely unacceptable.
… I’d like psychologists to bear in mind the needs of the audience when
they’re writing post-programme reports. I’ve seen post-programme reports
running to 20 pages. That’s not at all unusual and what I really want from
them is .. a synopsis of the risk when he went into the programme and
have they been reduced. Not how they have been reduced but to what
extent they have been reduced. I think a lot of the psychologists write
post-programme reports that are like a psychological paper for other
psychologists reading it and assessing the work that they did.... Nobody
that reads the reports wants that – the Parole Board don't want that; me
as chair of the risk management team don't want that. I just want to
understand to what extent has the risk been reduced and what risk remains, and the risk that remains does it need another iteration of the programme or can it be managed by appropriate supervision. [G1]

One possible reason for this difference of opinion on reports was a difference in perspective relating to risk and needs.

There’s a difference between what the prison manager wants and what the programme facilitator will write. The programme facilitator will say these needs were or were not met during the programme; what the manager wants is .... has this person’s risk reduced? They’re not really quite sure what the treatment needs were in the first instance and how that leads to risk. They want to know as a consequence of doing this programme has this person’s risk reduced in relation to being managed in less secure conditions or being progressed or being released. [G4]

Psychologists always favour more treatment; others say we’ve treated enough. [G1]

One of the issues that we have in terms of conflict between the psychology team and the SPS as an organisation – psychologists would want to -- sweeping generalisation not at all meant to cause offence-- treat all risk out. The SPS sets targets of numbers through programmes... So, we sometimes reach a tension where … a prisoner can go through MFMC on one, two, or even three iterations; psychologists are saying ‘we still think there’s an element of risk here’.... An alternative approach would just be put in a management plan built around supervision for that individual. You’ve got this professional tension that says ‘I know you’d like to do a Rolls Royce job, but we’re working with Ford Focus type of money.’... It’s very much about numbers and target driven and the more you spend on an individual, the bigger impact it has on the actual volume. And when the waiting list of those who require the intervention far outstrips what we can ever hope to deliver in any given year, it’s reduce risk sufficiently to allow us to progress and be tested and perhaps be tested under a more stringent supervisory structure than you might ideally want. [G1]

**THEME 5. PERFORMANCE TARGETS, MONITORING, AND REPORTING**

Target throughput for programmes, which are the Key Performance Indicators (KPIs) for establishments, are set centrally on the basis of data on establishment needs. Most interviewees in establishments were familiar with a process of basing establishment KPIs on the needs identified in the past year. However, at HQ the approach is to base targets on a current needs analysis of the prison’s
population. This difference of approach may explain why there can be tension between centrally set targets and local resources

There are KPIs in respect of delivery of different types of programmes.... We propose targets, submit them to the centre, centre will review them and either accept our targets or ask us to amend them.... Invariably amend them up the way.... That can cause a bit of tension locally because a programme like MFMC can be really demanding and there's a requirement for staff to [take a break] from the programme after a period of time. If you stick by the programme manual we'd not be able to deliver the targets that are sometimes set for us. [G1]

Performance targets are actually set by myself as Governor and headquarters. Now what we will actually do is historically have a discussion with ... the Head of Psychology, look what's delivered in previous years, to see if there is any change or likely to be any change in our population profile and we would need to deliver more or less programme or indeed look at different programmes to deliver and then it's really brokered between myself and headquarters what the targets would be for the forthcoming year. That is a bit cumbersome...it's not as scientific as I would like it to be and its almost done on a historical basis. [G6]

Non-programme work is negotiated locally.

..In relation to any other work that is undertaken by the Heads of Psychology and their teams within prison, that is done at a local level. So for example, risk assessments, PRAs, top-up work, OLR work, and case management, that would be determined by Heads of Psychology and the Deputy Governor in … that establishment. So that wouldn't involve headquarters whatsoever. [G4]

Targets for non-programme work might be advantageous, but this is problematic from a measurement point of view and also because of a lack of awareness of other activities.

I think it would be useful to set targets [other than programme KPIs] if we were actually fully aware of what we could measure and what targets we could set. Unfortunately I think the role of the forensic psychologist in the prison is sometimes a bit of a mystery. We're not entirely sure exactly what they can contribute to so it would be......I think we would need further information if we could set some specific targets. [G3]

Usually, performance is monitored in local meetings.

There's a business meeting every month at which we will look at the progress of delivery against each of our programme targets, the number of
individuals that require two-to-one treatments, the projected timescales for those treatments being delivered. [G1]

[Targets set through KPIs]. The [psychology team] identify [OLR prisoners’] needs …. [psychology] business is discussed in great detail at our monthly business meetings. The senior team will get together, we’ll go over [psychology] performance targets in relation to programmes, but we’ll also go over other areas of work that [they] focus on, e.g., OLRs…. The current Deputy Governor who is [Head of Psychology’s line manager just now] has regular one-to-one meetings … when they discuss any areas of work or any issues that he needs to have addressed or escalated at a higher level. [G2]

Dissatisfaction was expressed with numerical monitoring rather than quality of outputs.

Yes, they are all numbers...the headline numbers. Ten of this; 12 of that....Just really outputs. Where we are trying to work towards is what difference we make to the individual ...an outcome for the individual may be they may never have engaged in any offender programme in his life in custody before and this time he’s engaged in it, so the outcome is his participation. So we are trying to get to those measurable things within the establishment as opposed to the actual national headline figures... So, we’re not actually measuring the real outcomes for the individuals… I don’t want to sound cynical. We’ve been trying to change this for a number of years. Unfortunately politicians like headline statistics to be able to say x many prisoners have gone through rehabilitative programmes and therefore they’ve changed. We know that doesn’t measure the change in an individual so we’re working to alter that. [G6]

THEME 6. STAFFING ISSUES

The staffing issues around meeting programme targets and becoming involved in a wider range of activities included numbers, grades, and location.

Staff numbers

The general view was that staffing levels are barely adequate to deliver programmes, but that any extension of psychologists’ work would require more staff.

For what we deliver just now we’ve got the right profile, we’ve got the right level of experience we’ve go the right level of new people who are developing there for pushing the agenda forward. If we were to go towards
what I am describing a more flexible approach, a less hands on approach to working with the programmes, I suspect we would probably need another D-band psychologist to allow us to do that. the makeup of the team is good though because with that kind of balance between experienced and less experienced actually works well for us but had we have to push the agenda a bit, I think another D-band would help us do that. [G6]

I think if we were to use them to their capacity it would be (enough) but because we don’t get the whole professional remit from them I find sometimes it does feel they are a bit sparse. [G3]

One of the things I do know is that the targets that have been put forward to the psychology team and the programmes team in relation to the next financial year we’re querying because they are asking us to deliver more. Looking at the existing resource that we’ve got and the challenges that we have we’re not going to be in a position to deliver everything that’s being asked of us. So, that’s naturally putting a bit of pressure on the [psychology] team just now. [G2]

The treatment team consists of a treatment manager, a lead facilitator, and a facilitator. We don’t have sufficient numbers – we don’t have enough leads, we don’t have enough treatment managers. Oftentimes we’ll have to have a treatment manager double up as a lead, so that’s increasing the pressure on that individual, because not only will he or she have to deliver in group, but she will have to supervise, she’ll have to supervise the post-programme reports, so on and so forth. [G1]

One issue about numbers related to lack of cover for long-term leave.

There’s no cover for maternity leave, a programme’s either paused or goes down or someone has to cover. [G4]

**Staff grades**

Comments about grades largely focused on the shortage of qualified and experienced managers.

The shortage is at F band, not D band. There’s a shortage at F Band as in treatment managers who are competent and experienced in the area that they are working in. We need an F band level with competence in sex and violence. [G4]

If we want to do this, we want to do it properly. We need investment in resources at the middle management level, and there needs to be more
qualified and experienced… people who are recruited to deal with, in the main, violent offenders and sex offenders. [G4]

Additionally, the requirement for Heads of Psychology to be chartered was queried. This was decided originally because there was a need for a chartered psychologist to be co-ordinating supervisor for trainees on the chartership route. However, now registered psychologists are viewed as independent practitioners and where these are in F band posts this can create anomalies.

You can have someone who’s chartered who isn’t a leader….. but because they tick the chartership box they can become a Head of Psychology. Whereas you can have an F band who’s HCPC but not chartered who ticks all of the [leadership] boxes. That’s got to change. It’s the best person for the post, not what’s seen as the elite chartership box. [G4]

[Head of Psychology] is the only Chartered Psychologist. I think having team leaders who would be chartered and able to be more autonomous in decision making whereas all psychological type decisions go through [Head of Psychology]…. The sheer workload and responsibility all sits with [Head of Psychology]. [G5]

There’s also this other complicating issue which is that I have got an F band Psychology Manager who is very experienced in … working with sex offenders … so, she’s actually subordinate to the Head of Psychology. However, in programme delivery terms she’s her supervisor. … It’s a strange situation where you’ve got effectively someone supervising their line manager. ….. She went down the HCPC route and so was deemed ineligible to go for the Head of Psychology role…. It leads to this anomalous situation where some of our most senior practitioners end up supervising the work of their line managers. [G1]

These matters of staffing levels, grading and advancement were seen sometimes to militate against good quality professional practice.

There’s not enough really, really experienced middle managers. … And that’s where people have been promoted too quickly …. and they’ve not had role models … they’ve not been exposed to the most experienced Heads of Psychology… There’s been a lot of maternity, there’s been work-related stress, there’s been too much people in programmes for too long but they’ve held on because that’s the best they think they can do, there’s been .. people trying to juggle quite a lot of work, working in some cases longer than they should. Personal development may suffer from that. The positives are that the population, as in the prisoners, have had their needs met…. [Psychologists] are trying to do their very, very best, but they are under-resourced…. Sometimes, from an accreditation point of
view … you are maybe not doing things the way they should be done. [G4]

Staff location

Having appropriately qualified and experienced psychologists in the right places to deliver programmes was seen as suboptimal.

In the main, what we do not have is enough treatment managers for the larger programmes and if I’m being honest with you there’s a dispersal of middle F band Managers across the estate that doesn’t support the delivery of the two big programmes. It’s partly because they’re not sufficiently trained but I think the allocation of resources doesn’t match need. There’s not been a ‘who has what skills’ matrix against a ‘who has what needs’ matrix done. … We don’t have the right people in the right place. Programme delivery is quite fragile in relation to the support required from treatment managers and the Heads of Psychology. We just don’t have enough treatment managers in the right prisons. We’ve got large waiting lists for programmes and we don’t have the size of treatment teams to meet demand. [G4]

This leads to two prospects – moving staff or moving prisoners.

We tend at present to deliver programmes at each establishment addressing the need in that establishment but I think they’re starting to look more on a national basis…. they will have to look across the estate and get prisoners in the right place. So, for example, if we were running a Constructs programme but we didn’t have sufficient individuals here who needed it, we would need to move individuals from another prison into it, so they’re starting to look at that more from a national basis. [G5]

THEME 7. LINE MANAGEMENT

There were mixed views about local management of psychological services. Some prison managers were happy to take responsibility for the operational management of psychologists.

My view…. is that I like having psychology services .. being part of my area of authority. I suppose that’s because I find them an incredibly valuable resource for a number of different reasons…. It’s a bit of a luxury but I like having psychology on site and within my area of responsibility. I understand I’m not an expert, but I don’t think I need to be an expert provided that I’m confident in the [psychology] team…. The one thing I
would find very sad is if a decision or a recommendation comes about that suggests that psychology services should almost be swallowed back up into headquarters again. I wouldn’t want that to happen. [G2]

Others thought that central management would be a better arrangement, giving greater attention to quality issues.

[Line managing Head of Psychology] is somewhat strange. We’ve got in the centre psychology advisers who would actually be better placed to manage the Head of Psychology in each of the large establishments….. I’m a general operations person therefore can’t really comment on the efficacy or the approach taken in delivering the psychological programmes. [G1]

[Quality] isn’t monitored. You’re dependent on the Head of Psychology who works in that prison…. It would only come to our attention at HQ if there was any doubt by the line manager of that Head of Psychology if there was an issue… we’d never know unless it was brought to our attention … but then it’s not a look-at from a line management perspective... [G4]

Nonetheless, there was clarity about the operational side of the management role.

So, it’s performance management rather than the delivery of psych services; it’s the throughput, the speed at which they are delivering, and what monitoring arrangements are in place so that psychologists are fully engaged all the time … delivering a programme is only 3 days, what are they doing the other 2 days? …You cannot say that because they are trained psychologists they can self manage. [G1]

THEME 8. HEAD OF PROFESSION AT HEADQUARTERS

While there was no clear preference about management arrangement, a stronger professional leadership was endorsed.

I definitely, definitely agree [that there should be stronger professional psychology leadership at HQ]…. I don’t believe there is anybody with a psychology background sitting at the top table in the SPS. [G2]

I think they are really quite divorced from the professional management…. I think from a linear, you know, first line management structure in prison it’s fine. It’s absolutely fine. I can quite easily comment on amount of delivery of programmes and how they are effective that way but I wouldn’t actually know if it was good, bad or indifferent. [G3]
Of those who said they remembered when there was a Head of Profession, one considered this the better arrangement and the other thought it simply another layer of bureaucracy interfering with speedy decision-making.

*It worked much better with a Head of Psychology. There was a leadership there that’s not apparent just now… There’s no professional guidance that I can give, I give line-management leadership ….A Head of Psychology would be really useful.* [G4]

*I think people … look back to having a Head of Psychology because … they want somebody to make a decision as most bureaucracies do. They want a head of department to make that decision. I'm not wedded to that, I have to say, because I do think if you can get it functioning well at local level between the Governor, the Head of Psychology and the psychology team I think you can actually have quite a powerful unit there that actually delivers things and…..[decisions] about 95% of the business you do can be made at local level. I think when it comes to things like perhaps national policy development, identifying people who would support national incident command teams or actually saying to somebody 'you have to do it' …..I think that's where people default back to we would like people to have a Head of Psychology to be able to tell people to do that or to make a decision.* [G6]

The requirements for a Head of Profession would be that this person was at a higher grade than Heads of Psychology in the field, and would be an expert in applied prison psychology.

*[For a Head of Profession] you need to be at a higher level….. you’d want someone who was really, really informed on sex offending and/or violence, because that’s what’s on the rise and in the main is the population that we deal with and you’d want someone who was very, very clued up on that. In terms of leadership they’d then be able to set policy that would be accepted by the G bands in the field.* [G4]

*But the psychologists in headquarters… don’t have the line management of psychologists in each establishment and I think maybe it would be useful if there was somebody who had that level of expertise and responsibility because although [Head of Psychology] reports to me as his line manager, I can’t comment on the quality of his work.* [G5]

This person would advise both prison managers and Heads of Psychology.

*There isn’t that level of supervision at headquarters of somebody senior. If here when I'm managing the Head of Psychology I don't have anyone to*
go to for advice…. The Head of Psychology doesn’t have someone senior to go to for advice. [G5]

THEME 9. ORGANISATIONAL REVIEW

Lack of theory to practice translation

While positive in its stated approach, there was a view that the means by which the theory of the Organisational Review would be translated into actual practice were not clearly specified.

There hasn’t been a lot of obvious activity going on in the wake of the organisational review. It talks a lot about transforming lives and unlocking potential, and it talks about the professionalisation of prison staff, and working with third sector – all that type of thing. But there’s not a lot of activity to say here’s how it will work. … Other than the introduction of throughcare staff, there’s nothing we can point to that we can say that that’s a direct result of the Organisational Review at a local level, and I think that’s because… there is no obvious mechanism for how the organisation is going to deliver all the initiatives set out in the organisational review. It’s sort of lost its way to a large extent. [G1]

I think the Organisational Review was …very strategic when it was published …. What we haven’t had is that operational devolvement for members of staff on the ground. What you’ve had is local translations of it; how the Governor and myself have actually translated that…so there’s not really been any clear direction from HQ about how the review should impact on us. We were supposed to be provided with what was known as road maps, but that was two years ago – we’re still waiting on that. So there’s not been any clear direction there. There’s no governance …. to make sure there is consistency or indeed that local application is in fact conducive with the Organisational Review. Don’t get me wrong there are conversations between other management teams in other establishments but it is mostly ‘what are you doing’ and ‘is it good or is it bad or indifferent and can we utilise it’ rather than how does it actually link back up to the Organisational Review. [G3]

There’s an approach to desistance; it’s not been determined what that looks like apart from in the Organisational Review. It’s said that we’ll work toward a more asset-based approach, but there’s not been a desistance policy per se or an asset-based approach policy. It’s been encouraged through the Organisational Review, but there’s not a strategy in place…. I’m not sure how that would be taken forward and what input psychology would have to that. [G4]
One exception to this is throughcare support.

The [Organisational Review] is where it needs to go and it’s having benefits already. The experience the [throughcare support officers] are having of people going out into the community just shows where a lot of the shortfalls are in terms of the integration between community services and our own services. … Individuals are leaving here and getting a lot more support and feeling the benefit. The feedback we are getting from them since the throughcare support officers started – they’ve dealt with 101 prisoners who’ve taken up that service - and so far 80 of them have not returned to custody, which is a very good percentage. Now that could be for many different reasons… we’d need to look further into that. [G5]

The trick is to get that individual person’s plan so that everybody understands it and everybody who needs to support that individual, but also to get the person to be actually involved in it - to get what they call co-production and actually move the individual away from dependence to independence and that’s the real key to the whole Organisational Review for my prison. It’s to do that and it is to make sure the transition’s right between ourselves from community to custody and back to community and make sure who needs to be involved in that journey is involved in that journey. And make sure that person can get back and play their place in society. So it’s just maximising the input from everybody involved. [G6]

**Underplaying risk**

The emphasis on an asset-based approach was seen to under-emphasise risk when both are important.

To focus on asset-based …. the fact that prisoners may have assets but if he’s got risk you cannot offset risk with assets. They are two different things. It’s like saying you don’t have a pair of shoes but here’s a hat..... We need to reduce risk and at the same time build on assets the prisoner has…. It shouldn’t be one [approach] to the exclusion of the other. They’re complementary, actually. The Organisational Review fails to recognise that fact. Get real! Look at what we’re working with. [G1]

There is quite a lot of risk processes already in the prison that haven’t translated themselves across to the Organisational Review document...which will continue after the implementation of the Organisational Review. [G6]

Difficulties were seen in changing an ethos from risk reduction to an asset-based and desistance approach.
That’s why the Organisational Review is finding it so difficult to get traction, because up until this point in time … it’s all been about risk reduction. You can’t overnight change the ethos because all our structures are set up to reduce risk, not to take an asset-based approach. [G1]

Psychologists’ contribution

There was a view that psychologists could help the drive towards the professionalisation of the prison officer role although, as with any other potential development, this would be hampered by the burden of programme delivery.

Psychologists could help prison officers become better prison officers. The reason they can’t just now is that they are under the cosh of programmes and everything associated with that. [G1]

Nonetheless, some training was being developed in some establishments.

Establishments are doing their own thing [towards the professionalisation of prison officers], ….. The Head of Psychology …. and members of his team have been delivering training sessions to our prison officers….for example, raising awareness on personality disorders. They have also been doing sessions in conjunction with the NHS and Willow, which is a third sector organisation … aimed at those who manage female prisoners – mentalisation, …IPP [individual interpersonal therapy] for women who suffer from depression…. But it’s all ad hoc just now…. [G2]

Also, psychologists could help prepare prisoners for release.

The one area that I’m very focused on and I know the psychologists are as well is about … protecting the public, ensuring that when prisoners are released they are in a better place, their level of risk is reduced, and the chances of them reoffending again have reduced significantly. In terms of getting psychology services to contribute to that it’s about ensuring that all risks have been identified with the individual concerned, and that psychology services work together with myself and all the other resources that we have work together in a multidisciplinary fashion to ensure that these risk are reduced significantly… So, for me it’s not just about programmes, it’s about … developing a number of other different skills we want individuals to have before their release back into the community. That could be social skills … building up a number of different positive assets. And that’s one of the main reasons I really value the psychologists because the psychologists can really help to get them to that place. They can’t do it all, but they can help them. [G2]
Psychologists will have to continue as they are

There was a view that psychologists would have to continue with programme delivery rather than assist with the implementation of the aims of the Organisational Review.

*We can’t reject the risk reduction stuff that psychologists do; we simply can’t do that. And therefore, I think we’re locked into psychologists still having the same role. The organisation is too risk averse to stop the work that’s ongoing despite how much they talk about an asset-based approach. Even if psychologists could do something to prepare staff to deliver the type of service envisaged in the Organisational Review, I don’t think they’d be freed up from the current strictures of programme delivery.* [G1
Appendix H.

OPTIONS FOR PSYCHOLOGICAL SERVICES ORGANISATION

ASSUMPTIONS

1. That there is a Head of Profession based in HQ.

2. That the role of the Head of Profession is to:
   a. ensure a professional staff through appropriate recruitment and training of personnel and through setting appropriate professional standards;
   b. ensure a professional service through influencing and responding to strategy and policy making, and through driving relevant audit, research, and programme evaluation;
   c. ensure an efficient service by maximising the deployment of staff to meet establishment needs.

3. That the Head of Profession sits on relevant strategy and operations groups at SPS level.

4. That the Head of Profession is graded at a level higher than Band G.

5. That the Head of Psychology would likely work with two Band Gs at HQ and that these Band Gs would have discrete areas of responsibility (e.g., one might have responsibility for personnel and training and the other for programmes and research).

OPTION 1. CENTRAL MANAGEMENT

A centrally managed Psychology Service, with job descriptions across the service defined by the Head of Profession, recruitment and training managed centrally, and deployment managed centrally.

Advantages:
- Professional leadership across the entire psychology service.
- Coherence of psychological services.
- The Head of Profession has the power to move psychologists across the estate to maximise efficient service delivery and training opportunities.
- The Head of Profession has power to impact upon the roles of psychologists (e.g., what tasks are prioritised; who delivers which programmes.)
Disadvantages:
- This option is not preferred by establishment psychologists.
- Central management can be seen by Governors as not serving the interests of their establishments.
- There is less ability to respond flexibly to the needs of the establishment.

In this case, the Head of Profession would best be located in the Operations Directorate.

**OPTION 2. DEVOLVED MANAGEMENT**

In this model, psychologists would remain managed within prisons, as they are now. The Head of Profession would have influence rather than power over Psychological Services staff and their work. However, evidence collected for this review suggests that prison managers are currently happy to have HQ psychologists deal with recruitment and training and to develop programmes.

Advantages:
- The Head of Profession would contribute to strategy and policy at HQ level, which would have an impact on how Psychological Services were run.
- The Head of Profession would have influence over psychologists, with regard to recruitment, training and professional standards.

Disadvantages:
- The power to move of staff for efficiency and professional development purposes is diluted, since Governors control the deployment of psychologists. Nonetheless, the Head of Profession would be in a position to negotiate this.
- The role priorities of psychologists would depend upon the level of influence the Head of Profession could have with Heads of Psychology and Governors.

In this case, the Head of Profession would be best located in the Strategy & Innovations Directorate.