A REVIEW OF SUPPORT SERVICES FOR OPERATIONAL PRISON STAFF

Commissioned by
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Northern Ireland Executive

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Acknowledgements

The Review Team thanks Naomi Long, Minister of Justice, for commissioning this important Review and thanks the Director General for his openness and commitment to this piece of work.

Thanks also goes to all those who contributed to this Review. All interactions were informative, and proved useful, as will be seen in this report, to the Review Team.

The Review Team would particularly like to thank the staff member in NIPS who provided the administrative support, and to Probation Board and Belfast Trust colleagues, who helped the Review Team when the IT skills required were beyond the Review Team's skills set.

1.   Executive Summary

1.1   The Review Team, Siobhan Keating, a Consultant Forensic and Clinical Psychologist from the Belfast Trust and Gillian Robinson, Head of Human Resources, Probation Board for Northern Ireland, were commissioned by the Minister of Justice in Northern Ireland, Naomi Long to carry out a Review of the Mental Health Support Services for staff in the Northern Ireland Prison Service (NIPS).

1.2   As requested in the Terms of Reference (outlined in section 2), the Review Team conducted primary and secondary research as outlined in the Methodology section 3 of the report. This involved a rapid review of the relevant research evidence and engagement through interview sessions with a range of stakeholders. These sessions included representation from NIPS staff, NIPS management, Union representatives, Members of the Legislative Assembly (MLA's), the Human Resources department from the Northern Ireland Civil Service, the Occupational Health Service, the Staff Welfare department and those providing support on a voluntary basis. The review also benchmarked and explored good practice across a range of sectors including other Prison Services, Healthcare settings and emergency services.

1.3   The Review Team found evidence of progress in relation to the support services that are in place. Prisons 2020, a series of strategic commitments outlining the outcomes NIPS want to deliver, and the Prisons Well programme, a planned approach to the wellbeing of its staff in NIPS, are in place. Understandably, the Prisons Well initiative has been significantly impacted upon due to the global pandemic but plans continue to be refined to promote effective short term and longer term developments.

1.4   The Director General, when interviewed at the start of this Review, recognised the work that NIPS has achieved to date in this area, in the context of the considerable financial constraints that are in place. He further recognised that there is work still to do in relation to supporting staff experiencing mental health challenges in the workplace.

1.5   In this report the Review Team has identified areas where further progress is needed to build on the effective foundations that have been laid. These include attention to organisational climate and the removal of practical and attitudinal barriers to seeking and accessing support at the appropriate time. Specifically these identified areas will relate to aspects of staff training and development, the provision of a professional supervision approach, peer support, Human Resource systems, Critical Incident actions and evidence based interventions for those who have been clinically assessed to have significant mental health needs. Overall prevention and early intervention are the key components of the necessary work for the Northern Ireland Prison Service (NIPS).

1.6   The recommendations have therefore been written with the intention of them being evidence based (from many sources), pragmatic and meaningful, and to address the areas outlined above. The importance of clear leadership and policies to support implementation of the recommendations is highlighted. The Review Team wish to see the recommendations of this report making a difference to those that work in the Northern Ireland Prison Service (NIPS) where people are clearly proud to work and believe that they are making positive change to the lives of those in their care.

1.7   The need for this Review is clear on a number of levels relating to organisational impact and individual impact. The cost of sickness absence to NIPS each year, the cost of medical retirements to NIPS (and the associated rise in medical retirements) and the interview findings are all indicators of the need for this review.

2. The Terms of Reference

2.1 The Review Team were set a date for completion of this report of 31 October 2020, however the Review Team sought an extension of one month as it became apparent that, in order to fully address the Terms of Reference and to make the linkages with the Review of Support for Retired Prison Officers running concurrently, further time was needed.

2.2 The Minister wrote to the Review Team on 10 July 2020, the Review Team in turn met with the Director General and the Head of Strategy and Governance for an initial meeting to understand the Terms of Reference. An intensive period of primary and secondary research then commenced as outlined in the Methodology section. Whilst the report was to be completed in a short period of time, and with the Review Team's own time limited, the Review Team has made sure to carry out as much research as possible in several ways to ensure the authenticity of the recommendations, based on sound evidence. The Review Team believes that this has been achieved.

This report will be presented to the Minister of Justice on 16 December 2020 due to availability of all concerned.

2.3 The Terms of Reference set for the Review Team are as follows:

'The Review should, in the context of the unique challenges faced by prison staff in Northern Ireland and the impact such challenges can have on their mental health, review the support NIPS provides to frontline staff to support their mental wellbeing. The review should focus on how NIPS can:

1. *Reduce the stigma around seeking support or help;*
2. *Improve awareness of the help and support available;*
3. *Support staff in building personal resilience and developing self-help skills;*
4. *Support staff involved in critical incidents;*
5. *Ensure appropriate counselling or other treatment can be accessed by staff in a timely manner;*
6. *Deliver any additional support necessary in a way that ensures staff confidence.*

The Review should examine the mental health support offered by similar frontline organisations, identifying any commonality and or difference in terms of the needs of NIPS staff. The Review should also consider previous reports and review the implementation of recommendations.

The Review should make findings, observations and recommendations, within scope, to the Minister of Justice. In doing so, the Review should pay full regard to the anticipated cost, and the timescale and practicality of implementation.

The Review Team will be accountable to the Minister of Justice and will be supported by the Northern Ireland Prison Service. The Review Team may seek secretariat support from the Northern Ireland Prison Service.

The Review Team will act independently at all times and will seek the views of the following before reaching any final conclusions:

- *The Management of the Northern Ireland Prison Service, including Governing Governors;*
- *The Prison Officers' Association;*
- *The Prison Governors' Association;*
- *The Justice spokespersons for each of the political parties represented in the Executive and any MLA not a member of such a party wishing to make representation;*
- *The Northern Ireland Civil Service Human Resources (NICSHR) Employee Relations Team and Occupational Health Service.*

3.   Methodology

3.1   The Review Team carried out a desktop rapid review on the current research in the area of mental health support services for staff in the workplace and the importance of same. Also carried out, by way of primary research through interviews, was the good practice that is in place in the United Kingdom and Ireland. Finally, the Review Team carried out primary research by interviewing key stakeholders within and outside of the Northern Ireland Prison Service. The full list can be viewed below. Data from various sources were explored and included in this report.

3.2   The Review Team identified the key stakeholders. A list of stakeholders had been outlined by the Justice Minister in the Terms of Reference and the scope of the review, and some were further identified by the Review team so that the recommendations would be based on as much information, from as many sources, as possible. The list of interviewees is as below:

- The Director General of Northern Ireland Prison Service (NIPS)
- The Head of Strategy, Governance and Communications
- Head of Continuous Improvement and Business Support
- Prison Governors' Association (PGA)
- The recognised Trade Union – Prison Officers' Association (POA)
- Communities Union representatives, however this Union is not recognised by the NIPS, the interview took place on the basis of a representation of a group of staff
- Prison Service Trust
- The Benevolent Fund
- Senior Governors in NIPS
- Director of Prisons
- Director of Rehabilitation
- NIPS Future Leaders programme representatives
- NIPS psychology department representatives
- MLA representation – Mr Doug Beattie (Ulster Unionist Party), Ms Sinead Bradley (Social Democratic and Labour Party), Ms Linda Dillon (Sinn Fein), Mr Paul Givan (Democratic Unionist Party), Mr Chris Lyttle (Alliance Party), Ms Rachel Woods (Green Party)
- Support providers – Police Rehabilitation and Retraining Trust (PRRT), Occupational Health Service, NICS Welfare Service for NIPS (including information on Inspire the Employee Support Provider)
- NICS Human Resources representation (Senior HR Management and HR management based in NIPS establishments)
- Approximately 55 staff all with a range of years of service and all categories of job role. There was a mix of staff selected by NIPS, and staff (some now retired) who the Review Team chose to speak to.
- NIPS Head of Training

- A representation of the wellbeing champions in Establishments
- NIPS Health and Safety advisor

3.3   The Review Team benchmarked for good practice with:

- PSNI Human Resources and Occupational Health Specialists
- Merseycare National Health Service wellbeing leads
- HMP Grendon
- HMP Whatton
- HMPPS – Wellbeing/OH professionals
- Belfast Trust Occupational Health Service Consultant Psychologist
- Irish Prison Service Human Resources professional
- Previous report writer in role as former Chief Psychologist in NIPS – Prof. Jackie Bates Gaston
- Probation Board for Northern Ireland, Director of Rehabilitation - Dr Geraldine O'Hare
- Review Team for Retired Officers report
- Northern Ireland Fire and Rescue Service Critical Incident professional

4.   Setting the scene – what the Research says

The Review Team has outlined the headline messages from research literature relating to mental health supports, critical incident responses, wellness and resilience as it relates to the role of prison officers.

Overall there is consistent evidence that people working in emergency and security professions are at increased risk of work-related stress[1]. Research findings reflect that prison staff are exposed to high-level job related stressors which can impair their well-being and job performance.

Six areas of research findings are outlined below:

4.1   Causes of stress that impact on mental health.

A useful framework[2] considers four main categories of stressors. These are:

- Task-related stressors – these include concerns about personal safety and contact with people who present with complex challenges.
- Organisational stressors - pay and rewards, staffing levels, relationships with supervisors, physical environment and organisational change are amongst this category. As an example of impact, 'the work of the prison officer in Northern Ireland has changed significantly since the Good Friday Agreement in 1998 and the introduction of the Criminal Justice Order 2008 with an emphasis on closer engagement with people who offend and more involvement in risk assessment and rehabilitation'.[3]
- Stressors external to the organisation - the portrayal of the prison officer role in a negative light. Research has indicated this can contribute to higher levels of stress and burnout and a perception of being the "forgotten service" [4] in comparison to other security or emergency services and rarely do staff get recognition as "heroes" as potentially other services do.
- Personal stressors that arise in the context of many of the fundamental requirements of the job such as shift, work and overtime and the conflict that can arise in relation to family commitments.
- The literature[34] suggests that Prison Officers can develop negative psychological injuries through secondary or vicarious trauma as well as through direct exposure.
- A trauma informed approach[5] to considering the stressors that are present in the role of Prison Officers allows consideration of the wide range of potential traumas for those working in critical professions (roles where there is a high risk of being exposed to traumatic events and where those employed play a critical role in protecting their communities). The extensive research literature on Critical professions[6] offers a conclusion that '*Working with prisoners who are anti-social, aggressive, violent, personality-disordered, have mental health problems or abuse substances are just some of the aspects of the work of the average prison officer that warrant the application of the critical profession title'.*

4.2   Impact of stress on Prison Officers.

Research on the impact of excessive trauma exposure[5] in prison staff identifies a range of physical, cognitive, emotional and spiritual impacts.

- Over a quarter of prison staff surveyed showed signs of Post-Traumatic Stress Disorder (PTSD). The impact of PTSD was often identified alongside abuse of alcohol, absenteeism from work, negative emotional states such as shame, guilt, numbness and mental health concerns relating to depression and anxiety. In comparison to other professionals in high stress jobs such as Paramedics and Police Officers, Prison Officers were more likely to experience mental health difficulties or take their own life.[7]

- Stress[8] to the point of burnout affects an average of 24.5% of employees in the general population and the rate for prison staff has been estimated as 37%.[9] Burnout leads to an impact on productivity and organisational commitment, avoidance behaviours at work such as absenteeism and higher levels of staff turnover. International and UK studies have all found that prison officers have high sick leave, high stress levels, worse relationship outcomes and poorer health with some studies finding shorter life expectancy.

- Corrections Fatigue[10] is a term introduced into the literature to describe the cumulative negative change over time of Corrections professionals' personality, health, and functioning and of the Corrections workforce culture, as a result of insufficient and or unhealthy individual and or organisational coping strategies and or wellness resources necessary for healthy adaptation to the demands of corrections work.

- This is a similar concept to Compassion Fatigue that poses that for an individual to survive in occupations which consistently present with pain and distress, the staff member must become psychologically defended in order not to become overwhelmed by the needs of others' distress. Additional professional supervision and support is a necessary mechanism to counteract the damaging effects of this impact for the individual and their ability to continue to do their job safely and effectively. [11]

- Where there is inadequate support to officers and staff in the weeks and months following a traumatic incident, organisational productivity can be adversely affected with traumatised workers performing at reduced levels. In a group of traumatised emergency service workers, perceived capability to perform at work was estimated to be 34.6% of their normal level of performance (Tehrani, in press).

4.3   Coping Strategies, Resilience and Preventative approaches.

4.3.1   A recent review in GB prisons[4] showed that the coping strategies of prison staff could be grouped into 5 themes:

Façade of coping	this refers to portraying to others that you have not found something distressing although this may not be the case.
Dark humour	using dark humour to cope with difficult emotions is a strategy that has been identified as helpful by a range of emergency services.
Detachment	this is creating a separation between personal and work life. Evidence shows that using this strategy can mediate the extent to which work stressors influence wellbeing.[31] However, there is some caution if this is the only strategy used as it may contribute to reliance on avoidance as the only means of coping and lead to longer term problems.
Spending time outdoors	participants in in this research[12] reported a calming effect of being outdoors. Despite this, there was no evidence that it reduced stress.
Alcohol consumption	one study in the review found that the emotional demands of work contributed to burnout, which in turn contributed to alcohol consumption.[13]

4.3.2   Various definitions of resilience are offered in the literature on prevention of negative impact of stressors.

Resilience is the capacity of individuals and organisations to draw upon their own individual collective and institutional resources and competencies in ways that allow them to render challenging events coherent manageable and meaningful.   Resilience is being able to recover the ability to adaptively function both psychologically and behaviourally in the wake of significant distress. This does not mean that resilient people will not experience discomfort following an event but that their overall functioning remains preserved. [14]

Resilience can be considered as an outcome, resulting from the interaction between organisational, peer related, and individual factors.

4.3.3   Research on resilience in UK prisons[15] highlights the importance of not becoming narrowly focused on the psychological level of the individual but that it is much more important to examine the influence of the team and the organisational climate. The most significant sources of stress are not issues that Prison Officers can deal with by themselves.

4.3.4   Research undertaken with critical professions has concluded that organisational variables represent stronger predictors of post-trauma outcomes than the incidents themselves.[16] One approach to enhancing well-being in critical occupations is the adoption of the concept of "environmental resilience".[17] The identification of organisational conditions that cultivate powerlessness is the first step to developing an empowered workforce. Removal of these conditions, together with encouragement of self-reliance, leads to the experience of empowerment, resulting in behaviours characterised by initiative and perseverance. The Prison Officer culture is sometimes described as machoistic [13] and as preventing staff members from expressing or discussing their emotions. Reports suggest that Prison Officers often feel that they must ignore their own emotions to present in a way that they think they should be perceived by society; as punitive and with flattened affect.[18]

4.3.5   Jo Clarke [6] developed an approach to intervention based on her work on the Model of Dynamic Adaptation which focuses on how to enhance resilience in critical professions:

Primary intervention:
Intervention point one is facilitated at an organisational level through recruitment and selection of staff and should include training and preparation of the individual to undertake this critical profession.

Intervention point two concerns the job itself and relates to the workplace environment, organisational policies and procedures, on-the-job support, frequency and duration of exposure to traumatic or chronically stressful events and recognition of distress.

Secondary intervention:
This relates to the early detection and response to signs of dysfunction primarily through the use of supervision. There is good empirical support for supervision which essentially is an opportunity for a line manager and an employee to sit down together for an hour once a month with a focus on enhancing skills. The process can act as an early warning system for the detection of dysfunctional outcomes. [4]   It is recommended that these problems are addressed through staff training, supervision and peer support.

Clarke[6] argues that counselling is like having the ambulance parked at the bottom of the cliff – it should be the last option not the first. Also it should not be used as a preventative measure as there is no evidence to support this. In fact there is some evidence that it may be counter-productive to use it in this way. It is proposed that mandatory regular psychological health checks may provide a viable secondary intervention, with counselling being one possible outcome from that. This would much better fulfil the organisation's duty of care than counselling after the damage has been done.

Tertiary intervention:
This aims to reduce the impact of the dysfunctional outcomes of stress and trauma and promote quality of life through active rehabilitation. This is where an employee assistance programme and counselling have a role.

4.3.6   As employers of those in critical occupations come under increasing pressure to offer preventative approaches to protect their staff, so too has there been an increase in research focused on identifying what works in terms of evidence rather than intuition. A meta-analysis[19] of studies undertaken in first responders identified that there has been a surge in the number of pre-incident training programmes to maintain psychological well-being after critical incidents, including pre-employment screening, psychoeducation, operational training, line manager training and interventions aimed at improving resilience, well-being and stress management.

4.3.7   The researchers found variable results and concluded that the current status of the literature is such that there is little or no evidence for most of the pre-incident programmes reviewed, including pre-employment screening.

4.3.8   A number of studies[20] demonstrated that operational training, as distinct from stress management, contributes to better psychological well-being after critical incidents.

4.3.9   Leadership has emerged in an increasing number of studies[21] as playing a significant role in and mental health outcomes in subordinates in military settings. Similar cross sectional associations between leadership behaviour and mental health outcomes are now starting to emerge for first responders. Line manager training, particularly those programmes focused on teaching practical mental health skills showed preliminary promise.

4.3.10 Stand-alone psychoeducation packages showed limited usefulness and little evidence was found for interventions aimed at improving wellbeing and resilience to stress, although it is noted that trials of empirically driven interventions for first-responders are underway and show promise in preventing stress-related psychopathology.[22] The emerging indicators on targeted risk factors and the design and duration of such interventions will be of prime usefulness to organisations wishing to ensure they invest scarce resources on what the research indicates is what works.[23]

4.4   Stigma and Barriers to effective help seeking.

4.4.1   Barriers to accessing help can delay recovery and return to work. An initial barrier lies in the ability of those affected by mental health problems in recognising their need for help. A secondary barrier arises when those who do want help feel unable to seek it due to attitudinal barriers (what would others think) and structural barriers (lack of accessible services). Attitudinal barriers[24] are found to be of greater salience than structural barriers in both initiating and continuing treatment. One of the most commonly reported barriers was concern about the opinions of co-workers and potential career damage.[25]   Research[26] on PTSD depression and anxiety in psychiatric health care staff has identified substantially more barriers to help-seeking in those who meet the screening cut-off for clinical need. Findings suggest that reducing stigma and other barriers, and concomitantly increasing the availability and appeal of evidence-based supports, could help staff cope with their workplace exposures.

4.4.2   Research in UK prisons[27] has explored the concept of healthy settings philosophy as an approach to health promotion and the reduction of barriers such as stigma to engaging in self-care and effective help-seeking. A primary finding in this study was the block created by the perception of staff that the focus of health promotion efforts was in many cases exclusively focused on prisoners and that prison staff needs were overlooked. In order to normalise the practice, prison staff should be provided with training opportunities to develop their skills and share experiences of practicing self-care.

4.4.3   A review of the literature[28] relating to early post-trauma interventions identified the critical role played by management in facilitating post-traumatic recovery in emergency responders. The review identified that managers are in a primary position to increase staff engagement by modelling responses themselves, including managers being the first to seek support following exposure to a traumatic event. Confidentiality also emerged as a salient factor as the review identified beliefs that seeking psycho-social support would make subsequent career advancement improbable and reduced the likelihood of engagement in early interventions.

4.4.4   An organisational culture that supports mental health is crucial for ensuring staff ask for help if needed without fear of retribution or job insecurity. Further research is required on the impact of various programmes to reduce stigma in terms of their impact on the reduction of mental health problems and stress-related psychopathology after critical incidents.

4.5   Critical Incident response.

4.5.1   For 'trauma-exposed' organisations, maintaining the psychological wellbeing of workers is essential if the services that the organisation provides are to meet the standards of performance required by its stakeholders. There are two main types of early intervention following trauma: 1) support-focused interventions including Psychological First Aid (PFA); and 2) trauma-focused interventions including Critical Incident Stress Debriefing (CISD), Psychological Debriefing (PD), and Trauma Risk Management (TRiM).

4.5.2   A Scoping review[28] of the data from fifty studies was undertaken by a group comprising membership of Public Health England, The British Psychological Society and the College of Policing. The review explored the research in relation to early post-trauma interventions in organisations. Synthesis of study outcomes found that early interventions help emergency responders to manage post-incident trauma when the interventions are delivered in a manner that respects organisational culture; are supported by the organisation and senior management and harness existing social cohesion and peer support systems within teams. The success of an intervention becomes more likely when practitioners cater to specific needs and work to overcome logistical (e.g. workload) and cultural barriers (e.g. stigma).

4.5.3   In this Review it was found that the most significant benefits from an early intervention occurred when it was part of a wider programme of support mandated by the organisation. Managers were important in the referral and assessment of work-related outcomes; as they had the ability to assign organisational resources; and to create a supportive and accepting workplace environment. Outcomes suggest that when a worker has the informal support of their peers following traumatic exposure, they are less likely to need formal occupational health intervention or referral to clinical treatment. In this way, the efficacy of peer interventions does not come from having a single trauma-informed or trained staff member, but rather comes from the camaraderie and sense of common fate that emerges from a shared trauma.

4.5.4   Early interventions (debriefings in particular) are valued by emergency responders. This may simply be due to receiving recognition of the difficulty following exposure to trauma or access to screening. It can be facilitated by the development of a supportive culture in which staff are confident to report trauma exposure and subsequent need for psychosocial support. Referral for those who require it should take place as soon as possible and ideally within a week.

4.5.5   Factors suggested to enhance engagement in early-interventions that are offered to trauma-exposed staff include:

- Familiarity with both the facilitator and the process. This helps foster trust in the motives of the supporting organisation. This can be achieved by the intervention being provided by someone with familiarity with the worker's role

- Managers can assist in increasing staff engagement by modelling responses themselves.
- Confidentiality should be ensured to those who attend intervention support.
- Potentially trauma-exposed staff should be supported to increase pre-knowledge of support available to them and the process that may occur (screening; intervention; social support etc.) in the event of experiencing trauma.
- Opportunities for intervention providers to receive training should be available to staff on an ongoing basis. Perhaps most importantly this includes training in the recognition of danger signs in staff and how to refer people on for intervention support.

4.5.6   TRiM (Trauma Risk Management) was found to have higher success rates than CISD (Critical Incident Stress Debriefing), but that TRiM and CISD models were both more effective than non-specific debriefing and brief early interventions such as Psychological First Aid. The relatively higher success rates for TRiM may be in part due to the formalised nature of the intervention, the perceived investment from managers, or from the emphasis that TRiM places on reducing stigma surrounding help seeking.[29]

4.5.7   NICE (National Institute for Health and Care Excellence) guidelines[30] identify that Trauma focused CBT (Cognitive Behavioural Therapy) and Eye Movement De-sensitisation and Reprocessing (EMDR) are the psychological interventions that are recommended for those who present with a diagnosis of Post- Traumatic Stress Disorder (PTSD)

4.6 Wellness and Benchmarking approaches

4.6.1   A comprehensive study[31] of Work Related Wellbeing in UK Prison Officers (n= 1682) adopted a benchmarking approach to assess the stressors, mental health and job satisfaction experienced by officers working in UK prisons. A bench-marking approach facilitates the estimation of psychosocial risk in working populations and is widely believed to be one of the most effective ways of managing work-related well-being

4.6.2   The study-collected data using the Health and Safety Executive (HSE) indicator tool of Psychosocial hazards, the GHQ-12 (twelve item General Health Questionnaire) to measure mental health and a measure of job satisfaction. The results were examined using the management standards framework of the HSE and highlighted issues related to work overload, role ambiguity, lack of management support, low autonomy and ineffective management of change and lack of support from colleagues. An interesting demographic factor emerged indicating that older workers of both sexes were typically more satisfied and less likely to report mental health problems than their younger counterparts. Overall, none of the benchmarks for the management of key psychosocial hazards were met and levels of mental health problems and job satisfaction were considerably poorer than those reported by other emergency and security services.

4.6.3   The report written as an outcome from a Winston Churchill scholarship[32] produced in 2018 reported on comprehensive research related to prison staff wellness programmes in the USA. The author outlines an approach to establishing wellness baselines that has been adopted in some U.S. prisons that were researched. The approach was undertaken in partnership with local universities and facilitated the accumulation of data in relation to the health and functioning of staff. A number of specialist assessment tools were developed including The Corrections Fatigue Status Assessment and The Corrections Staff Resilience Inventory (CSRI) to assess the presence and strength of resilience promoting behaviours. The outcome of this stage elicited an in-depth understanding of baseline health and well-being of prison staff and the areas where intervention was most needed.

4.6.4   A staff support survey[33] of Custody Prison Officer (CPO) recruits was undertaken by NIPS Psychology department in 2015. This sought to establish baseline and follow up data on wellness using the GHQ-12 and a questionnaire designed to sample issues identified by the Stress Shield model as being important in promoting resilience amongst individuals in critical occupations. Data was collected at the outset of training and after 3 months. Longer term follow up was planned but was not possible to undertake.

4.7   Conclusions from research evidence review

Analysis of the above evidence base leads the Review Team to highlight the following themes as of high relevance to the recommendations for the current review:

4.7.1   The role of the Prison Officer should be fully recognised as a critical profession and a framework to address the range of stressors and how best to minimise their impact used to guide approaches to mental health support;

4.7.2   Additional professional supports such as supervision are essential to reduce the potential negative impact of the job and to promote effective and professional practice;

4.7.3   Leaders, at all levels, have a critical role to play in developing an organisational culture that promotes self-reliance, empowerment and psychological safety and breaks down stigma and fear associated with recognising the impact on mental health;

4.7.4   The adoption of the Model of Dynamic Adaptation to guide planning and service developments at the Primary, Secondary and Tertiary intervention points is recommended;

4.7.5   Investment should follow the research evidence rather than intuition, including a focus on enhancing operational training, investing in targeted continuous professional development in core areas of working with people who present complex challenges and leadership training. Training to promote resilience should follow the most recent research evidence on effectiveness;

4.7.6   Removal of attitudinal and structural barriers relating to accessibility are the foundations to the success of any mental health interventions at an individual or organisational level;

4.7.7   Whole system approaches such as trauma informed practice have many benefits in ensuring that good practice in what works for people in the care of the prison service is also reflected in what works and is provided for the staff who work there;

4.7.8   Early interventions after critical incidents by well-trained and supported peer support teams and with a strong management support element are providing a successful element of post-incident coping intervention;

4.7.9   There are long term benefits to the adoption of a bench-marking approach to the provision of a longitudinal assessment of working conditions and employees' reactions to them. This can highlight priorities for intervention and inform more precisely targeted initiatives to improve well-being and satisfaction in custodial settings.

5.   Findings: A review of Good Practice

5.1   The Review Team conducted a number of engagement sessions with relevant organisations to identify good practice and examples of the effective application of the current knowledge and research findings in the area of mental health and well-being in critical occupations.

4.2   The contacts fell into three broad categories:

- Secure Mental Health Care Services Trust and Health Trust Occupational Health services
- Prisons in other jurisdictions – Irish Prison Service, Ministry of Justice Head of Occupational Health and Employee Assisted Programme (EAP), Manager of Occupational Health Services and EAP and Staff Support lead from Her Majesty's Prison and Probation Service (HMPPS), members of Psychology Services in HMP Grendon and HMP Whatton.
- Emergency and Justice Services in Northern Ireland – Police Service of Northern Ireland (PSNI), Probation Board for Northern Ireland (PBNI) and Northern Ireland Fire and Rescue Service (NIFRS).

4.3   Irish Prison Service (IPS)

The IPS launched a Strategic Plan (2019-2022) in September 2019 that re-affirms its commitment to strengthening support for staff and has placed Staff Support as the first of five strategic pillars for particular focus and progress in the period to 2022.

The model includes five main strands:

- The Employee Assistance Programme (EAP) - this consists of 3 National Employee Officers and a network of approximately fifty staff support officers at a local level.
- Critical Incident Stress Management (CISM) – this model comprises vital immediate support for staff in the aftermath of a serious / traumatic incident and a continuum of care that aims to minimise the emotional impact of critical incidents on staff, increases the resilience of staff to harmful stress and prevent harmful effects on staff by supporting staff at the time of critical incidents. The model is operational in all locations and staff training is ongoing to build capacity. IPS have produced a clear Standard Operating Procedure guidance on Critical Incident Operational reporting and debrief procedures
- Inspire Workplaces provides a free confidential counselling service for all staff in relation to personal or work-related concerns. It is a self-referral service and individuals can avail of up to 6 sessions.
- A staff well-being strategy is being developed to raise awareness amongst staff of mental and physical health issues and to promote positive mental and physical health for all. The Human Resource directorate of the IPS has committed in the strategic plan to implementing Well at Work / Healthy Ireland (HSE) across the prison estate.

- A Continuous Professional Development programme of training delivered by IPS college to provide staff with competencies and personal resilience required to carry out their duties as safely as possible.

5.4   HMP Grendon

- This is a unique service within the Great Britain (GB) prison estate as it operates as a therapeutic community. The approach to staff support is firmly embedded in the culture of a therapeutic model of understanding trauma and promoting personal development. A model of staff training, clinical supervision and reflective practices is core to the delivery of the aims of HMP Grendon. Staff support is a fundamental pillar to what can be achieved and there has been a high level of investment in local care teams as a cornerstone of this provision.
- The Care team is made up of volunteers from a range of disciplines and are on call on a twenty four hour basis. The principal and mandatory role of the care team, is to provide post incident care for their peers but the role has expanded to include a supportive role for colleagues who are experiencing a range of problems and difficulties not related to incidents on duty. Referral can come from line managers, Prison staff welfare colleagues or by self-referral.

5.5   HMP Whatton

In addition to access to the services provided generally for staff in HMPPS the Review Team heard about an innovative approach to the promotion of wellness and self-care. The local team adopted a compassion focused and trauma informed approach to enhance the self-awareness and coping abilities of both staff and people in the care of the prison. The resource material used for each population were broadly similar and were found to enhance a more holistic approach to understanding and coping with challenges.

5.6   HMPPS, Ministry of Justice (MoJ): Occupational Health Service, Employee Assistance Programmes (EAP) and Staff Support.

- The Review Team heard about a comprehensive approach from the Head of OHS and EAP including a national contract with a provider for one hundred and four prisons. OHS take on a case-management role with those on long–term sick absence and with those employees experiencing difficulties in work. In the mental health strand the employee mental health advisors who have a counselling or mental health nursing background offer a highly responsive service following receipt of referral. Early referrals are encouraged in order to facilitate adjustment and rehabilitation.
- A new pre-employment questionnaire to enhance how mental health conditions are being screened has been developed and is currently being tested. Work is also ongoing to provide better information to candidates at the recruitment stage to facilitate informed decision making on their own assessment of suitability to apply for the role of a Prison Officer.

- A fast track Trauma line (48 hour response) and Contaminations line (24 hour response) have been established to provide initial good quality information, sign-posting and to provide a supportive, listening ear.
- There has been considerable investment over recent years to ensure that providers of EAP have a well-informed understanding of the role of the Prison Officer and the challenges, demands and incidents that are common to the work. The view is that these efforts have paid off and that this provision is currently well-received.
- In response to Critical Incidents, local Care teams (volunteers) provide immediate support in response to a critical incident. The Governor in each establishment has a mandatory responsibility to ensure there is a care team in place. High quality training is provided for care team members.
- The EAP provider will provide a local debrief at 72 hours after a call has been received to the helpline. The Trauma Risk Management (TRiM) approach, a trauma focused peer support system is adopted and a number of practitioners have been trained to be trainers.
- A programme of Continuous Professional Development (CPD) wellness workshops is provided by the EAP provider. Each establishment has an allocation of a set number of days per year and these can be used to meet the pressing local priorities. The provision allows for a variety of methods of delivery other than face to face which has proved helpful in the current period of restrictions due to the national pandemic. A long list of workshops is provided and includes topics such as mindfulness and building resilience, supporting distressed and suicidal customers and staying motivated at work.
- A flagship development in relation to preventative approaches to support has been introduced. The Structured Professional Support (SPS) offers individual, or group sessions, that allow staff to reflect on the challenges faced in their job. The sessions focus on the impact of delivering the work on professional lives and aim to help the development of coping strategies for managing stress and mitigating the impact of working with high risk offenders.

5.7 Prof. Jackie Bates Gaston – Chief Psychologist NIPS 1991 - 2015 (Author of Previous report)

- The Review Team heard about the pros and cons of the in-house psychological service for staff that was in place in NIPS from 1991 to 1999. There had been no psychological services for staff support within NIPS until the appointment of the Chief Psychologist in November 1991 but by that time, there was a backlog of serious, unaddressed, trauma related staff mental health issues in NIPS which emanated mainly from the turbulent history in Northern Ireland where prisons had become a focus for political struggle. A limiting factor to this service was the restriction in resource available and the split nature of the posts that also required psychologists to offer a forensic service to address offending behaviour within the prison population. The Former Chief Psychologist recounted frustration in relation to the lack of agreed policies and responses in this critical early period of the development of support services.

- From 1991 to 2002, when Psychology support services were outsourced, over 1300 staff had received thousands of individual therapy sessions from the three part time psychologists. However, the internal staff support psychology service was much more comprehensive and wider than providing therapy. Psychologists regularly advised management at Headquarters and in Establishments on organisational challenges and they also advised on staff development, selection/recruitment as well as devising and delivering training. They developed and introduced a Post Incident Care (PIC) strategy, delivered the selection and training for PIC staff and supported the implementation in each Establishment. The integrated working partnership that Psychology services had developed over time with the Occupational Health Service and the dedicated NIPS Welfare Unit was also identified as a strength of the in-house service.

- The FCP provided a comprehensive picture of her research and understanding of the impact of the role of Prison Officers on their wellbeing and mental health in this period. She informed the Review Team of a study conducted in July 2009 by the FCP to explore the prevalence of personality disorder among the Northern Ireland Prison Population. This was a similar study to that conducted by the Office of National Statistics 1998 which found that personality disorders in the male sentenced prison population was 64% and 50% for females. The then Director of Prisons gave permission for this NIPS research to be shared at several forensic conferences where it was recognised that the prevalence of such mental health difficulties impacted on the need for specialist staff support and additional training in how best to support people presenting with complex needs and challenges.

- The issue of Burnout and Compassion Fatigue was explored in the 2013 review and the importance of following evidence based best practice approaches was highlighted. The impact of not following through on recommendations for staff who have contributed to research studies was highlighted as a significant source of negative impact on resilience and coping resources as it undermined feelings of being valued, listened to and of being empowered.

- The need for a model of enhanced psychological support, such as has been recently provided by PRRT, was welcomed and supported, and the key issue of timely accessible services was underscored. The FCP highlighted the critical role played by preventative strategies such as those that can be provided by local peer support networks. Staff Care teams were previously established in the 1990s with a small network of volunteers providing initial support to colleagues. Training and support was provided by the in-house Psychology team.

- The research undertaken by the FCP allowed her to highlight a number of systemic issues including the need for a senior leader in HQ and in each establishment with dedicated responsibility for staff wellbeing and support. The Review Team heard that consistent leadership, a clear written policy and direction for the development, and implementation of a professional model of care, is accepted as good practice in organisations with responsibility for the care of people who present with complex emotional and behavioural challenges.

- The FCP provided a detailed paper with a chronology of reviews and papers produced between 1992 and 2015.

5.8   Belfast Health & Social Care Trust - OHS Psychology Team.

- Belfast Trust has a workforce of 22,000 employees and provides services to over 340,000 patients and service users. The mental health support needs of its employees who work across a range of inpatient and community settings are catered for through an OHS that has a dedicated Psychology department. They adopt a preventative approach to well-being. Recent additions to the promotion of wellness include the development of a 'BWell' app. that allow staff to access well-being resources they may wish to use at times convenient to them. The use of technology available on individual smartphones has proved successful with staff in terms of reliable communication and access to resources.

- 'Here4U' is a health and well-being initiative for Trust staff designed to promote staff well-being and experience of being valued and supported by their employers. It has an aim to provide staff with the opportunity for exercise, relaxation and enjoyment, and endeavours to offer a wide range of free activities and events to staff to address physical, emotional and mental health and well-being.

- A tiered model of psychological intervention is available to those who require it through an EAP and interventions from Clinical Psychologists within OHS.

5.9   Merseycare NHS Foundation Trust.

- This Trust provides services to medium and high secure inpatients. The services have adopted a trauma informed care model and recognise that the psychological well-being of staff is a fundamental aspect of trauma-informed care. They recognise that a "whole system approach" has benefits for staff and service users alike.

- The service identifies the importance of attention at the recruitment stage, recognising that many staff recruited into secure healthcare roles come with high levels of pre-existing adversity in their lives. They have developed materials and resources to communicate effectively the nature of the challenges as well as the rewards of the role being applied for. They have also developed a trauma informed induction training package to promote awareness of trauma and impact and ensure staff know what support is available.

- The trauma informed model ensures that there is 360 degree buy-in to the approach and the core elements of training, supervision and reflective practice are in place. The importance of this holistic approach was understood and attempts to introduce as an add-on would not achieve any benefit. Structures to maintain the gains from training delivered need to be in place. The Trauma informed approach was also in place for the management of critical incidents with an underlying commitment to developing a just and learning culture not based on blame. Post-incident reviews were reflective and used the trauma informed model to support staff. The support of staff was also linked into a wider framework of promoting a safe and healthy environment in which people work.

5.10   Police Service of Northern Ireland (PSNI)

- PSNI has taken a holistic approach to the promotion of mental health in the workforce. There are a range of measures including those designed to break down stigma including signing up to the Mental Health Charter, redesign of its well-being and resilience module for student officers with more focus on self-care and normal trauma reactions, psychological screening pilot for officers in high risk roles and a "First contemplation room" designed to allow people to defuse and take time out. PSNI have also developed a Critical Incident Policy.

- There is a well-established Employee Engagement and Well-being group that co-ordinates a large number of local well-being projects. This has included work on flexible working policies, introduction of volunteer peer support networks and the scoping, and development, of a well-being app.

- The PSNI has a dedicated OHS mental health team that has enjoyed significant investment and growth in recent years due to the recognition of the needs and costs (human and physical) of not delivering. The team includes a Consultant Clinical Psychologist, 3 qualified Registered Psychologists and 2 Assistant Psychologists, 5 Counsellors/specialist practitioners. The team has received high level support with top-down buy-in to the service development plan.

- The Mental Health Team provide a comprehensive and holistic approach to preventative and reactive systems to staff well-being. These include:
  - Early Intervention approaches built around initial peer support from a well-trained and supported network of volunteers. The Post Incident Peer Support Team (PIPST) has a well-embedded referral pathway and a co-ordinator is available on 24/7 basis to provide the most appropriate early intervention. There are currently 72 trained and accredited PIPST volunteers. Group supervision sessions are provided to support the work of this team.
  - Inspire helpline is also available and operates a dedicated number for police staff.
  - Post-incident response. Initial defusing is provided by a line manager (not involved in the incident) or a PIPST member in the immediate aftermath of an incident, signposting to further support a de-briefing at 14 days by 2 PIPST staff.
  - The range of PIPST facilitated services include SAFER-R which is a stepped model for working with individuals post-incident, Crisis Management Briefing – a group activity to provide structured information of the facts regarding the current situation and some psychoeducation about normal responses. Rest Information and Transition Services (RITS), which is not a stand-alone intervention, but is an assist at the end of a group deployment and post-incident stress briefing / de-briefing – a multi-component crisis intervention strategy.

- There is a high level of investment in initial and ongoing training and support for PIPST members including the plans for training trainers to deliver local accredited training.

- Work is underway to research and develop screening tools that will allow for early identification of need and an effective targeted response to those most in need. Partnerships have been developed with local universities to promote research in this area.

5.11   Northern Ireland Fire and Rescue Service (NIFRS).

- The NIFRS has policy and procedures on the provision of critical incident support. This policy was initially developed in 2012 and reviewed and updated in 2018. The model is that of Critical Incident Stress Management (CISM). The Health & Wellbeing Commander co-ordinates training for all new recruits and newly promoted staff in areas related to mental health and the CISM model. Training sessions are also provided to individual stations who identify a current need.

- There has been investment in the production of booklets to summarise coping resources and sources of support and this is also undertaken on a NIFRS dashboard.

- A network of peer support (28 volunteers) are core to the provision of the post incident response by way of group defusing sessions. Training was initially provided by the developers of the CISM model from USA. Currently this training is provided by Carlow IT. The Health & Well-being Co-ordinators receive alerts after any critical incident and can help ensure that local Commanders have access to defusing practitioners. Experience has highlighted the importance of offering peer de-brief sessions with a focus on listening to those involved and of setting the threshold to offer support at a level that might appear relatively low. The value of peer supporters who have shared past experiences is considered essential. A follow-up is in place between 7 and 21 days after the initial session.

- Inspire workplace is available to all staff either by self-referral or through OHS.

- NIFRS have an Occupational Health Service who can make referrals for higher levels of support via Psychologists for trauma specific interventions.

5.12   Probation Board for Northern Ireland (PBNI)

- Staff in PBNI at all grades receive monthly supervision. This is a formal, documented one to one meeting with the line manager which focuses on the member of staff's wellbeing, a workload review and cases that require further discussion or are causing concern. There is also a review of Time Off in Lieu (TOIL) accrued and annual leave taken. The reason for the review of TOIL and leave is two-fold: firstly to examine if there are indicators of working longer hours over a protracted period; secondly, of course, to monitor leave.

- Staff in PBNI also can avail of group supervision with Inspire. This is generally availed of by the specialist teams in PBNI.

- PBNI's Human Resources and Psychology departments contribute to an organisational Well-being Strategy which seeks to provide interventions for staff's physical and mental health.   PBNI also offers its staff access to 24/7 counselling services through Inspire.

5.13   Conclusions from Good practice / Bench-mark contact engagement

Analysis of the above findings leads the Review Team to highlight the following themes as of high relevance to the recommendations for the current review:

5.13.1 Organisations consistently record the importance of a clear operational policy and procedures/guidelines to support the delivery of preventative and reactive mental health support;

5.13.2 Early identification and intervention is considered critical to the success of any investment in support services;

5.13.3 Prisons and secure forensic mental health services are increasingly identifying and acting on the need to embed a model of prevention and support based around effective training in the knowledge and skills to do the job, provision of regular supervision/reflective learning opportunities and a well-developed peer support system;

5.13.4 Trauma informed models that take a holistic approach to the needs of people in the care of the organisation and its workforce and which adopt this approach at staff recruitment, through initial and ongoing training and in its policies including those relating to well-being and mental health support are increasingly being adopted. Transparency about the complex challenges as well as the rewards is critical at the pre-employment stage;

5.13.5 Barriers to accessing services may be overcome when local managers have an operational responsibility to establish a culture that supports self-care and have a mandatory responsibility to deliver local care teams. Investment in the training and support systems for Care teams is viewed as essential at a level that allows access on a 24/7 basis;

5.13.6 The quality of EAPs can be improved by consistent input to the providers in relation to their knowledge and understanding of the complex role of prison staff;

5.13.7 Investment in provisions to increase self-care and well-being also foster relationships with senior managers through messages of being recognised and valued. Smartphone apps to increase awareness and access to free well-being activities across a range of interest and preferences are welcomed;

5.13.8 For those who require intervention from psychological therapists in relation to mental health needs (PTSD, anxiety, depression), access is often being provided within two weeks and ensures access to evidence-based therapies.

5.13.9 Partnerships with local universities is proving fruitful in the pursuit of appropriate screening tools and in bench-marking that can facilitate more targeted interventions.

6. Previous Reports

The Terms of Reference and Scope asks that:

The review should consider previous reports and review the implementation of recommendations. The Review Team has reviewed three reports:

6.1 Prof. Jackie Bates-Gaston (2013) An exploration of why there are higher rates of absenteeism amongst Prison Officers in NIPS compared to other Civil Servants in the Department of Justice.

6.1.1 The context is recorded as the then Director General and the then Director of Human Resources asked the Head of Psychology to undertake a project to review the high rates of absenteeism in the NIPS and report to the Senior Management Board of NIPS . The project was noted to be important and time bounded due to adverse publicity and concerns around absenteeism rates and the financial implications for NIPS.

6.1.2 The Review Team have been informed by the author that the report was presented to the Prison Service Management Board (PSMB) and that initial indications were that a senior member of staff would be appointed to lead the implementation and that the author would be involved in the implementation process.

6.1.3 The Review Team have been informed by the current Director General that the records show that the report was not accepted by the PSMB and that no implementation was taken forward. The Review Team have been unable to identify the reasons for this decision.

6.1.4 Eight recommendations were made on the way forward:

- Review specific training modules to support staff at all levels to help them understand the nature of their client's difficulties and how to manage them.
- Provide staff support which meets the needs and demands of the Prison Officer's role.
- Review the shift patterns in the light of the Health and Safety recommendations for best practice in the management of shift work.
- Review policies relating to more flexible working and family oriented needs.
- Consider the provision of quiet space for staff during breaks.
- Review the sick absence letters sent to staff to ensure that they do not become a barrier to staff returning to work
- Develop a communication strategy which will engage staff and present a more positive perception of their work to the public to enable them to feel valued.
- Develop a "What Works" approach to enhancing the role of staff to increase job satisfaction and well-being.

6.1.5   The Review Team have been informed by the current Director General that although the report was not accepted and no implementation ensued in 2013/14 that many of the recommendations made in the report have formed part of the Prisons 2020 People strand framework.

6.1.6   The Lead for the Prisons 2020 People strand has indicated that in the period since this report was produced that service planning through Prisons 2020 had embraced many of the recommended actions.

6.1.7   In relation to staff training, this has been comprehensively reviewed and refreshed to extend the focus on knowledge and skills related to rehabilitation aspects of the role. The latest review of Learning & Development in 2019 has made further recommendations including the introduction of a Change Manager to lead on innovation in this area. Staff support needs have been in focus in the development of Prisons Well and the services provided by PRRT are an example of how the organisation has responded to the needs identified. A commitment has been given to a review of shift patterns as part of Prisons 2020 work-stream. Human Resources have undertaken a significant piece of work in relation to sick absence letters which is being finalised.   An area where the Prisons 2020 lead believes significant progress has been made is promoting the positive image of prisons to the public. Examples of extensive use of social media, engagement with TV and radio media to produce documentaries are aspects of the 3 year communication strategy that has been in place since 2017. Extensive consultation on the People Strand strategy has facilitated input from 300 staff to have a voice in what is important to them in terms of job satisfaction. NIPS has invested in promoting Valuing People awards and other awards within the NICS recognition framework.

6.2   Michael McCracken (NIPS Forensic Psychologist, 2016) A Psychological Consultation. Prison Officer Work Stress: What works in enhancing staff resilience?

6.2.1   This work was undertaken as part of the author's requirement to complete a piece of psychological consultancy in relation to registration with the HCPC as a Registered Psychologist. A senior Governor and the Head of Organisational Development in HMP Maghaberry agreed there was a need to complete a piece of consultancy on the issue of stress among Prison Officers.

6.2.2   The Review Team have been informed by the author that on completion of the work, the report was provided to the new Governor in Maghaberry and the Head of Organisational Development. The initial feedback was highly positive on its usefulness but he was informed it would need to be passed to Prison Headquarters for further discussion of implementation. The Review Team have been informed by the author that there was no further contact with him to implement the report.

6.2.3   A number of recommendations were made:

- A staff well-being strategy could be developed specifically for prison grade staff that reflects the unique challenges they face and environment they work in. The strategy should be populated with evidenced based interventions and intuitive interventions should be avoided;
- A well-being champion could be appointed;
- Staff focus groups could examine what the barriers are to achieving empowerment, choice, competence and how those could be removed or managed differently;
- Staff could be made aware of their own emotional functioning/stress risk profile. This could be achieved through psychometric testing and act as an early warning system for staff. Each staff member could develop a stress risk management plan;
- Separated training could include skills practice to build confidence and assertiveness. This could include a move from classroom teaching to more dramatic techniques that reflect the highly charged reality of separated working. A greater emphasis on interactive practice of skills in more realistic settings;
- Sessions for emotional/psychological support could be made available for staff working in critical areas on an 'as needed' basis;
- Staff rotation – tasks and locations;
- Regular revision/review for staff on psychological self-maintenance, emotional management and the nature of psychological distress;
- Staff supervision could be introduced for staff working in critical areas.

6.3   Dominic Kelly (Churchill Fellow 2018). Surviving in Prison Work: Prison staff wellness programmes.

6.3.1   The context for this work was that in 2016 the author identified a need to fully explore the issue of the impacts on wellness of the job of a Prison Officer, was supported by NIPS management to apply to undertake a study placement in the US in 2016.

6.3.2   The author informed the Review Team that on his return he has made some presentations of his findings at wellness events and at Psychology conferences and events. There has been no structured approach to take forward the detailed recommendations made in his report.

6.3.3   The report made recommendations to improve the professional and personal lives of prison staff in Northern Ireland and in prisons across the UK. This included recommendations relating to research, peer support teams, a range of training, wellness promotion and policy, critical incident interventions, leadership support required and therapeutic interventions for officers.

6.4   The Review Team was made aware of three further reports/literature reviews. These were not initiated by NIPS management but were agreed as part of ethical approval for the work to take place. The Review Team recommends the consideration of these reports at implementation stage of the findings of this review.

- Fiona Rollock (2016). The Impact of Troubles Related Traumatic Experiences on Northern Ireland Prison Service Officers working within Dissident Republican Separated Conditions in HMP Maghaberry.

  This work was completed and submitted as part of the requirements for a Master's degree in Forensic Psychology.

- Kevin Markey (2014) A literature Review on " A consideration of the causes of stress among Prison Officers"

  This work was submitted in partial fulfilment of the requirements of a Master's degree in Forensic psychology and crime.

- Marita Dillon (2016) Relationship of resilience to coping styles and levels of job satisfaction among prison staff in discipline and non-discipline roles.

  This study was submitted as partial fulfilment of Stage 2 of the British Psychological Society's Qualification in Forensic Psychology - Core Role 2 Research

6.5   Observations from the Review Team include that:

6.5.1   In earlier years, the question of what is needed to provide for the mental health support needs of prison staff has been asked but there has been an absence of a planned and resourced implementation of findings[1]. This may be due to change in personnel at key times and /or the need for operational responsibility to clearly sit with a senior manager in each establishment / service group.

6.5.2   The Criminal Justice Inspectorate Report (NI) in 2015 provided an impetus for comprehensive change and the Prisons 2020 and Prisons Well strategy that commenced in 2017 has established an effective framework for ongoing service developments;

6.5.3   Although NIPS Psychology Services no longer have a direct role in the provision of services for staff, a significant number of in-house psychologists have taken up the option of undertaking small scale research and review in the area of Prison Officer well-being when undertaking academic requirements of professional qualifications. These pieces of work provide a rich resource for those tasked with taking forward development of the provision of mental health support for staff. A system based on closer working relationships and regular communication for fully capitalising on the expertise available in the NIPS Psychology should be established;

6.5.4   The recommendations from the Bates-Gaston (2013), McCracken (2016) and Kelly (2018) reports continue to be relevant to the current review. It is encouraging that the areas identified in 2013 have largely been absorbed into the Prisons 2020 strategic development framework with some solid progress being made and with a recognition of the areas for future development. The recommendations from the reports outlined above resonate with the recommendations in this review, particularly in relation to:

- the ongoing development of initial training and continuous professional development that is core to the rehabilitative role of the Prison Officer,
- the provision of supervision and space for reflective learning,
- the significance of preventative measures that are firmly established in operational planning and procedure including the full implementation of a peer support service and a tiered provision of psychological interventions that is available at the right time and which minimises any barriers that would prevent access by those who need this level of service.

[1] - NIO Research and Statistics Branch, Brendan Bunting –University of Ulster and NIPS Psychology Services HQ (1992-3). Prison staff survey.

The Review Team have been informed that the findings were presented to the Senior Policy Group in March 1994; no implementation plan was put in place to address the identified issues.

2 – An evaluation of the support provided by in-house psychology to 1500 staff in NIPS from 1991 – 1999. There is no available information on the analysis or recommendations.

3 – Prof. Jackie Bates Gaston, OHS, HR and Attendance Management (2000). A review of psychology services in the context of staff support and how it should be resourced and managed going forward. Staffing of a dedicated unit was costed but the decision taken was to out-source services.

7. Data findings

The Review sought data from mainly the Northern Ireland Civil Service Human Resources (NICS HR) department. The reason for seeking the data was to examine any notable statistics that would be of use to the Review Team's findings and therefore assist with appropriate and pragmatic recommendations. The Review Team has made relevant comments on each set of data.

Period	Prison Population	Operational NIPS staff
1 April 2016	1592	1223
1 April 2017	1472	1232
1 April 2018	1439	1255
1 April 2019	1448	1261
1 April 2020	1516	1262

7.1 Sickness Absence figures for NICS departments from 2015 - 2020

Department	Average Working Days Lost per Staff Year				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
DAERA	8.9	9.6	10.5	10.3	9.9
DfC	13.0	14.7	15.4	14.9	15.1
DfE	9.4	10.3	9.8	9.8	10.2
DE	8.7	11.4	9.7	9.2	9.9
DoF	9.8	10.0	11.0	10.2	10.7
DoH	7.8	9.0	9.6	8.4	10.9
DfI	10.8	11.0	12.6	12.6	13.4
DoJ	15.9	15.3	14.9	14.0	15.5
NIPS	21.0	18.8	19.7	18.5	18.7
TEO	7.1	7.9	7.6	10.7	9.3
PPS	11.1	12.1	11.8	14.3	12.6
NICS Overall	**11.7**	**12.5**	**13.0**	**12.6**	**12.9**

[1]Staff in HSENI and OAGNI are included in the NICS Overall figure only.

The Review Team observes that NIPS' sickness absence figures are consistently and significantly higher than the other NICS departments.

7.2 Numbers of NIPS staff absent from work – figures available for 18/19 and 19/20

7.2.1 1 April 2018 to 31 March 2019

Total number of sickness absences during the year was **896.** Stress related absences are detailed below:

Stress Related Absences	01/04/2018 to 31/03/2019 No. of staff	01/04/2019 to 31/03/2020 No. of staff
Anxiety	37	37
Depression	5	7
Stress work-related	55	50
Stress Non work-related	93	101
Other Psych Illness	4	2
Total	**194**	**197**

7.2.2 1 April 2019 to 31 March 2020

Total number of sickness absences during the year was **988.**

The number of officers	01/04/2018 to 31/03/2019	01/04/2019 to 31/03/2020
Triggered review points	191	173
Receiving a warning	71	49

7.3 Sickness absence warnings issued by NICS HR and appeals heard/upheld – figures provided for 2018 and 2019

	2018	2019
No of Warnings issued	71	49
Appeals received	18	28
Upheld	7	18

The Review Team observes that the number of warnings issued in comparison to the number of NIPS staff on sickness absence is low

7.4 Cost of NIPS sickness absence

Northern Ireland Prison Service - Sickness Absence Statistics			
	Working Days Lost	Absence Rate (%)	Estimated lost production (£)
April 2017 to March 2018			
Prison Grade	26555.4	9.6	3,546,151
April 2018 to March 2019			
Prison Grade	24869.3	9	3,255,717
April 2019 to March 2020			
Prison Grade	26250.2	9.4	3,659,640

The NIPS' opening budget (2020/21) £105,995k, staffing budget is £74.123m.

7.5 Inspire

Inspire costing: **£63**k per year

7.5.1 The number of officers who contacted Inspire due to stress is as follows.

Number of officers who contacted Inspire due to stress	2018	2019	January to July 2020
Work related stress	10	29	3
Domestic stress	12	16	4

The Review Team observes that the number of NIPS staff using the Inspire Service is extremely low compared to number of NIPS employees

6.6 Welfare Service

Cost of Welfare Service for 20/21 is a 'notional charge' of £43,882.80 for uniform staff. The ready reckoner cost of one EO1 post is £48,272 and NIPS has allocated five EO1's to its service (these staff also have other government departments to work with).

The number of referrals made to welfare due to stress (the figures could not be broken down between work related and domestic stress):

Time period	Number of referrals made to welfare due to stress
2018	208
2019	303
Jan – 21 Aug 20	119

The Review Team find it of note that the numbers using the three main support services are relatively low compared to level of sickness absence in NIPS. However the Welfare Service is the one with the most usage.

7.7   Occupational Health Service

Referrals for 2018 and 2019 as due to Covid-19 this year there were no referrals to OHS.

Year	Number of referrals to OHS
2018	387
2019	473
2020	None due to Covid 19

The cost of the Occupational Health Service to NIPS is £163k per year

7.8   Police Rehabilitation and Retraining Trust (PRRT)

Current position as at September 2020:

There are 25 officers on the waiting list; all of whom have had an initial assessment and 10 of whom have been referred since the commencement of Covid-19.

There are also 37 currently receiving treatment of which they expect 13 to finish in the next 4-6 weeks and 18 to finish treatment in the next 3 months.

The PRRT budget for 2020/21 is 80k but may rise to £100k.

The figures supplied of those attending PRRT are low compared to the NIPS staff numbers.

7.9 HR staff in each establishment

	Maghaberry and PECCS	Magilligan	Hydebank Wood College
Staff Officer	1		1
EO2	2		
AO	3		2
EO1		1	
EO2		1	1
AO		1	

There is also a full time DP and part-time Grade 7 who have responsibility for these teams but who are not based in the Establishments.

The Review Team observes that there are staffed HR units in each establishment. Many staff interviewed did not appear to know that NICS HR teams were based in Establishments.

7.10 Training College Intake

	1 April 2017 - 31 March 2018	1 April 2018 - 31 March 2019	1 April 2019 - 31 March 2020	1 April 2020 - to present
Custody Prison Officers (CPO)	124	103	101	57
Prison Custody Officers (PCO)	13	23	25	2
Total	137	126	126	59
Left Service	27	10	6	2

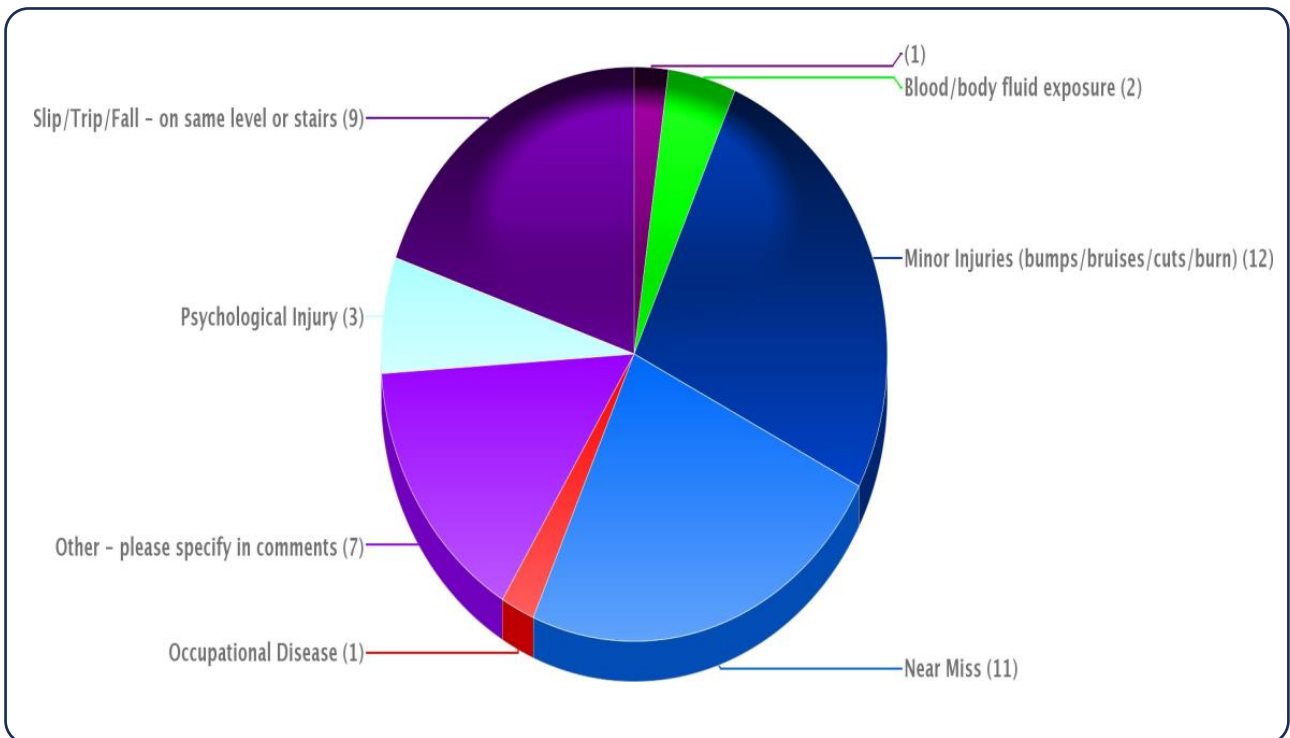**7.11   Northern Ireland Audit Office Findings[35] graphs – Report March 2020**

Number of IoD awards in payment for Prison Service staff under the NICS scheme as at 31 March each year
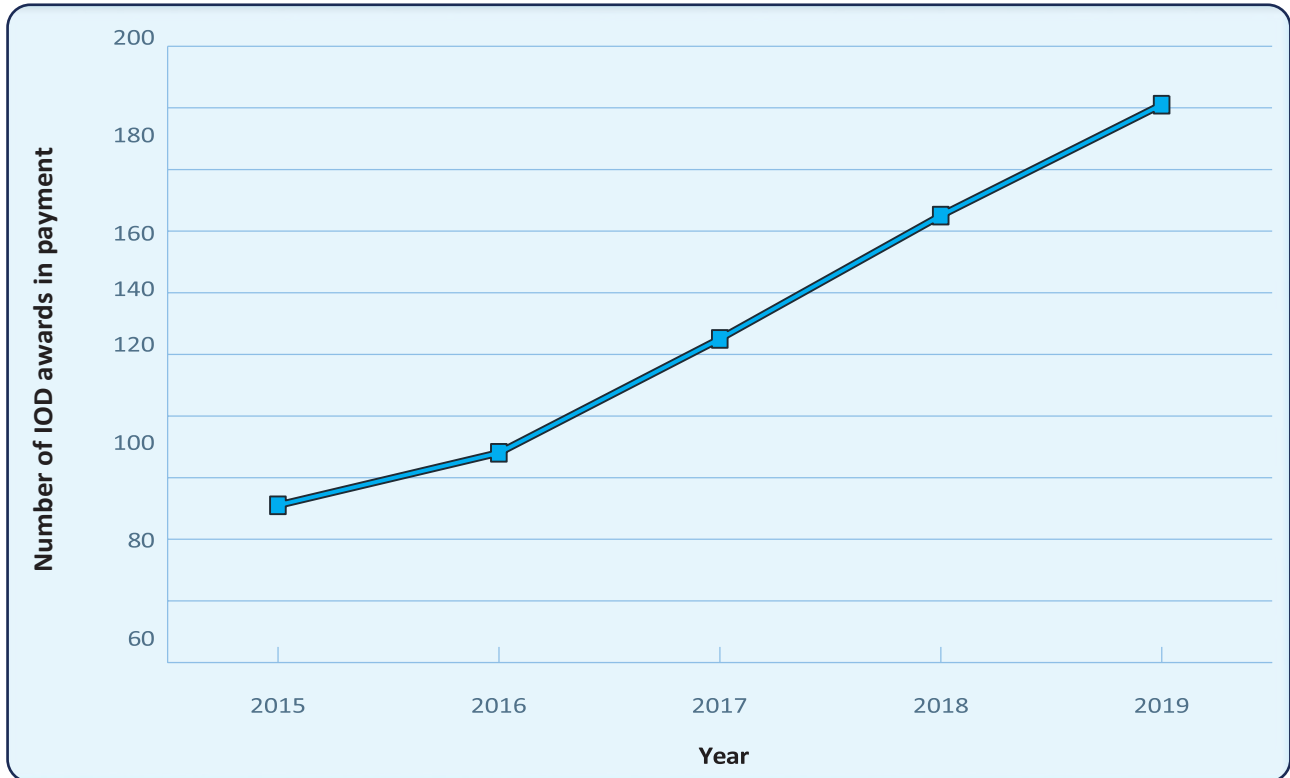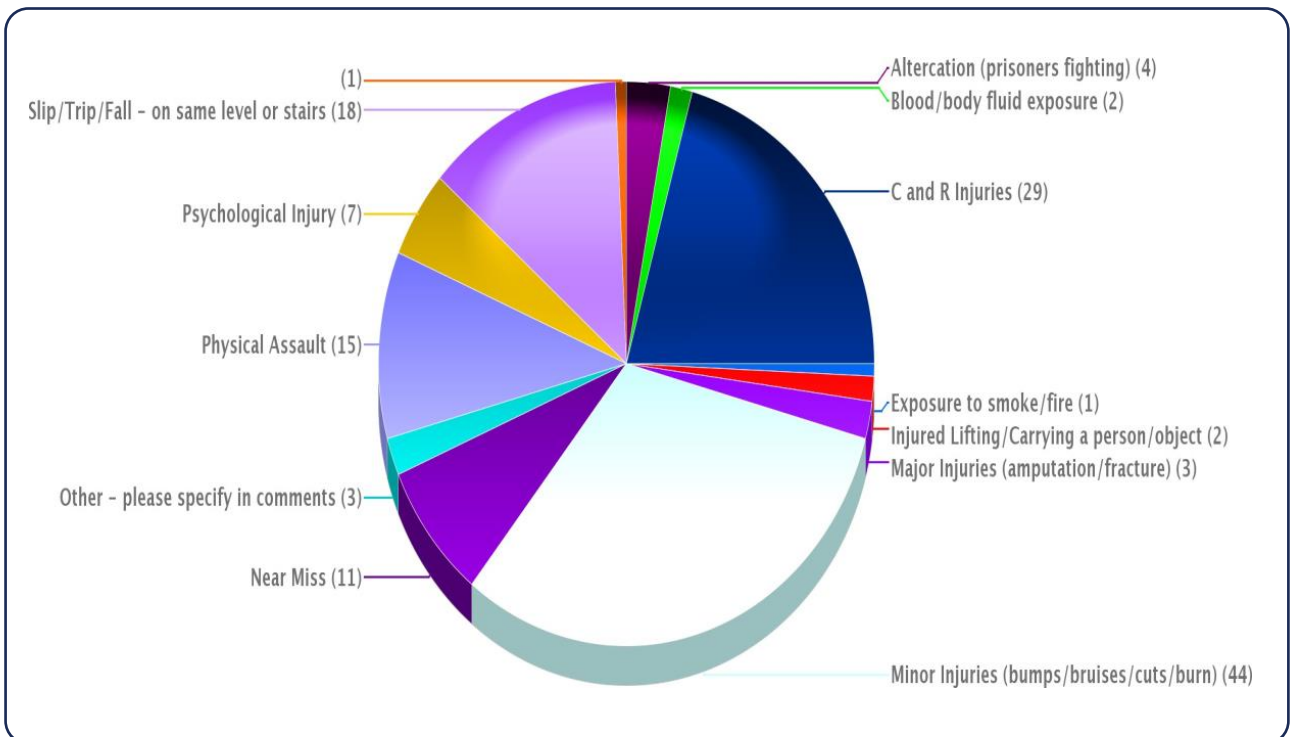
Cash spend on IoD awards – Prison Service
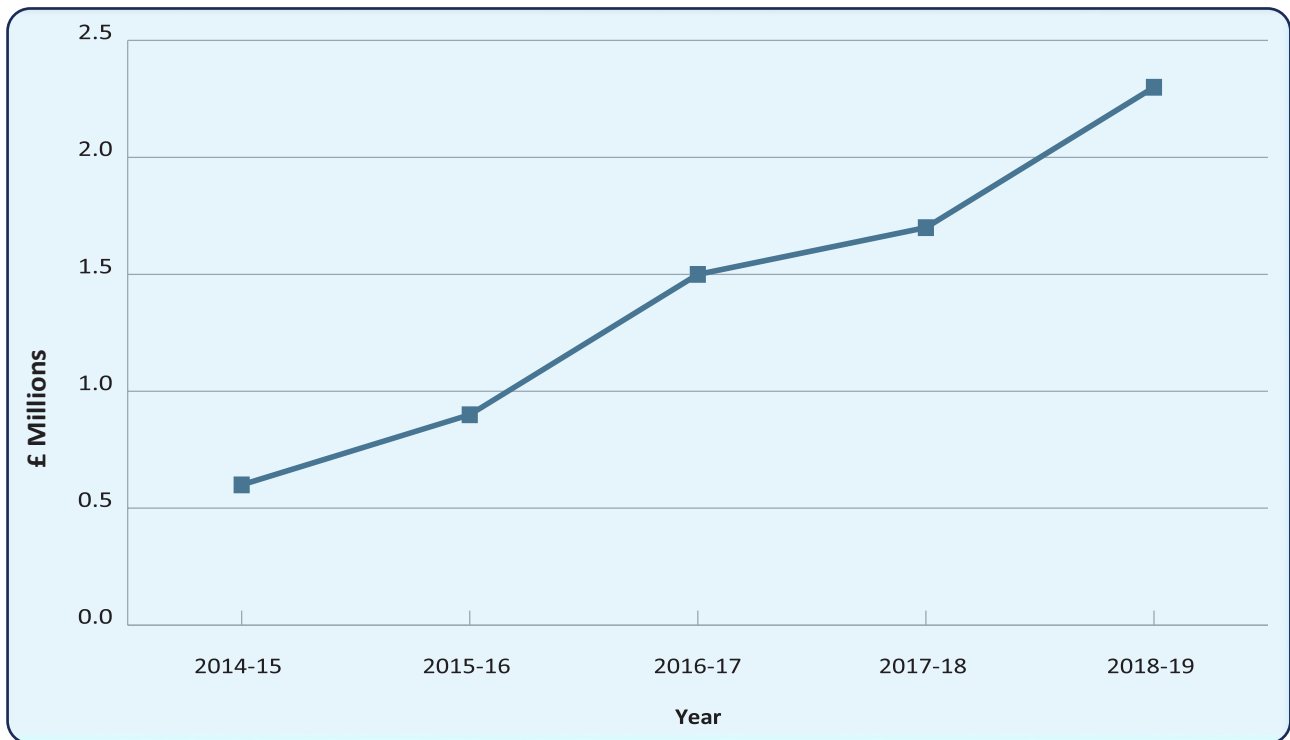
The Review Team observes the notable rise year on year, in both graphs, from 2015 until 2019 and how this correlates with feedback from all stakeholders interviewed.
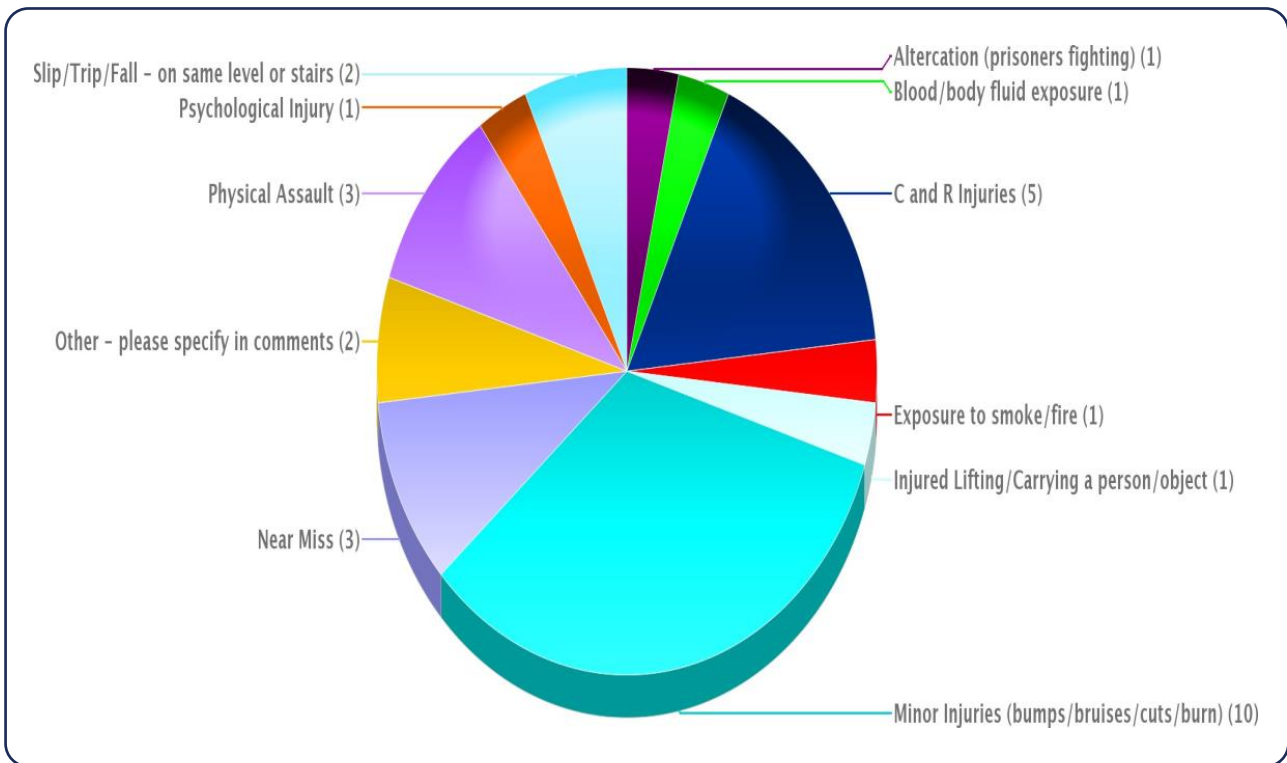
7.12 HMP Magilligan Accident Statistics 1 April 2020 until 30 September 2020

Slip/Trip/Fall – on same level or stairs (9)
(1)
Blood/body fluid exposure (2)
Minor Injuries (bumps/bruises/cuts/burn) (12)
Psychological Injury (3)
Other – please specify in comments (7)
Occupational Disease (1)
Near Miss (11)

7.13 HMP Maghaberry Accident Statistics 1 April 2020 until 30 September 2020

(1)
Slip/Trip/Fall – on same level or stairs (18)
Altercation (prisoners fighting) (4)
Blood/body fluid exposure (2)
Psychological Injury (7)
C and R Injuries (29)
Physical Assault (15)
Exposure to smoke/fire (1)
Injured Lifting/Carrying a person/object (2)
Major Injuries (amputation/fracture) (3)
Other – please specify in comments (3)
Near Miss (11)
Minor Injuries (bumps/bruises/cuts/burn) (44)

7.14   HMP Hydebank Wood Accident Statistics 1 April 2020 until 30 September 2020

Pie chart labels:
- Slip/Trip/Fall – on same level or stairs (2)
- Psychological Injury (1)
- Physical Assault (3)
- Other – please specify in comments (2)
- Near Miss (3)
- Altercation (prisoners fighting) (1)
- Blood/body fluid exposure (1)
- C and R Injuries (5)
- Exposure to smoke/fire (1)
- Injured Lifting/Carrying a person/object (1)
- Minor Injuries (bumps/bruises/cuts/burn) (10)

The Review Team asked for this information for previous years, however this new format has recently been introduced from April 2020. From the information available, the psychological injuries recorded are low in all establishments. Based on figures attending Welfare, PRRT and Inspire and the information from Occupational Health, the figures would appear unexpectedly low.

8.   Strategic findings

8.1   There were two points that arose during the interviews carried out by the Review Team that, whilst not directly in the terms of reference or directly related, has an impact on staff morale.

8.2   The first finding relates to the pensionable age, for many Prison staff, which currently sits at 66 (and set to rise to 67). It is of course important to highlight that there is no default retirement age and it is an individual right to work beyond this age. Whilst it is recognised that this is an issue well outside the remit of the Northern Ireland Prison Service (NIPS), and indeed the Northern Ireland Civil Service (NICS), it must be recognised that it is not unreasonable to suggest that this may be impacting upon the level of medical retirements that happen each year in NIPS, as the prospect of this often impacts on motivation at an earlier stage, well beyond retirement age.

8.3   The other finding in this area is relating to a long running Pay and Grading review. The review has taken longer than previously expected for a range of reasons from delays with receipt of Job Analysis Questionnaires, staff absence, internal staffing pressures within the unit, and the Covid-19 national pandemic resulting in prisons only being open to essential staff.

- 153 posts were identified for interview. To date, 123 interviews (80%) have been conducted and job descriptions have been drafted. Of the remaining interviews to take place, this only affects two grades – Main Grade Officer and Custody Prison Officer. The remaining nine grades have all been interviewed (Governor in Charge, Functional Head, Unit Manager, Senior Officer, Night Custody Officer, Operational Support Grade, Principal Prisoner Custody Officer, Senior Prisoner Custody Officer, and Prisoner Custody Officer).
- During the period when interviews cannot be conducted due to the Pandemic, job descriptions have been progressed for the nine grades above to varying degrees. They are all either (i) being internally checked, (ii) with the trade Unions for comment prior to issue, (iii) with staff, or (iv) agreed.

As part of the Review, the Director General (whose overall comments are already reflected in the Executive Summary) and the senior management of NIPS (list of interviewees outlined in the Methodology section) were interviewed, as was the Prison Governor Association (PGA). There were a number of themes identified by senior management and PGA.

The PGA discussed the following themes:

- Sickness Absence Management processes needed to be consistently applied and interventions, such as PRRT, were not potentially in place early enough to assist a timely return to work. There was concern about the impact on those who remain in work when others go on a period of sickness absence. Preventative measures should be main focus, PRRT may have a role to play in this if funding can be made to work.
- The range of different grades and roles in terms of the flexibility it affords to managers created challenges at times.
- Flexible working patterns can be helpful for staff to achieve work-life balance, however the needs of business must also be factored in
- The recruitment stage was discussed and the importance of the challenges and expectations of the role being adequately conveyed to potential recruits.
- A number of initiatives were highlighted as being developed and piloted. The Blossoms programme (Maghaberry) was very well received and appeared to send a message of acknowledgement to staff, providing something to staff of value to them and feeling looked after.
- The IPD programme that was introduced in Maghaberry for high security houses but has not been embedded. There are current plans to re-visit this provision.
- Peer support, Care champions and modelling by more experienced colleagues in relation to asking for help, and coping with incidents, was discussed as helpful.
- There was a strong sense of a NIPS identity and the importance of brand to promote a sense of pride in the role. Whilst there was a recognition of the NICS as the employer, it was seen as important to identify as NIPS and that the policies and procedures were appropriate for NIPS.
- Promoting a team ethos where people will pull together for each other was beneficial as was the concept of being disciplined
- Promoting pride in role and in NIPS by sharing learning and ideas across establishments was identified and as a method of building a sense of being valued and acknowledged.
- Training was a key area discussed and the positive response from new recruits to induction training. The elements that adopted a team building approach were especially well received and something that could be used across NIPS. The idea of Continuous Professional Development for all staff was seen as important to take forward to include mental health resilience and trauma informed approaches.

The Senior Management themes were as follows:

- Prison roles are continuing to change and this brings challenges and opportunities especially with the introduction of new technology. This facilitates reforms that can enhance safety, reduce unnecessary transactions with people in the care of the prison who in turn benefit from opportunities to become empowered with increase in responsibility for many of their own needs, hence assisting the role of the Prison staff member.
- The need to understand the context of the Prison system of Northern Ireland and its unique setting.
- A service such as PRRT has an important part to play in the well-being strategy including preventative stage. The limiting factor was seen as affordability rather than any fears and concerns about having a greater resource in this domain.
- Developing high performing staff teams was seen to be a key area for the future, including modelling that it is okay to be open and transparent about asking for help.
- There was agreement that shift patterns needed to be considered in line with flexible working, however there was not an overall consensus on how this would be achieved however there was an appetite to carry out a review.
- Post-Critical Incident approaches were seen as important and senior managers saw the necessity, the approaches to how this was done differed.
- There was a clear desire from senior management to see HR processes supporting management to have a culture of wellbeing, performance management and sickness absence management including early interventions and effective management of medical retirements and adhering to appropriate timescales in the HR processes.
- The recruitment process was seen as an area where it was important to do more to highlight the role that would be played in NIPS and to manage expectations. There was also a desire to see feedback used for talent management purposes for those unsuccessful in internal processes.
- The Future Leaders scheme was highlighted as addressing an area of development need for the service and a similar programme was also considered appropriate for officer grades to develop senior officer capabilities.
- The value of promoting the development of an internal prison service brand was highlighted.
- The need to implement the Review of Training was seen as an important next step to further develop the learning and development needs of existing NIPS staff and not solely for new recruits.

9.   Interview findings

This section has been divided into the six areas of section one of the Terms of Reference that the Minister of Justice set, where she identified what the Review Team should consider.

The findings outlined are representative of the interviews that took place with all those detailed in the Methodology section. The Review Team identified themes that became obvious and pertinent throughout the period of the review.

9.1   Reduce the stigma around seeking support or help (TOR 1)

9.1.1   The overriding view, from MLA's, staff, Prison Officer Association (POA) and management, was that there remained an issue with raising concerns about one's own mental health. It was felt that if these concerns were raised it would have an effect on the perception of the role that the Officer could carry out, it could potentially affect promotion prospects and that if time was taken off then a process of dismissal would commence relatively quickly. A theme emerging from staff groups was a gap in perception in relation to the commitment and support provided in relation to mental health and well-being.

9.1.2   There was a view from some staff groups, the POA and from management, that the longer in service staff found it harder to speak out and that the younger in service were more aware of mental health issues and did not have a problem speaking out. A number of staff identified the importance of having access to senior managers on the ground and welcomed these opportunities to share feedback and offer ideas.

9.1.3   The Review Team found that there was a running theme that mental health issues were not treated in the same way as physical injuries and that they went unseen and, in turn, potentially unheard. The accident statistics for the last six months suggest that this may be the case given that psychological injuries don't strongly feature. However it is difficult to rely on this data for such a short space of time – a change to the Health and Safety system recording meant no previous data was available. This may or may not be due to recording and recognition of psychological injury, or due to low numbers of psychological incidents.

9.1.4   There was an ongoing theme that arose from the staff groups that the wellbeing of those in the Prison population was well supported in the area of mental health. This was believed to be the correct approach, and the right thing to do. The thinking was therefore that some of the initiatives could be further transferred to supporting staff who, due to the nature of the work, will inevitably need support in the area of mental health.

9.2 Improve awareness of the help and support available (TOR2)

9.2.1 Those staff interviewed, without exception, knew about Inspire (sometimes referred to as Carecall, its previous name) and the 6 sessions available. The overriding view from staff and management, and also the POA, was that this service is helpful for general non-work related issues, and is a professional service, but that it may not be appropriate for work-related mental health issues that required a more bespoke approach with a good understanding of the role carried out in a Prisons setting.

9.2.2 Most of those interviewed also knew about the Prisons 2020 strategy, what it was trying to achieve and knew more specifically about the 'Prisons Well' programme. The Prisons Well Programme has carried out much work to develop and implement a plan to promote and encourage staff to take part in a number of initiatives. There was significant evidence of good work by way of leaflets, roadshows that had taken place and information sent out by various means to staff. There had been the introduction of 'Well' champions and a recognition from those leading the 'Well' Programme that there was a need for a bespoke programme unique to the needs of the NIPS as opposed to using the wider NICS programme, hence the 'Prisons Well' brand. There was full recognition that key to success was buy-in from Senior Management. The attendance at the events run to date, of those on duty, was 80%. There was also recognition from those leading on the Prisons Well programme that staff were not fully aware of what services were open to them and that the year one plan was to raise awareness before the more preventative work would commence.

8.1.3 Sadly due to the Pandemic the work of Prisons Well was significantly impacted upon. The nature of the plan meant that much of the interactive approach had to be postponed. There is more proactive work planned in the next phases.

9.2.4 Staff interviewed recognised that Prisons Well was a good initiative but some did identify some inhibitors such as the inability to be released from duty to attend events and that the timings of the events were not suitable for all grades of staff.

9.2.5 Whilst the Prisons Well programme was welcomed, staff wished to see this built upon in terms of being more specific to the needs of Prison staff and the type of work that was carried out. There was an identified need from the majority of those interviewed (MLA's, Management, staff, POA) to see earlier support, to recognise the signs of mental wellbeing issues and to try to prevent staff from having to avail of sickness absence.

9.2.6 Some staff knew about welfare support on offer, many staff interviewed thought that it was no longer available. However from the figures supplied regarding welfare support usage, the welfare support was the highest level of usage among staff. There were some examples offered from those who had used the service and again the service was seen as a benefit. It did not appear to be widely known about, especially in the newer (less than 7 years) staff group. When the Welfare Service Manager was interviewed he recognised that perhaps the service needed to be more widely publicised in NIPS. He outlined that 5 welfare officers were dedicated to the work of NIPS (albeit not exclusively as they had other departments to look after).

9.2.7   NICS HR personnel based in the Establishments were seen by some staff as being supportive during difficult times. For others there was a varying degree of knowledge that NICS HR were on site and available. It was the perception by MLA's, POA and by staff that NICS HR had no choice but to follow a rigid policy and procedure, where there was little room for support due to the nature of the policy. It was widely commented on that the role of NICS HR was one of returning staff to work, issuing warnings and dismissing staff as soon as possible. There was a majority opinion of all those interviewed that this was not the 'fault' of the personnel who work in NICS HR but as a consequence of using a NICS policy yet applying it to a NIPS environment that is very different from the NICS general roles. It is worthy of note that, as outlined in the data findings, the number of people off on sickness absence and those eligible for a warning is low – see section 7.2.2 eligible for warnings. In turn, those eligible for warnings and those issued for warning based on available figures for the last two years is lower than the Review Team expected to see based on the detail in the interviews carried out. The Review Team did find that this is a strong perception that exists across the majority of people interviewed.

9.2.8   The NICS HR team was interviewed and outlined that there is a Welfare Service dedicated to NIPS. It was felt that the Welfare Service is well used and there is an awareness. The Review Team data findings, provided by NICS HR, regarding usage shows that the Welfare Service has the highest usage amongst NIPS staff. NICS HR outlined that Inspire counselling services are available as a confidential service. PRRT is a service provided to operational prison staff and NICSHR confirmed that here is a set budget. HR seek OHS opinion as to whether or not an officer would benefit from attending PRRT however the role of OHS is not essential to the referral process; NIPS could refer directly to PRRT thereby speeding up times to receive a first appointment. PRRT assess the individual and apply a traffic light system to assess priority.   All those who are off on sickness absence are made aware of PRRT and Inspire, only those assessed to need PRRT are referred. There is no self-referral path, however, an officer can contact HR and ask for them to be referred to Occupational health for consideration of PRRT. HR can however refer directly to the physiotherapy services. PRRT services stop if the individual leaves the service.

9.2.9   With regard to the Managing Attendance policy the NICS HR viewpoint is that the policy is fair and reasonable and the policy is applied fairly and consistently across the NICS.

9.2.10 Warnings are issued by HR, with no line management involvement, and then each individual has access to the appeals process to provide mitigating circumstances. The Grade 5 carries out the appeal officer role for dismissal decisions taken by a Grade 7 in Employee Relations. Appeals for warnings are heard by the Grade above the original Decision Officer.

9.2.11   NICS HR advised that there is no allowance made at the point of warning for an absence incurred as a result of an injury on duty but this will be taken into account and allowance made as part of the sickness absence warning process. The letters that individuals receive when on sickness absence have been changed in terms of language and these letters will be introduced into NIPS. There is a commitment to replace the word 'inefficiency' however this word reflects the legal reason for dismissal so careful consideration will have to be given how it is changed in the policy. The word inefficiency is no longer used in the sickness absence letters, until the point that dismissal is being considered. All decisions are taken centrally by HR with no line management involvement at any point of process.

9.2.12   NICS HR made the point that not all information is provided by the individuals, at point of warning consideration, which makes it difficult for HR to take the full picture to make decisions and felt that this reinforces the value of the appeal process.

9.2.13   NICS HR's experience is that operational Prison staff do not find it difficult to discuss or raise mental health issues.

9.2.14   NICS HR confirmed that it had no formal involvement at any stage of the Critical Incident process.

9.2.15   The existence of the Police Rehabilitation and Retraining Trust (PRRT) was not known by everyone, but was known by most. Those few staff interviewed who had used the service were complimentary about the service provided. The timeliness of the intervention is commented upon later in the report as this is an inhibitor to the success of the service provided. There is limited budget for the service, the referral is only made once someone has gone off on sickness absence and the waiting times can be lengthy, as outlined in the data section. The vast majority of staff who had availed of the service felt that it was appropriate, relevant and most importantly made a difference to the quality of their mental health.

9.2.16   PRRT confirmed that it currently provides a Treatment service and that it is unusual that there is no direct link with Occupational Health Service, the referrals are made by HR. PRRT outlined that there is a robust triage system that prioritises with risk to self and others as a key factor. From the outset the service demand has outstripped supply very quickly. Twelve sessions are offered and at session 10 if there are indications that an extension is warranted then a request is made to HR. The experience of PRRT is that people typically attend after being off work for a long period. It would be more effective if people came whilst still in work or when they just gone off. PRRT welcomed the Resilience training for new recruits and outlined that existing staff would benefit from same. PRRT advised that 82% complete the process, and that very few referrals are found to be unsuitable, that the treatment was needed and necessary.

9.2.17   The budgets allocated to PRRT, Inspire and Occupational Health are outlined in the data findings. The numbers using Inspire are extremely low which would be reflective of the MLA and staff feedback around perception of the good, but generalist, nature of the service. The numbers using PRRT are also low. PRRT is different to Inspire as it is not a self-referral mechanism.

9.2.18   The Welfare Service Manager advised the Review Team that Inspire's existing contract with the NICS (and therefore available to NIPS) has another tier available where trained Clinical Psychologists (at a higher hourly rate) can provide a de-brief and more in-depth mental health support service. This is readily available and is allowed for within the contract. All Inspire staff are vetted to the required standard.

9.2.19   The Occupational Health Service (OHS) representatives were interviewed and advised that in most cases where an officer presents with psychological symptoms related to work experiences, referral to PRRT is usually considered appropriate by OHS, unless the officer is so unwell they are likely to benefit from treatment before PRRT input would be beneficial. They indicated that the current 'one referral process' to OHS delayed OHS assessment and extended timescales. The one referral often occurs late into the sickness absence and it is not common to see officers who are still in work. Inspire offers a service for work related and non-work related problems to a variety of Departments including NIPS where appropriate. Employees often report benefits from Inspire attendance (or at least did so when OHS was previously able to see employees early and on several occasions). Where the psychological issues relate more to trauma related work experiences then PRRT input would be appropriate. NICE guidance on PTSD refers to the requirement for trauma related psychological intervention in addition to other treatments and attendance at PRRT is frequently referred to in the private psychiatric reports provided when retirement on medical grounds is being considered.

9.2.20   The Benevolent Fund was recognised as doing good work to support staff and staff were well aware of the role that it plays.

9.2.21   The Benevolent Fund is funded by voluntary contributions from staff but NIPS pays for Carol and Memorial services and accommodation for the Benevolent Fund is provided. Telephone or email contact is provided to serving staff who are absent on sickness absence leave. Vouchers are sent as a caring touch and to try to prevent feelings of isolation if the staff member is off for prolonged period of time. The Benevolent Fund also provide services such as holiday accommodation and a Credit Union. The Benevolent Fund officials outlined how they could do more with improved funding arrangements. NIPS has confirmed that no further funding is available in these times. The Benevolent Fund also outlined that Inspire was a good resource but services needed to be more bespoke for the needs of NIPS staff and PRRT type services should be more widely available. Suggestions were also made to look at areas for staff to have a break and also for peer support services to be put in place.

9.2.22 Prison Service Trust's remit is in relation to a range of practical support for retired officers and widows and families. At the time PST was established, funding was sought for serving staff but this was not achieved. The PST offer a range of services, including counselling, to those they serve. The difficulties with waiting times for serving staff to access was discussed. This service must be stopped if the officer then ceases to serve in NIPS. The limits on the number of sessions for Inspire initially offering 6 sessions can create anxiety at outset and place in time pressures. The issues arising from Section 11 and medical retirement were discussed including the interface with OHS and the need for earlier intervention and preventative services to reduce the drivers for some medical retirements. The impact of a rising pensionable age was also discussed with PST. Should the recruitment stage highlight the real demands of the job and to assess for coping capacity in selection process, it was felt that this would also assist with reducing numbers leaving NIPS.

9.2.23 In 2015, 6 staff from HMP Maghaberry were identified and trained to take on the role of Individual Professional Development (IPD) facilitators. IPD was part of the HMPS High Security programme relating to the Well-being Strategy that focused on "on the job support". IPD was designed to provide staff working in high-risk jobs with an opportunity to discuss their work and its impact in a safe, non-judgemental and supportive environment. The role is differentiated from the role of line managers and that of Care Teams. IPD is expressly designed to be preventative through the provision of operational support - that is, to try and stop potentially demanding situations becoming overwhelming. It is primarily concerned with professional skills rather than emotional support, although developing professional skills has been proved to have a beneficial effect on emotional well-being. IPD facilitators are trained to provide specialist back-up by working alongside staff, enabling them to get a bit of distance from the issues that may be vexing them and think through potential solutions. They provide an opportunity for staff to work out how to deal with and manage difficult situations that might otherwise escalate into unmanageable ones. They provide an opportunity for colleagues to think about their work more objectively and develop professional skills based on their experience. IPD sessions are confidential and each facilitator is asked to be responsible for providing individual sessions of about an hour for 6 colleagues.

Only 2 members of staff from those initially trained in 2015 remain in post and there has been difficulty in being released from duty to carry out the role. The 5 day training was of high quality and provided by Her Majesty's Prisons and Probation Service (HMPPS) trainers. The focus was for those staff working with people in the care of the prison who were living in separated conditions. The plan to train local facilitators as trainers and expand the resource did not happen. The current provision is sporadic, with time only available to offer sessions in an unplanned way, and therefore a small number of staff being able to access this service. The facilitator advised the Review Team that a session was often about one day per month. IPD facilitators should see 2 people per session however the facilitator was offering 5 per session to make the most of time, when allocated

on the rota. The system was not working as intended with some people never being allocated time to attend a session. Although no formal evaluation has been completed the Review Team were informed of positive feedback on usefulness by those who had been able to avail of it.

9.2.24   A good initiative in Maghaberry, that the Review Team heard about from several sources, was the Blossoms Project. This is a nature based therapy course developed and designed in partnership with the Public Health Agency (PHA). It is designed to increase well-being and decrease depression & anxiety levels. This provided 'time-out' for some groups of prison staff for a half day per week over an eight to ten-week period. This gave staff the opportunity to work on outdoor projects to contribute to their wellbeing. Staff who had access to this provision identified that it was extremely beneficial, however, the majority of staff that participated in interviews were unaware of it.

9.3   Support staff in building personal resilience and developing self-help skills (TOR 3)

9.3.1   Staff receive training/development/awareness at induction stage when joining the organisation in the area of managing your mental health. This is well received by staff.

9.3.2   MLA's and staff report, and this is confirmed by Senior Management, that staff are not released for further training in this area. Training seems to be dedicated to mandatory training in the areas such as Control and Restraint, and Health and Safety. Many staff spoke of a need for ongoing Continuous Professional Development (CPD) in relation to practical skills development to enhance their ability to work with people in the care of the prison that present with challenging behaviour arising from adverse and traumatic life histories and a diagnosis of personality disorder.

9.3.3   As referred to already, Prisons Well was focused on supporting staff to look after themselves and to be aware of their own physical and mental wellbeing. There was much work in this area and will be built upon.

9.3.4   Aside from the above described initiatives, which are to be commended, there was no evidence of any further support available in a proactive way to remain mentally well.

9.3.5   The Review Team believe it is worthy of note that the reliance on alcohol off duty to de-stress and unwind was mentioned by many individuals/groups that the Review Team interviewed.

9.4   Support staff involved in Critical Incidents (TOR 4)

9.4.1   A 'hot and cold' debrief guidance document, and associated templates, have been provided to the Review Team in relation to Critical Incidents but there was no clear evidence that this was followed in the management of Critical Incidents. 'Hot and cold' de-briefs appear to be carried out in different ways depending on the approach of the person in charge. The POA, staff and two MLA's raised this an issue where a duty of care and intervention was not obvious and the post-incident activity was centred on the person in NIPS' care and also on paperwork and a requirement to finish the shift. This was also raised by PST as potentially helping to minimise numbers eventually retiring on medical grounds.

8.3.2   There is a review currently being carried out by the Future Leaders to develop a proposed policy for the Management of Critical Incident.

8.3.3   There is no set requirement for staff to talk to line management or other professionals in relation to the incident that occurred and the associated reaction to that incident

8.3.4   Staff also described the person in NIPS' care being treated at the scene by the Trust medical professionals but that there was an absence of onsite medical treatment for the staff member as the Trust personnel were not allowed to treat anyone but the person in the care of NIPS. However the Review Team clarified this with the Assistant Director of Prison Healthcare in South Eastern Trust, and had confirmed that Healthcare staff in prison can (and do) provide support to officers in urgent/emergency situations only. All other situations should be managed via NIPS First Aiders and or Occupational Health Services or via their own Primary Care service in the community.

9.4.5   Whilst not a critical incident per se, Court attendance where staff are listening to graphic detail/seeing evidence, seemed to be an area where there is no means of de-brief process.

9.5   Ensure appropriate counselling or other treatment can be accessed by staff in a timely manner (TOR 5)

9.5.1   Inspire is available at all times for staff – in work or absent from work – however staff overwhelmingly did not feel that this met the needs of the work related issues that they had. The feedback from staff, MLA's and management was that is a sound counselling service for non-work related issues. However as outlined above, the Welfare Services Manager has advised that there is a higher tier service currently available under the Inspire contract.

9.5.2   PRRT is used for those staff absent from work, not those in work encountering work-related mental health issues.

9.5.3   Many staff, the POA and MLA's reported staff experiencing mental health issues in work, either due to a specific incident or the cumulative effect of the nature of the role. This was a finding that was substantiated by the Occupational Health Service, the Welfare Service, the Benevolent Fund, the Prisons Trust and PRRT.

9.5.4   A common theme was related to staff, especially those with less service, having concerns about security of themselves and their families. Some MLA's also raised this matter. There was a recognition that the security issues 'came with the job' but staff indicated that they would welcome the opportunity to chat about these concerns in a safe environment as the need arose.

9.6   Deliver any additional support necessary in a way that ensures staff confidence (TOR 6)

9.6.1   Some staff, and the POA, outlined that there was no space to avail of during lunch breaks. It was outlined that the canteens are staffed by the prison population and that there is nowhere to have a safe conversation with colleagues. This was not the case in all areas of NIPS' establishments and there are plans in some areas to introduce a space for downtime. Some did describe that where there were areas that these were not easily accessible to walk to during the short time allocated for breaks. Some management doubted the need for this facility however this subject was raised by the majority and staff, referred to by the POA and also by some MLA's.

8.5.2   There is no obvious model across the NIPS for staff to meet one to one with the line manager and no obvious model for peer support. There was evidence of this in a small number of specialist units however this model is dependent on resource availability.

9.6.3   Shift patterns were highlighted as an ongoing issue by many interviewed – MLA's, POA, work-life balance being something that appeared to be something that exercised many. There was a recognition that there was a need to provide a 24/7 organisation however there was a view that there could be a review of shift patterns.

9.6.4   Flexible working patterns was an area that was also raised frequently however it was felt that a review of shift patterns would assist with this issue.

9.6.5   There were many discussions at the Review Team interviews about staffing levels and that the belief, not just from staff, was that the levels were running too tight given the high levels of absence, unexpected incidents and duty restrictions.

9.6.6   Almost without exception the issue of Prison staff being treated as Civil Servants and no recognition of the role in NIPS being different came up at each interview carried out.

9.6.7   The issue of the wording of letters issued when people were out on sickness absence was a common theme. The letter were seen as a template and unhelpful, especially to those already absent due to mental health issues. The use of the word inefficiency seems to have consistently caused issues.

9.6.8   The issue of disciplinary or grievance investigations was also a common theme from POA, management, staff and some MLA's with the issue of length of time to progress to hearing, or sometimes not reaching hearing, being raised. It was outlined often by staff how processes were not being followed and that this was prolonging matters and adding to stress.

9.6.9   Staff groups reported that there was a reliance on dynamic risk assessments as opposed to set risk assessments for specific, identified tasks.

10.   Recommendations:

The Review Team's recommendations are based on the evidence established in the findings of this report: the data; the good practice; previous reports; current research and stakeholder interviews. All have all been used to ensure that recommendations are evidence based and directly linked to findings and themes identified.

As identified in the research literature and the scoping of good practice, the Review Team recommends the adoption of the Model of Dynamic Adaptation, using primary, secondary and tertiary intervention points, to guide organisations in the enhancement of resilience in critical occupations. The Review Team has taken this into consideration when formulating its recommendations. This tiered approach should ensure that there are appropriate measures in place to provide the correct layers of support and intervention as is proportionate and required. Primary interventions are measures such as the provision of support in an attempt to prevent mental health issues becoming prevalent. The Review Team has made recommendations around preventative initiatives such as training of managers to recognise early warning signs of harmful impact, taking helpful steps at the recruitment stage and to provide training in core practical skills and mental health awareness throughout the career of a staff member. Secondary interventions are measures that assist in trying to detect mental health issues early. The Review Team has made recommendations around the use of supervision, timely referrals to Occupational Health, and timely interventions to post-critical incidents. The tertiary intervention stage aims to reduce the impact of the dysfunctional outcomes of stress and trauma and promote quality of life through active rehabilitation. This is the stage where Employee Assistance Programmes and counselling interventions have a role to play. The Review Team has tailored its recommendations to seek to avoid as many staff as possible being in this situation. Without exception, all aspects of the findings support this approach.

10.1   Strategic recommendation:

> **Recommendation 1**
>
> *To bring the Pay and Grading review to a conclusion as soon as is practicable to do so. As outlined in the findings, this is impacting on morale and would be a significant step forward. This should assist NIPS and staff with flexibility in relation to deployment of resources and lateral development.*

10.2   Operational recommendations based on data, interview and good practice findings:

The recommendations are structured around the primary, secondary and tertiary intervention points contained in the model of dynamic adaption (Clarke, 2011). The recommendations are also cross-referenced to the relevant Terms of Reference (TOR).

Primary Intervention stage.

10.2.1 Recruitment procedures for NIPS (ToR 1):

The numbers that need to be recruited every year and the number of staff leaving the organisation suggests a retention issue. The Review Team contends that this recommendation may assist in recruiting staff with improved understanding of the role and in the retention of staff.

> **Recommendation 2**
>
> a.   Managing expectations when recruiting NIPS staff should be given further consideration. *There is a family event for new recruits during the induction period. It is recommended that this should occur at the recruitment stage as opposed to at the induction stage.* It could be argued that an employment contract has been entered into and it is too late to have a change of heart. At this event consideration should be given to including video clips based on real-life examples to show the full remit of the NIPS role.

> b.   It is recognised that recruitment is required to be timely and that more than one selection method used is probably not possible due to potential for elongated processes. *It is therefore recommended that interviews are not solely based on competency and should also be situational based* to test areas such as resilience, attitude to self-care, approaches to problem solving and an ability to deal with certain situations that, if employed, they may find themselves in. This should assist in giving a clear message to prospective employees about expectations of the role. The research evidence does not currently support the use of pre-employment screening to predict who will develop mental health difficulties in the course of exposure to stressful aspects of the job.

10.2.2 Training – Operational, mental health awareness and resilience (ToR 1,2,3)

The greatest constraint on this recommendation being achieved is the ability of NIPS to release staff to attend. However, in order to retain and develop a professional, capable, motivated workforce, this area must be invested in. All organisations face challenges to extract staff for training purposes but training staff solely on mandatory training and with no scope for professional development is not a modern approach to staff development. Innovative approaches to staff development can, and should be adopted, with a greater focus on assessing the use of e learning styles for those courses where this is an effective modality.

Recommendation 3

a. *To implement the recommendations of the NIPS Learning and Development review.* The Review Team understands implementation is imminent, specifically for the purposes of this review, the requirements within it for staff to have a programme of Continuous Professional Development is particularly pertinent.

b. *The Review Team further recommends that NIPS continues to develop its core training to all staff in relation to the knowledge and skills requirement of facilitating the rehabilitation of people in the care of the prison who have complex histories and needs.* This will include development in the areas of understanding complex trauma, substance misuse and personality disorder. The findings in the literature and reports from the staff who contributed to the review highlighted the essential nature of practical skills training and not limiting training to knowledge based inputs.

c. *The Review Team recommends training on mental health and resilience should not only take place at induction stage for new recruits.* Training must take place for both staff and also all grades of management to be able to recognise the signs of mental health issues, to support with coping mechanisms, to remind staff where help is available and to promote a positive attitude towards well-being and self-care including the importance of taking early action to prevent deterioration.

10.2.3 Organisational Climate (ToR 1,2,3)

The concept of Environmental Resilience provides a framework to guide the enhancement of well-being in critical occupations. Many factors that contribute to the culture and climate of NIPS have emerged throughout the review as highlighted in the Findings section.

In this area, NIPS should promote practices based on empowerment of its staff, recognition of the value of staff and the removal of any conditions that could foster a feeling of powerlessness. This approach is necessary for progress on the goal of sustaining and promoting resilience and motivation, and will have more long lasting impact than will be the case if investment is in one-off training inputs on the understanding of resilience alone. Identification of opportunities for staff to participate actively in initiatives to build upon transparency and collaboration in appropriate decision-making are recommended.

Recommendation 4

a. *It is recommended that a Mental Health and Wellbeing framework is developed and implemented, led by a member of the NIPS senior team, encompassing all strands of NIPS approach to well-being for its people.* Much work has already been carried out in this area and was stopped in its tracks due to the national Pandemic, however the Review Team recommends that this plan is laid out in the form of a framework that is clear for all to see, and incorporating many of the specific findings of this Review. Key to the success of these recommendations is to have authentic buy-in at senior levels to ensure success and cultural shift. This is clearly outlined in the Review Team findings of the research evidence where leaders, at all levels, have a critical role to play in developing an organisational culture that promotes self-reliance, empowerment and psychological safety and breaks down stigma and fear associated with recognising the impact on mental health. Lessons should be learnt from initiatives that took place for the prison population to understand if there are any transferable to staff.

b. *It is recommended that members of Senior Management within the organisation front a campaign to speak about the pressures of the role and also the benefits of the job.* This campaign should provide staff with information on what help is available for them and the changes that are taking place to enhance the support to staff.

c. To build on the work done to date by the 'Prisons Well' team in developing a whole system and long-term approach to NIPS staff mental health and wellbeing, and to enhance communication on the support available, *the Review Team recommends the development of a smartphone App may be a useful area for development.* This is something that the Prisons Well team had mentioned and should be pursued. It should make use of the many online well-being resources that have been developed in response to the Covid-19 national Pandemic.

d. *Further development of the local Well-being Champions to facilitate an extension of well-being promotion 'on the ground' is recommended as a cost-effective approach to increasing awareness.* The role of the local Champions should include seeking to collate information from those who have had positive experiences of support/therapeutic services and ensuring access to services is understood and conveyed to staff. Senior managers should be included in the pool of those taking on the role of local mental health champions. A project to trial the introduction of 'Listening Sessions' for senior managers to meet with staff to facilitate feedback and sharing of ideas to improve mental health and wellbeing, within the operational constraints of the service, should be considered.

e. *The extension of successful initiatives such as Blossoms (an initiative at Maghaberry) or teambuilding, that promote self-care and well-being, in tandem with an experience of being supported and valued by one's employers should be taken forward. A programme of well-being activities to suit a range of interests should be provided across the service.* This of course is not an approach that can be a frequent occurrence but a consistent approach, over the life of a framework, where each team has access to a team-specific event should be implemented. The protective function of strong team relationships/ camaraderie assists in maintaining resilience to the inevitable challenges of the job provides support for investment in this area.

f. *To introduce and build upon some initial projects to provide comfortable, welcoming, purpose-made space should be taken forward in each establishment for all staff.* This should be as conveniently located as possible. It is recognised that this is in place for some but this should be the case for all staff and of the same standard. This should be feasible, and limited in cost terms, given the size of each establishment and that it has been highlighted by many that there are various empty spaces in the establishments.

g. *Consideration should be given to a security brief on a regular basis (not less than once per month) by the senior officer responsible for that area* to give staff the opportunity to hear the same information across the establishment and equally important to ask questions. This is an area that was raised by many staff was highlighted as creating anxiety.

10.2.4 HR systems and shift patterns (ToR 1, 2,3)

Recommendation 5

A review of shift patterns should be carried out in the organisation, primarily taking cognisance of business need of course, but should also consider issues of work-life balance in modern society. This review should benchmark staffing levels against other services and should particularly consider the staffing levels in place for night custody roles.

Recommendation 6

HR Practices should be reviewed to ensure the needs of the Northern Ireland Prison Service and its staff are met:

a. *The wording of letters sent to NIPS staff when off on sickness absence should be reviewed as a matter of priority.* Whilst the Inefficiency regulations are in place, and would take some time to change, the wording of letters could be more tailored to the individual and the word inefficiency needs to be contextualised, if it is necessary to use, as it is of course important to advise staff (and is their right to know), and correct in any process of this nature to advise of potential for dismissal. This is in process by NICS HR and should be introduced as a matter of priority.

b. As outlined in the Findings, delays in investigating matters such as Grievances or Discipline, and limited communications with the parties concerned, was raised frequently by staff, some management, MLA's and particularly by the POA and others who assist with representation. *It is recommended that an overall review of the Disciplinary Procedures is carried out. Furthermore those in charge of investigations, and associated outcomes/decisions, must follow stipulated timescales in policy and procedure. If timescales are not specific in the relevant policy and procedure, these should be agreed at the outset and a Terms of Reference agreed. Elongated time periods only serve to exacerbate stress and anxiety in processes that are already stressful processes for all concerned.*

c. *The Review Team recommends that an HR team from Grade 7 and below is based in NIPS Headquarters and Establishments as was previously the case, and all functions managed in-house to NIPS, with a dotted line into NICS HR.* The Review Team is of the opinion that NIPS does have different needs to that of the wider NICS due to the nature of the prison role. NIPS sickness absence levels, as can be seen in the data findings, are markedly higher than those in the wider NICS.

This recommendation is no reflection on the current team who have been praised by staff as already outlined in the findings, it is a suggested pragmatic solution to seek to be closer to some of the more NIPS orientated issues highlighted and to build relationships at both local level and at senior level, being on hand at operational and strategic level to assist and influence decision making. This will not detract from the fact that NIPS staff hold NICS contracts and are Civil Servants. This cannot be lost but it is difficult not to see the argument that there are significant differences in job roles. This should also assist with adhering to timescales with regard to HR processes such as Grievance and Discipline. It is appreciated that this is a step away from the NICS model however given the particular issues raised in the report the Review Team urges due consideration of this recommendation.

Secondary Intervention Stage

10.3 Supervision (ToR 1,2,3)

This recommendation is based on a recurring theme from the majority of those interviewed by the Review Team. The research and good practice also leads to the same conclusion, namely the need to embed a model of prevention and support and there is empirical support for the effectiveness of supervision to achieve these aims. Professional supervision is a means by which specific areas of concern, or matters that require discussion, can be raised, and worked through to an agreed solution or way forward. It has a focus on enhancing skills, communication and early detection of dysfunctional impact.

> **Recommendation 7**
>
> a. *The introduction of a supervision process for all staff to take place every 3 months should be the focus of an immediate Task and Finish group.* This group should have the aim of exploring how the issue of resourcing staff time to attend can be achieved and should explore a range of models of supervision. The group should include a cross-section of prison staff and representation from in-house Psychology service.
>
> b. *Access to group clinical supervision for specialist teams such as those working as offending behaviour programme facilitators / case-managers should be provided.* This is in line with practice in PBNI and in other prison and secure health services.
>
> c. *The IPD peer supervision development should be rekindled* (or the equivalent in HMPPS of the Structured Professional Support model) and expanded to provide this opportunity for staff in all establishments and service groups. An evaluation process should be built into this development.

10.4   Critical Incident procedures (ToR 3,4,5)

Most of the stakeholders identified this as an important issue to be addressed. The research and good practice findings supported the views from these groups, which was that early intervention, after an incident, was key. Management have a key role in this area as there are so many considerations to be taken into account, often simultaneously and dynamically. This makes this recommendation all the more important to ensure consistency.

The Review Team's Research Findings indicate that early interventions with staff after critical incidents by well-trained peer support teams, with a strong management support mechanism, provide a successful element of post-incident coping interventions.

Recommendation 8

a. ***A policy and procedure in this area, which should be mandatory to follow post-incident, must be introduced as soon as is practicable and without delay.*** It is recognised that the Future Leaders are currently developing this. The policy and procedures should make clear statements in relation to roles and responsibilities at the time of the incident and at the necessary stages of follow-up, informed by the research evidence in the model adopted by NIPS. The Review Team does not make a firm recommendation as to which model should be implemented, recognising the work that is ongoing by the Future Leaders in this area. The Review Team does however highlight the essential nature of investment in training of personnel to deliver the model, the support structures to maintain it, the benefit of forming linkages in terms of training with other Security / Emergency services, and the need for evaluation.

b. Effective models identified in this review are largely based on a network of appropriately trained peer supporters. As outlined in the good practice section of this report, the Police Service of Northern Ireland has such a model in place, as does Northern Ireland Fire and Rescue Service. It is however contingent upon senior management buy-in, release of staff when needed and not on top of normal duties when required. The training currently provided in emergency services has been finely tuned and tailored and is cost effective.

10.5   Bench-marking – well-being baselines

> **Recommendation 9**
>
> *As part of the long-term strategy to support early detection of mental health issues and providing effective resources to improve mental health and well-being, a bench-marking approach is recommended.* The organisation will benefit from an in-depth understanding of the baseline health and well-being of prison staff. This may be usefully achieved through partnerships with academic institutions who can take forward such work in conjunction with senior leaders and those with expertise in psychological health within NIPS. The partnership approach currently being progressed in PSNI provides a useful framework for initial consideration (5.10).

Tertiary Intervention stage

10.6   Psychological Interventions / Counselling

This recommendation has been made on the basis of unanimous feedback from all those interviewed. The need for an appropriate level of services at an early stage was raised without exception. The research and the good practice corroborates this identified need and draws attention to the necessity of investment by the employer in developing the level of understanding and knowledge of the complex role of the Prison staff member in those providing the Employee Assisted Programmes (EAP's). The Review team highlights the need to address the negative impact of delays in provision of this service, both in respect of the deterioration in personal suffering of staff who are waiting but also in respect of the financial and operational cost to the organisation.

> **Recommendation 10**
>
> *To establish a rehabilitation and support service for the staff of NIPS, specifically in the area of mental health,* that is responsive to the needs of staff through timely interventions (as early as is possible – commenced and completed) and the provision of appropriate, evidence based clinical interventions that can be provided. Any service that is used (through a new or existing tender process) should make clear that the particular needs of NIPS are recognised and understood, and that the service is branded as a resource for Prisons. The Review Team believe that this would enhance ownership and confidence in the support services available. It should also be overtly highlighted to staff that all counsellors/psychologists working with them are security vetted to the required NIPS level. The issue of accessibility and capacity of the service for all staff across the NIPS must be addressed.

It is worthy of note that both Inspire and PRRT organisations have tenders in place so, budget dependent, services could be built upon in the short-term. This is obviously dependent on 'time to run' on current contract arrangements. The ultimate goal must be to ensure that the service feels and operates as a service specifically for NIPS and that NIPS staff has confidence that there is a solid understanding of the complex role of Prison staff.

Recommendation 11

a. *The Review Team recommends that NIPS and the Department of Finance conduct a review, as a matter of priority, of the current service provided to NIPS by the Occupational Health Service in order to assess its impact.* The OH Service should not only be for those on absence as earlier referral is key to success in supporting and retaining staff in the workplace. Those who do need to avail of absence need to be seen earlier allowing adjustments to be recommended to facilitate an earlier return to work and to encourage less reliance on the medical retirement route. The Review Team contests that this is key to success in supporting staff to remain in work and to return from absence in a supported way. The current Occupational Health Service is operating a one-referral system (seen once during absence), the Review Team recommends that this is not meeting the needs of the NIPS. The Review Team recognises that this is due to resource constraints in OHS but this is not supporting NIPS with issues before a member of staff goes off on sickness absence, or being able to recommend adjustments that may assist staff to return to work much earlier. This will also surely assist with reducing medical retirement levels.

b. *The Review Team recommends that the current Occupational Health Service requires a Service Level Agreement that contains an agreement* to see staff that management have concerns about, yet may have remained in work; to see staff absent at the four week stage of absence to allow adjustments for a return to work to be considered and recommended; and to carry out subsequent reviews by OHS as needed for longer term absence. *If this need cannot be accommodated due to the resource constraints or for any other reason, and/or dependent upon the outcome of the recommended review at 11 a, then work should be progressed to costing and sourcing alternative/supplementary arrangements.* The Review Team noted the service developments within PSNI and also *recommend that the drivers for the establishment of an in-house Mental Health Team are given consideration, as part of a review,* as a future direction that NIPS may wish to evaluate.

Recommendation 12

Funding is of course a key consideration for all recommendations (as outlined in the Terms of Reference for this review). ***The current budget provisions for Inspire, PRRT and Occupational Health should be reviewed to ensure optimum usage and value for money and to examine the scope for greater budget allocation to these services. Furthermore, in order to carry out the recommendations in this Review, the Review Team contests that budget allocation to NIPS, in this area of support services must increase, as this is a clear case of invest to save.*** Current budget allocation is currently £326k per annum as well as the nominal charges from the Welfare Service. There are no clear linkages or communication between each of these service provisions or co-ordination.   It is suggested by the Review Team that it could only but follow through, if greater linkages and earlier interventions were made, that less budget would need to be allocated to medical retirement cases. There is also the clear issue of the current direct cost to NIPS of sickness absence being in excess of £3m per year for the last three years (this does not include the cost of backfill for sickness absence). The days lost to sickness absence should significantly reduce if much earlier interventions are made and the investment is made at the front end of the process. A short-term investment for longer-term gain must be considered. The expenditure in the support of mental health provision for staff in NIPS is low given that the opening budget for NIPS in 2020/21 is £105, 995k, and the staffing budget is £74.123m. It has been confirmed however that the scope within current NIPS budget provision is extremely limited.

11.   Review of Support Services for Retired Officers

The Review of Mental Health Services for Retired Officers being carried out by Graham Walker had very clear, inextricable links with this Review.

The process should be viewed as a continuum whereby timely interventions provided for serving NIPS staff, can have significant impact on the levels of staff being medically retired and consequently requiring interventions post-retirement. The notable rise in numbers being medically retired and the associated cost, as outlined in the Northern Ireland Audit Office report, should be read in the context that this level of spend could be channelled, and hopefully decreased, with early interventions for serving NIPS staff. The Walker Review has also outlined these costs.

The findings of this Review, and the findings of the Walker Review are similar, with the stakeholders all outlining the same identifiable themes, and should be read in conjunction. The linkages are stark and must be seen as further evidence that a systemic approach (pre-employment to post-retirement) is one which will assist NIPS staff at a much earlier stage. This approach will contribute to better opportunities for a full recovery in many more cases, enhanced retention in the workplace and less turnover, and will also contribute to the recommendations made in the NIAO report with regard to a review of the medical retirement process. As a result, there should be a need for less intervention and remedial action post-retirement.

12. Conclusion

The Programme of Implementation of Prisons 2020 and Prisons Well have established good foundations to support and inform staff in relation to Health and Well-being. The Review Team acknowledges the commitment and enthusiasm of those involved in the Review in making NIPS a good place to work. As recognised by the Director General, and as outlined in the findings, there is work still to do. The Review Team suggest that the implementation of this Review should be developed as part of the successor to Prisons 2020, specifically in the People pillar.

Gaining the confidence of the staff that this work will be taken forward, and delivered in a timely manner, is pivotal to success. How this Review is implemented will also be pivotal to success. The 'how' should be based on sound two-way communication, empowerment of staff through involvement in the implementation, and the setting and meeting of deadlines for that implementation.

The Review Team are strongly of the view that the progress of implementation of the recommendations is evaluated in one year from the date of this report.

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