Justice Committee
Inquiry into purposeful activity in prisons

Written submission from the College of Occupational Therapists

“Occupational Therapy (OT) is the treatment of people … through specific selected occupation for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life. The OT assesses the physical, psychological and social function … identifies dysfunction and involves in a structured programme of activity ….”

College of Occupational Therapists definition

1. What is meant by purposeful activity and how can this be measured?

Occupational therapists are experts in human occupation and purposeful activity including occupational analysis and therapeutic interventions.

Currently in Scotland occupational therapists are employed in forensic mental health services but not in the prison service.

Within forensic mental health services occupational therapy has become an established component of the multi disciplinary team. Occupational therapists can provide occupation focused treatment planning throughout the patient journey from admission to discharge and maintenance in the community.

The role of the forensic occupational therapist is based on the evidence that engagement in meaningful everyday activity is important for promoting health, reducing symptoms of mental illness, reducing or managing risk and offending behaviour.

Occupational therapy assessment and interventions can take a variety of forms including observation, interviews, 1:1 or group work and be provided in a variety of environmental settings (those which patients are currently performing in and those which they would be expected to perform in the future). (Lloyd 1995).

Occupational therapy interventions are based upon the individuals needs identified from the assessment process and can include:

- Functional assessment
- Activities of daily living/enablement
- Habilitation
- Purposeful engagement in meaningful activity
- Grading of activity to reflect and develop individuals skills
- Balanced lifestyle / structure to day / routine
- Communication an interaction skills
- Community integration and rehabilitation
- Vocational rehabilitation
- Educational opportunities
- Leisure planning
Forensic occupational therapists contribute to the overall risk assessment and risk management plan, particularly in relation to the contextual management of risk as part of the multi disciplinary team.

**Model of practice: The Model of Human Occupation (MOHO) (Kielhofner 2008)**
MOHO is an occupational therapy conceptual model of practice.

The model views individual occupation as being made up of four interrelated components –
- **Volition** – refers to motivation for occupation
- **Habituation** – refers to how occupation is organised into patterns or routines
- **Performance capacity** – refers to the physical and mental capabilities required to perform occupation
- **Environment** – physical, social, cultural and institutional

Occupational therapist can provide a standardised assessment - some examples are the Model of Human Occupation Screening Tool (MOHOST), the Occupational Therapy Task Observation Scale (OTTOS) (MARGOLIS, R., L, et al., 1996) or the Occupational Circumstance Assessment Interview Rating Scale (OCAIRS).

Treatment and interventions can then be tailored to the individuals assessed needs.

Many prisoners experience life skills deficits due to health inequalities major mental illness/ co-morbidity, head injury, learning disabilities, addiction, lack of function due to lack of opportunity to learn skills coupled with the lack of settled accommodation.

Utilising these standardised assessments ensures that activities, programmes and treatments directly relate to the prisoners individual needs. The information from these standardised assessments becomes a critical tool in effective communication between multiple agencies across health and social care settings to ensure an integrative approach is taken to address prisoner’s needs.

2. **The extent to which prisoners have an opportunity to engage in purposeful activity**

Prisoners have many opportunities to engage in activities such as education, exercise, art and some work programmes, however these are randomly allocated activities rather than **needs assessed activities designed to target the prisoner’s specific difficulties and measure progress of health improvement and change.**

When an offender is incarcerated they are deprived of their former daily activities and occupations. In reality the very intent of prison services is to prevent individuals engaging in some activities. However, the subsequent restrictions and lack of choice in meaningful activity can result in depression and apathy (Curran and Wilkinson 2010). Occupational therapists are able to harness the therapeutic potential of health enhancing activities and occupations. This not only improves mood and reduces challenging behaviour but is also a means to address offending behaviour by improving everyday life skills (Curran and Wilkinson 2010).
3. What are the perceived benefits of purposeful activity and whether there are examples of best practice?

Occupational therapists possess the theoretical knowledge and expertise to comprehensively assess and prepare prisoners/clients with the required adaptive skills to maintain productive and meaningful societal roles. Occupational therapists are skilled at working in partnership to, complement and enhance existing services and efforts of individuals and organisations serving the prison population. An occupational therapists expertise can identify which prisoners may have specific challenges in preparing for reintegration to community living. Many of these prisoners become caught in the revolving door of prison life due to their complex needs continuing undetected. Beginning at a basic level of habilitation is often required to assess prisoners’ complex needs. This provides the correct opportunities for re-motivation, exploration, engagement, skill building and role development that in long term will sustain successful reintegration into the community.

Occupational Therapy at Robert Gordon University devised and developed an evidenced based programme entitled Roots and Shoots based on the Model of Human Occupation (2008) to identify and address the complex underlying health and social problems prisoners experience. The main focus of the programme is to address the critical time of transition from prison to community living. The Programme is a partnership Aberdeen Prison Craiginches, Robert Gordon University and Aberdeen Forward. A fourth year occupational therapy student completed a study of the added value and benefit of occupational therapy within the project. A key finding of the study was that by screening prisoners using standardised assessments, occupational therapy was able to establish which prisoners required more intensive interventions to support them in the transition period. This systematic approach to programme delivery, clearly identified the specific individual needs of the prisoners, which enabled a more targeted and effective use of skills and resources by occupational therapy. This approach is designed to provide reliable information for integrative working between agencies across health and social care regarding prisoner’s complex needs. We would be happy to share some of the findings of this project should we be called to give verbal evidence.

Some examples of current occupational therapy provisions in prisons in England and Wales:

- At HMP Parc Prison the occupational therapy team offers psychosocial interventions to enhance coping strategies encourage adaptive behaviour and build interpersonal skills. They form close links with the safer custody team, activities allocation unit and resettlement department (Watkins 2011).
- At prisons in the midlands the occupational therapists carry out goal setting, condition management and group work as a routine part of delivery. They have successfully balanced the need for security measures with developing a person centred approach which is vital for successful outcomes (Wale 2011).
- At HMP Swansea the occupational therapists link with the volunteer coordinator for a pilot project of volunteers to assist with day care and occupational therapy groups. The volunteers are able to teach art, creative writing and music while the occupational therapists run groups such as coping skills, anxiety management, relaxation, anger management, life skills and pre-release groups (Lewis 2011).
• Occupational therapists working in the prison estates in Staffordshire have concentrated on enhancing coping strategies and encouraging and supporting engagement in prison activity such as education or industries. They worked to develop alternatives to self harm and have used variants of cognitive behavioural therapy to develop positive self images. These interventions that can lead to increased engagement in occupational opportunities (Langstone et al 2011).

• At HMP Gloucester the occupational therapists spend time trying to motivate prisoners to take part in activities in the prison regime such as education, the library, gym or in paid work as kitchen staff, cleaners, painters and orderlies. In conjunction with the drug team prison officers, the occupational therapists run weekly peer support groups for prisoners who are at risk of self harm in which they share ideas about how to cope rather than use self harm. This group has received national recognition for its good practice (Lovemore 2011).

• In the North West of England, occupational therapists have delivered family work to facilitate behavioural change which has enhanced successful release back into family life for those in forensic services (Fitzgerald 2012).

Established services in high, medium, low secure hospitals and community forensic mental health teams, work collaboratively with criminal justice social work teams and SACRO. There is good evidence that this enhances the discharge process, in relation to preparation for discharge and community integration and ongoing support to prevent readmission. They also use suspension of detention effectively to integrate into home environment. There currently isn’t a similar structure for leave for long term prisoners and this is nonexistent for short term prisoners.

We would also like to draw your attention to the report on the pilot evaluative study of the potential impact of occupational therapy on sustained recovery from substance use for individuals involved with criminal justice services (Aberdeenshire) August 2011 by Monika Carrie, BSc Hons Occupational Therapy; Jennifer Caldwell, PhD; Stephanie Morrison, BSc Hons Occupational Therapy.

4. What barriers may exist to prevent prisoners being engaged in such activities?

There is a general lack of knowledge of the role and scope of occupational therapy by policy makers, prison staff and prison health care staff. This is not true in Forensic services where OT’s have a track record of working effectively in secure environments. Funding is also often sited but repeat offending, maladaptive behaviour on release, an inability to integrate into society and the long term health implications to the prisoner and their families are the true costs.

5. Whether access to purposeful activities is consistent across the prison estate

Although Occupational Therapy involvement within the prison service in the UK has been variable and there is no central strategy about the role or the employment of occupational therapists (DOH 2007), an OT’s capacity to holistically assess and prepare clients with the skills to maintain productive and meaningful societal roles complements existing correctional services and the efforts of individuals and organisations serving the prison population. Occupational therapy can provide
prisoners with opportunities for engagement, skill building and role development that long term will support successful reintegration into the community.

6. Whether access to such activity can be improved

Recommendation 57 of the Governments equally well implementation plan 2008 states that - Offenders and ex-offenders should have access to the health and other public services they need and benefit from the same quality of service as the rest of the population. We believe that access to Occupational Therapy providing interventions targeted to assess need with purposeful activities delivered to meet these needs will assist in achieving this outcome.

Supporting statement from Audrey Mooney, Governor of Aberdeen Prison

HMP Aberdeen has an enormous regard for the contribution made by the Occupational Therapy Team at RGU. This has been over a range of areas including practical support and tuition for our prisoners by student volunteers and management advice about the strategic direction our interventions should follow.

The expertise of the students in the delivery of basic life skills has been highly acclaimed and the added value of being a true community representative has an immeasurable impact on the self-esteem and outlook of our prisoners.

We are grateful also for the invaluable input by occupational therapy academics into the design of new interventions that have been created in HMP Aberdeen to reduce re-offending. This combined approach has broadened the scope of the support that we need to offer. Offending behaviour and underlying life style issues are now acknowledged as having equal importance.

A proposed Mentoring Service for prolific offenders has and will continue to include the input from occupational therapy that we now understand to be critical. It is considered vital that life style coaching in some form will be necessary for the true benefits of the enhanced support to be fully obtained.

Audrey Mooney

We would welcome the opportunity to provide further verbal evidence to the committee in this regard.

Stephanie Morrison, Lecturer, Occupational Therapy, Robert Gordon University
Gabrielle Stewart, Policy Officer Scotland for the College of Occupational Therapists
Catherine Totten, Specialist Practitioner Occupational Therapist, Forensic Community Mental Health Team, Greater Glasgow and Clyde
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References


DOH 2007 Department of Health 2007