



SOCIAL INTERVENTION SUPPORTING REHABILITATION OF PEOPLE IN CUSTODY: INSIGHTS FOR WORKING WITH EXCLUDED POPULATIONS

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Many people in custody in Ireland have a history of social exclusion, including high levels of family, educational, and health disadvantage, which leads to poor employment prospects (Irish Penal Reform Trust (IPRT), 2019). The majority of this population have never sat a State exam and over half left school before the age of 15 (IPRT, 2019). Of the 520 people who enrolled in the school at Mountjoy Prison in 2008, 20% could not read or write and 30% could only sign their names (IPRT, 2019). People who live in seriously deprived areas are 23 times more likely to become incarcerated, when compared to those who reside in wealthier communities (IPRT, 2019). Of the people in custody between 2016 and 2019, the Central Statistics Office (CSO, 2020) report that 42% had no record of employment.

Such stark statistics point to a cycle of social exclusion and crime existing in Ireland (IPRT, 2019). Therefore, it is important that preventative and rehabilitation programmes within the Irish Prison Service (IPS) address such issues effectively. The Community-Based Health and First Aid (CBHFA) programme, which promotes the personal development of participants, is an example of one such innovative initiative. Previous research has linked participation in the CBHFA programme to desistance. Specifically, of the 680 CBHFA volunteers trained in the period 2009–2014, half were released and of that half, 25% had reoffended (Abiodun & Betts-Symonds, 2016). By comparison, the CSO (2020) report that 55% of people released from custody in Ireland in 2014 reoffended within three years. Although this area requires further research before any inferences can be drawn between the CBHFA programme and recidivism, it is an interesting statistic to note.

What is the CBHFA Programme?

Community-based health and first aid is an approach developed by the International Federation of the Red Cross and Red Crescent Societies, which aims to empower communities to take responsibility for their health by providing them with skills which are relevant to their local context (Abiodun & Betts-Symonds, 2016). In 2008, it was proposed to extend the programme to the IPS. The CBHFA programme was adapted by the IPS, the Irish Red Cross and the Educational Training Boards of Ireland (ETBI) to suit the specific needs of the prison population. This resulted in the development of a nine-month programme which currently runs annually throughout all 12 prisons in Ireland (Abiodun & Betts-Symonds, 2016). This development represents the first time the CBHFA programme has been rolled out in a custodial setting in any country.

Within the CBHFA programme, prisons and prison wings are seen as communities, prison landings as streets and prison cells as homes. People participating on the programme are called volunteers, as they are in the community. To become a volunteer, people in custody must complete an application and are interviewed for the programme. Once on the programme, volunteers learn about the history of the International Federation of the Red Cross and Red Crescent's Societies and develop effective communication and relationships building skills. They are also expected to follow the seven fundamental principles of the Red Cross namely, humanity, impartiality, neutrality, independence, voluntary service, unity, and universality (International Federation of the Red Cross and Red Crescent Societies, 2009). Throughout the course,

volunteers are trained and supported by CBHFA, ETBI, healthcare and psychology staff.

Volunteers begin their CBHFA programme by completing a survey of the entire prison community to identify the current health and mental health needs within this environment. Volunteers then develop an action plan to target these needs. This usually incorporates peer-to-peer education of health-related topics (International Federation of the Red Cross and Red Crescent Societies, 2009). Past projects have focused on smoking cessation courses, overdose prevention programmes, mental health awareness campaigns, support for mass testing of viruses like Hepatitis C and HIV, weapons amnesties and keeping people safe in custody (Abiodun & Betts-Symonds, 2016). More recently, volunteers have worked on programmes related to COVID-19. Volunteers typically conduct several projects during the course. On completion of the programme, a graduation ceremony is held for volunteers and their families. Post-graduation, volunteers may choose to become a CBHFA facilitator within the IPS. This involves training new volunteers as well as continuing to run health-related projects in their communities. On release, in conjunction with the Probation Service, some facilitators also have the opportunity to deliver interventions outside of the prison, in the wider community with high-risk populations.

Methodology

This short report is based on a collaborative qualitative research project between the IPS and the School of Applied Psychology, University College Cork. The project focused on how the CBHFA programme facilitates change for volunteers. The research was granted dual ethical approval from both University College Cork's School of Applied Psychology Ethics Committee and the Irish Prison Service Research Advisory Panel.

Ten participants were randomly selected from a pool of CBHFA volunteers across two prisons in the IPS estate. All participants identified as male and Irish and were aged between 25–62 years. Participants were completing their current sentence, which ranged from 1–18 years. Participants were all active volunteers of the CBHFA programme however, the length of time they had been volunteering varied from 1–11 years. Eight of the participants were also trained as CBHFA facilitators.

Data were collected during COVID-19 lockdown period, through semi-structured phone interviews which lasted between 30 and 70 minutes. Questions in the interviews focused on volunteers' perspectives on changes that they would associate with participation in the CBHFA programme, including any changes in skills, behaviour, self-esteem, self-efficacy, and mental health. Interviews were audio-recorded, transcribed and analysed using thematic analysis (Braun & Clarke, 2006, 2013).

Results & Discussion

The analysis conducted identified themes relating to opportunities to succeed, acquiring skills and knowledge, and engaging in meaningful work. These are presented here with links to relevant literature highlighted.



An Opportunity to Succeed

The first theme relates to the **History of Social Exclusion** described by participants. All participants spoke about their prior experiences of barriers to success in life. One such barrier to success was difficulties in education which was linked to limited employment opportunities. Many participants saw these experiences as contributing to their criminal activity. Other barriers to success were mental health and addiction difficulties. Although many participants spoke of mental health issues within the prison community, they often found it difficult to talk about their individual experience. This suggests that there is still a stigma around mental health issues for this population. This stigma may prevent some people in custody from seeking appropriate, timely support from mental health services. It does however highlight the importance of providing a variety of modalities to support mental health. For some volunteers, the CBHFA programme will be their first contact with staff from the Psychology Service.

Participants also noted the **Enabling Ethos** they experienced on the programme. The CBHFA programme provided contrast to volunteers' previous experiences in education or work settings and facilitated opportunities for success through an explicit ethos of respect, belief, and support. A majority of participants acknowledged this ethos as enabling them to believe that their goals were achievable. All participants reported this as contributing to improved self-esteem and self-efficacy. The programme echoes ideas by Rogers (1957) which suggest that certain conditions must exist before change is possible namely, unconditional positive regard, empathy, and congruence. Participants credited the CBHFA ethos as facilitating their learning and enabling changes in their self-esteem and self-efficacy.

Participants regarded the CBHFA programme as hugely successful and described the **Significance of this Success**. They derived a sense of achievement from the work they conducted in the prison community and specifically noted that repeatedly conducting successful projects encouraged them to feel more self-efficacious and confident. Given the social exclusion faced by the prison population, this was the first time many of the participants had felt successful. Before the CBHFA programme, some participants thought that they were incapable of contributing positively to the world. Previously, they appeared to have an external locus of control whereby they believed that environmental factors controlled their fate. For some, this led to developing learned helplessness (Hiroto, 1974). However, by experiencing short term successes through the CBHFA programme, participants were encouraged to feel more in control of their lives and slowly edged towards developing an internal locus of control where success was attributable to their efforts and ability. This encouraged participants to expect success, thereby motivating them to learn (Gifford, 2006). The short-term successes associated with the CBHFA programme appeared to motivate them towards longer-term goals. For example, many participants reported that they began to engage with more proactive activities, including other prison programmes and formal education. Through facilitating opportunities to succeed, the CBHFA programme scaffolded a purpose for volunteers beyond CBHFA and beyond prison.

These findings illustrate how participants want to succeed even when they find traditionally accepted opportunities for success difficult to access. Through creating an environment of respect, belief, and support,

the CBHFA programme addresses the social exclusion experienced by many members of the prison population and provides them with an accessible opportunity to grow. For some people in custody, the CBHFA is an essential first step on the pathway to participation in education or other self-development activities, including more focused mental health work. Given the noted existence of stigma around mental health issues within the prison population which worked to prevent some participants seeking support directly from psychology services, the social rehabilitation CBHFA programme is well placed as a stepping-stone to more individual therapeutic engagement.

Acquiring Skills and Knowledge

The CBHFA programme supported personal development of participants by facilitating skill development and knowledge acquisition, including **Communication Skills**. Poor communication skills were highlighted by several participants as an issue prior to becoming a CBHFA volunteer. Through specific CBHFA input, participants learned about effective communication techniques and put theory to practice by then deliberately using the skills during interaction with their prison community. In this way, the CBHFA programme specifically addressed problematic communication, which had been connected by participants as leading to punishment and low self-esteem. Some participants noted that they could now present their point assertively without becoming frustrated or aggressive. Participants also explained that due to development in their communication skills, conversation became a vehicle for empathy and respect which facilitated insight for them into the experience of others.

All participants acknowledged improved **Interpersonal Skills** in relationships as a result of engaging in the programme. Participants spoke about a hierarchy within the prison system between staff and people in custody and between different groups of inmates. In their experience, this system restricted communication and interpersonal relations within the prison community. Many participants who had previously avoided getting to know other people in custody began to recognise their similarities and started relating to others in a more tolerant way. They identified this process as contributing to more positive relationships within their prison community. For some participants, they also developed a support network within the CBHFA programme which protected them against loneliness and isolation within prison. Before volunteering on the programme, many participants acknowledged that they had had a negative perception of staff, believing that staff were working against them. However, through viewing others with empathy, respect, and tolerance, they moved beyond the antagonistic collective 'them vs us' perspective, to seeing 'staff' as individual human beings.

The theme of **Transferable Skills** captures the finding that participants gained experience and knowledge in a range of other domains. For example, they developed skills in organising and conducting projects, facilitating courses, and giving presentations. Moreover, they acquired knowledge on health and mental health related topics as well as being trained in first aid. Developing these skills enabled participants to reflect more positively on themselves and their ability to achieve. They credited this cycle with improving their self-esteem and self-efficacy. All participants reported a more optimistic outlook for the future and their



ability to secure a job. Many now believed that they could become a valued member of society due to the skills they had learned.

In addition to high levels of family, educational, and health disadvantage, participants' experiences suggest that the **Stigma of a Conviction** can perpetuate the social exclusion of people in custody. The CBHFA programme attempts to interrupt this cycle by providing volunteers with opportunities to build skills during their sentence which will support them in combatting such disadvantage post release. Participants recognised this cycle of social exclusion and wanted to use their newly acquired skills and knowledge to educate younger generations to divert them away from a life of crime and addiction.

Engaging in Meaningful Work

Through the CBHFA programme, volunteers have the opportunity to engage in **Altruistic Work**. The majority of participants reported that they enjoyed noticing positive change in people they supported; it made them feel good. This is in line with the 'helper principle' developed by Riessman (1965) which suggests that when an individual assists someone else, they also benefit. Moreover, Luks (1988) reports that helpers receive a high from working for the benefit of others. Research by Toch (2000) and Burnett and Maruna, (2006) notes that through helping others, people in custody can develop a pro-social identity which can support the reintegration of this population into the community. For many participants, being of service to others was something they valued. Participants spoke about understanding their personal values more. They reported an increased awareness of behaving in a way that reflected their values. They connected this to feeling good about themselves and that seemed to improve their sense of well-being. This is consistent with literature on eudaimonic happiness by Ryan and Deci (2001), who suggest that people will achieve happiness if they live in accordance with their virtues. By providing people in custody with an opportunity to give back to society, Maruna (2001) suggests that desistance is facilitated.

Participants reported that by engaging in positive work, they felt they were perceived differently within the prison, reflected in the theme of **Positive New Identity**. For example, there was a sense of being viewed as a 'volunteer' rather than simply a prisoner. The label 'prisoner' was consistently positioned negatively and the importance of building an identity that is incompatible with their offending past was emphasised. Due to their status as 'volunteers', participants reported feeling respected and valued by the prison community and linked this to improvement in both their mental health and the way they viewed themselves. Many of the participants also spoke of experiencing a positive change in how their families viewed them. For some, they felt that this was the first time their family had witnessed them doing anything positive. How participants are perceived by both their family and the wider community is important as research would suggest that expectations influence outcomes. For example, Rosenthal & Jacobson (1968) posit that higher expectations result in better outcomes for people; the 'Pygmalion effect'. It is clear that the CBHFA programme can play a central role in facilitating members of the prison population with opportunities to engage in work which is positively perceived and received by others.

A number of the participants spoke of experiencing shame and guilt for their previous behaviour. Maruna (2001) suggests that expressing such guilt is a sign of desistance for this population. However, by doing good through the CBHFA programme, participants felt like they were making amends for their previous actions, as evidenced by the theme of **Reparation**. Many of the participants appeared to develop a pro-social identity as a 'wounded healer', which may make integrating back into society more accessible for them.

Engaging in positive work also adds an element of **Normality** to people in custody's lives. This is consistent with the principle of 'normality' endorsed by the prison system in Norway, which suggests that prison life should resemble life on the outside as much as possible to facilitate smooth reintegration into the community. Norway now boasts one of the lowest recidivism rates in the world, with the Governor of Halden Prison reporting it to be as low as 20-25% (Høidal, 2018). The current study suggests that by providing volunteers with opportunities for 'normality', the CBHFA programme facilitates the possibility of more positive reintegration into the community post-release.

The view the wider community holds of a person leaving custody can impact re-integration for the prison population, though supporting the development of **Connection to Community**. Through the CBHFA programme, social relationships are supported which might facilitate desistance. Social control theory suggests that pro-social bonds control future temptation to commit crime. Namely, when individuals value and are committed to social relationships, the personal cost of crime increases as they risk losing these relationships if they commit further criminal acts (Laub & Simpson, 2001). This study has found that the CBHFA programme is seen as having a central role in supporting participants change, development and rehabilitation.

Implications & Conclusion

This research highlights three important aspects of social programmes focusing on rehabilitation; opportunities to succeed, acquiring skills and knowledge, and engaging in meaningful work. These elements were described as having a significant impact on study participants in terms of their self-esteem, self-efficacy, mental health, confidence, identity, interpersonal communication, social relationships and developing a more internal locus of control. All of these factors may support a more successful integration into the community.

There are several limitations to this study. Although this study suggests that the CBHFA programme was qualitatively associated with personal development for volunteers, the quantitative change in these traits over time remains unknown. Moreover, all of the participants had largely positive experiences with the CBHFA programme. This may be due to volunteers who had more negative experiences dropping out of the programme and therefore, not being included in this sample. This may mean that the results of this study may not be generalisable to the wider CBHFA volunteer population. Finally, all participants of this study identified as male and therefore may not represent the views of volunteers of other genders. This study also has several strengths. A team of professionals were involved in developing and conducting this study. Therefore, expertise from both psychologists and CBHFA programme co-ordinators was incorporated into the design of this research. As well as this, although time spent volunteering could be



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considered a confounding variable, it could also be strength of this study as many of the participants had been involved in CBHFA for significant periods of time and therefore, had extensive knowledge of the programme while also having time to reflect on their experiences. Furthermore, participants were hugely generous in sharing their experiences during the interviews and thus, a rich data set was collected.

Offering services within the IPS that provide social opportunities that can improve self-esteem, confidence, and identity in preparation for community living is difficult; not everyone in custody will have the opportunity or desire to work on these areas with the IPS Psychological Services due to stigma associated with working with mental health professionals. The CBHFA programme is an innovative way to promote and support a proactive approach to mental health and positive social experience through a different modality which may suit the needs of some people in custody. The findings of this research are also applicable to the work of a range of mental health staff and those working with the socially excluded, for example in homeless services. Understanding how the CBHFA programme facilitates change for volunteers can provide an insight into how certain social interventions may benefit vulnerable populations.

Within the IPS, the CBHFA programme can be considered an important social intervention which can act as a springboard to further development in areas like education and psychological intervention. This alternative (social) modality to rehabilitation could also be considered by mental health staff, including psychologists, who work with this population in the community. These findings may be of particular relevance for early intervention with excluded populations.

References

- Abiodun, N., & Betts-Symonds, G. (2016). *An evaluation of the process of the community-based health and first aid in prisons programme (2009–2014): A collaborative study using a 'realist approach'*. Irish Red Cross.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Burnett, R., & Maruna, S. (2006). The kindness of prisoners: Strengths-based resettlement in theory and in action. *Criminology & Criminal Justice, 6*(1), 83–106.
- Central Statistics Office. (2020). *Offenders 2016: Employment, Education and other outcomes, 2016–2019*. Central Statistics Office. <https://www.cso.ie/en/releasesandpublications/ep/p-offo/offenders2016employmenteducationandotheroutcomes2016-2019/economicstatus/>
- Central Statistics Office. (2020). *Prison re-offending statistics 2011–2017*. Central Statistics Office. <https://www.cso.ie/en/releasesandpublications/ep/p-pros/prisonre-offendingstatistics2011-2017/>
- Engel, G.L. (1977). The need for a new medical model: a challenge for biomedicine. *Science, 196*(4286), 129–136.
- Gifford, D.D., Briceno-Perriott, J., & Mianzo, F. (2006). Locus of control: Academic achievement and retention in a sample of university first-year students. *Journal of College Admission, 191*, 18–25.
- Hiroto, D.S. (1974). Locus of control and learned helplessness. *Journal of Experimental Psychology, 102*(2), 187.
- Høidal, A. (2018). Normality behind the walls: Examples from Halden Prison. *Federal Sentencing Reporter, 31*(1), 58–66.
- International Federation of Red Cross and Red Crescent Societies. (2009). *Volunteer manual for Community Based Health and First Aid in Action (CBHFA)*. International Federation of Red Cross and Red Crescent Societies. <https://redcross.eu/projects/com:munity-based-health-and-first-aid-cbhfa>
- Irish Penal Reform Trust. (2019). *Facts & figures*. Irish Penal Reform Trust. <https://www.iprt.ie/prison-facts-2/>
- Laub, J.H., & Sampson, R.J. (2001). Understanding desistance from crime. *Crime and Justice, 28*, 1–69.
- Luks, A. (1988). Helpers high. *Psychology Today, 22*(10), 39.
- Maruna, S. (2001). *Making good* (p. 86). American Psychological Association.
- Riessman, F. (1965). The "helper" therapy principle. *Social Work, 27*–32.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95.
- Rosenthal, R., & Jacobson, L. (1968). *Pygmalion in the classroom: Teacher expectation and pupils' intellectual development*. Holt, Rinehart and Winston.
- Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*(1), 141–166.
- Toch, H. (2000). Altruistic activity as correctional treatment. *International Journal of Offender Therapy and Comparative Criminology, 44*(3), 270–278.