Assessing the Social Climate of Prisons

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EXECUTIVE SUMMARY

Although the rehabilitation of prisoners is one of the primary goals of correctional agencies in Australia, it is commonly believed that prisons do not offer environments that are particularly conducive to successful behaviour change. Indeed, qualitative and ethnographic research has consistently identified aspects of the institutional social climate that potentially act in ways that are counter-therapeutic. There have, however, been few quantitative studies that have demonstrated the effects of prison climate on rehabilitation outcomes. Research in this area has been hampered by the lack of any reliable method to measure the construct of the prison climate I a way that allows meaningful comparisons to be made either between institutions or in the same institution over time.

This study reports the validation of a brief measure of social climate in two Australian prisons. The measure, a 15−item instrument (the Essen Climate Evaluation Schema; EssenCES), comprises three subscales: the Therapeutic Hold scale assesses perceptions of the extent to which the climate is supportive of therapy and therapeutic change; the Patient Cohesion scale assesses whether mutual support of a kind typically seen as characteristic of therapeutic communities is present in an institution or unit; and the Safety scale assesses tension and the perceived threat of aggression and violence. A total of 253 participants (144 prisoners and 109 staff members) completed the EssenCES measure of social climate, together with a number other measures designed to establish convergent validity of the assessment tool. Factor analysis of EssenCES ratings provided support for the three subscales identified by the measure developers. A small, but significant, positive association between prisoner scores on the EssenCES and a measure of readiness to engage with offender rehabilitation programs was suggestive of convergent validity, as was the moderate significant association observed between prison staff scores on the EssenCES and ratings of staff stress. These results suggest that the EssenCES measure is suitable for use in future investigations of prison social climate.

Further analyses sought to establish whether significant differences existed in social climate between the two institutions that participated in this research: a specialist rehabilitation prison and a mainstream prison, both located in the same jurisdiction. Both of these prisons were shown to provide a social climate that might be considered to be at least as therapeutic as those that exist in forensic psychiatry settings in other parts of the world. Between-prison differences were observed for the prisoner ratings on the measure of social climate, and there were significant differences with large effect sizes for the staff ratings. Staff at the rehabilitation prison rated the overall social climate as significantly more positive than their mainstream prison counterparts. Both the level of staff interest and support for prisoners and level of support and caring between prisoners were rated as significantly higher by staff from the rehabilitation prison.

It is concluded that specialist rehabilitation prisons can succeed in providing an environment that is more conducive to offender rehabilitation than mainstream prisons, and that the data reported here provides some evidence to support the further development of such institutions (or specialist therapeutic units within mainstream prisons). However, further research is required to establish whether other factors such as type of prison unit (e.g., protection unit) or accommodation style (e.g., wings or small housing units) exert a systematic

effect on the social climate of a prison and whether a prison social climate can be modified in ways that enhance rehabilitative outcomes.   What emerges from this research, however, is further support for the idea that the social climate of a prison can influence rehabilitative outcomes and that this can be easily and reliably measured. It is recommended that the social climate of Australian prisons are routinely audited such that changes over time are assessed, standards and targets for improvement set, and that the need for additional resources or interventions is identified and responded to.

INTRODUCTION

Rehabilitation programs are now commonly, if not routinely, offered to most offenders in Australian prisons who are serving medium or long-term sentences and recent years have seen the development of a range of intensive offence-focussed programs that are targeted at higher risk offenders (Heseltine et al. 2011). For many jurisdictions, investment into the development and delivery of rehabilitation programs has occurred in the context of relatively modest correctional budgets and the increasing demands that are placed on service providers from a growing prison population (Australian Government Productivity Commission 2009). However, public policy in this area is underpinned by the belief that rehabilitation programs can not only bring about socially significant reductions in crime, but also reduce the direct and indirect costs to the community that are associated with victimisation and incarceration (Drake et al. 2009). This belief is supported by what is now a robust body of international research attesting to the positive impact of many rehabilitation programs on re-offending rates (Andrews & Bonta 2010) and, despite the lack of controlled outcome studies that have been reported involving Australian offenders (Heseltine et al. 2011), is indicative of the growing government commitment to the notion of evidence-based correctional policy and practice.

Significant concerns have, however, also been expressed about both the quality and the effectiveness of rehabilitation programs, with doubts being raised about the integrity of rehabilitative practice, reflecting the gap that sometimes exists between stated policy and the way it is implemented (e.g., Andrews 2006; Bonta et al. 2008). Smith et al. (2009: 162) have, for example, suggested that program effectiveness is often 'compromised by staff drift and organisational resistance at both the frontline and administrative levels'. Such comments highlight a common perception that many prisons are not able to deliver the quality of rehabilitative service that is intended. Although, of course, there are many possible explanations for the implementation gap that appears to exist between correctional policy and rehabilitative practice, this research is concerned with the idea that it is the environmental and interpersonal context in which programs are offered that significantly moderates rehabilitation program outcomes in Australia.

Investigations into the experiences of those who are held in secure facilities typically reveal that both prisoners (and forensic patients detained under mental health legislation) express a range of concerns about their personal circumstances. These include a subjective sense of failure and powerlessness, the impairment of social identity, concerns about surveillance and the over-regulation of their behaviour, and worries for their personal safety (e.g., Quirk & Lelliot 2002; Toch & Adams 2002; Zamble & Porporino 1990). Such experiences are likely to be particularly salient and intense for those who are in prison, given the additional constraints that are placed on their behaviour and the high level of monitoring that is a defining feature of the correctional environment. Living in an environment which is perceived to be either unsafe or disempowering potentially acts to counter any therapeutic progress that might be made in rehabilitation program sessions (Davies 2004) given that behaviour change is widely

acknowledged to be predicated on an individual's ability to reflect on the causes of offending, to develop a commitment to change, and to enact risk management strategies (Day et al. 2006). This is likely to be difficult in circumstances in which an offender feels unsupported or unsafe. Gordon and Wong (2002) have further noted that environments that do not support pro-social attitudes and behaviour and fail to substitute positive peer group pressure for negative peer group pressure are unlikely to be successful in rehabilitating offenders. Day et al. (2010b: 147) have summarised this view in the following way:

> It is possible that features of institutional life, particularly in prisons, work against engagement in therapeutic programs in some cases and that the services are thus 'unready' [to deliver effective treatment]. The provision of therapy is, typically, not a primary goal for prison systems. Even where therapeutic goals are acknowledged as important, for example, in specialist therapeutic prisons, they are secondary to the custodial and deterrence functions of imprisonment.

This report considers the extent to which it is possible to operationalise and measure the construct of the prison social environment. If a valid and reliable measure can be developed, it then becomes possible to examine the influence of different types of climate (or indeed different types of prison) on rehabilitative outcomes. This is an important issue for policy makers and practitioners alike, given the relatively recent development of specialist therapeutic prisons whose primary aim is to rehabilitate (e.g., the Dangerous and Serious Personality Disordered services in the UK, see Howells & Tennant 2007; specialist units in correctional facilities to manage particular offender groups, such as serious violent offenders, see Cooke 1992). In Australia, two examples of such prisons are the Compulsory Drug Treatment Centre in New South Wales (Birgden & Grant 2010; Dekker et al. 2010) and Marngoneet prison in Victoria which treats violent, sexual, and substance using offenders (Morison & Craig 2002). Both of these institutions offer intensive treatment programs and aim to provide an environment that is more therapeutic than that which can be offered in mainstream prisons. They may, however, also be more resource intensive and, although both of these prisons are the subject of ongoing evaluation, there is currently no empirical evidence to demonstrate that they are, indeed, successful in providing a social climate in which therapeutic progress is encouraged. As such, this study represents foundational research that is a pre-requisite to further investigations of the potentially moderating effects of social climate on rehabilitative outcomes and which can contribute to the development of an evidence base to guide this area of criminal justice policy.

THERAPEUTIC PRISONS

The origins of the therapeutic prison can be traced back to the notion of the moral treatment of the mentally ill which originated in late eighteenth century Britain. This can be seen, for example, in the opening in 1796 of The *Retreat*, a therapeutic program based on Quaker philosophies (Kennard 1983) which signalled the introduction of co-operative (rather than prescriptive) models of treatment. The origins of modern day therapeutic units can be found in the UK in the 1940s at the Northfield Military Hospital and Maxwell Jones' Mill Hill Neurosis Unit (Roberts 1997; Vandevelde et al. 2004; Whiteley 2004). Known as 'democratic

therapeutic communities', these programs offered a structured approach to treating social deficits through a process of re-socialisation. Their methods were subsequently applied in the Cassel and Henderson Hospitals in the UK, and it is the Henderson model that has became known for its ability to treat individuals with personality disorders who often also present with forensic histories. Indeed, the Henderson Hospital quickly became known as 'the centre of the therapeutic community ideology, and ... as a unique treatment unit for psychopaths' (Dolan 1997: 50), subsequently contributing to the training of staff at several prisons, including at HMP Grendon Underwood - the first therapeutic community prison in the UK (see Day & Doyle 2010).

An alternative model of therapeutic communities developed independently in the USA. The hierarchical (or 'concept') therapeutic community model was modelled on Charles Dederich's 'Synanon' program - a community based self-help movement for substance abusers which utilised behaviour modification techniques to effect change (Vandevelde et al. 2004). Synanon had its origins in the Alcoholics Anonymous model, but over time began to focus more on drug addiction and adopted a more secular ideology (Glaser 1981). The Synanon ideals were re-developed at Daytop Village in 1963 and formed the basis of the next generation of therapeutic communities in the US (Raimo 2001), subsequently influencing the spread of this type of treatment throughout Europe (starting in Emiliehoeve in the Netherlands, see Kooyman 2001), and becoming a widely accepted model for the treatment of drug-using offenders, personality disordered offenders, and violent offenders.

Both democratic and concept model therapeutic communities utilise a model of multiple interventions, which aim to enact lifestyle change in the individual. Treatment occurs 24 hours a day, with the community itself acting as a therapeutic tool to provide opportunities for new learning and reinforce positive attitudes and behaviours. Kennard (2004: 296) describes a therapeutic community as 'a "living-learning situation" in which everything that happens between members (staff and patients) in the course of living and working together, in particular when a crisis occurs, is used as a learning opportunity'. The therapeutic community model, whether democratic or concept based, thus aims to use the community to provide a range of life situations in which members can re-enact and re-experience their relationships in the outside world. The therapy process (groups, individual etc) is then used to examine and learn from these difficulties. This is what De Leon (1997: 5) has referred to as 'community as method', described as the 'purposive use of the peer community to facilitate social and psychological change in individuals'.

Whilst current Australian approaches to offender rehabilitation tend to be based on cognitive behavioural models which locate the causes of offending within the individual rather than within their social relationships (Heseltine et al. 2011), the notion of the therapeutic environment articulated in therapeutic community models of treatment remains influential. Indeed, most rehabilitation program providers would support the adoption of some aspects of the therapeutic community model and, in particular, the idea that a broader regime can itself act as a therapeutic tool that provides opportunities for new learning and which can reinforce the positive attitudes and behaviours that are developed in structured programs.

WHAT IS A SOCIAL CLIMATE?

Despite the considerable appeal of notions of a therapeutic institutional milieu, prison culture, or social climate (Beech & Hamilton-Giachritsis 2005; Natarajan & Falkin 1997; Waters & Megathlin 2002), it has proven difficult to define and operationalise what is meant by these terms. The words 'culture' and 'climate' have, for example, often been used interchangeably (Lok & Crawford 2003; Parker et al. 2003) despite subtle differences in meaning: Culture, for example, is most frequently understood as the overall philosophy and condition of an organisation or a collection of shared beliefs among organisational members which plays a central role in shaping organisational members' attitudes, perceptions, motivation, goals and behaviour (see Melnick et al. 2009), whereas climate often refers to the perceptions of the organisation at an operational level, such as its ability to be supportive of new ideas and openness for change (see Taxman et al. 2008). Other concepts have also been proposed. For example, Brunt and Rask (2005) examined what they called the 'psychosocial atmosphere' of wards, while Ross et al. (2008) studied the 'prison environment', relating it to satisfaction levels of both offenders and staff. Other terms that have been used include the 'social environment' (Smith et al. 1997), 'climate perceptions' (Parker et al. 2003), 'workplace climate' (Carr et al. 2003), and the 'ward climate' (Stevens 1961). In addition, a myriad of social climate concepts can be found in the management, work and organisational psychology, and medical literatures (e.g., Dollard & Bakker 2009; Garrett & McDaniel 2001; Langdon et al. 2004; Langdon et al. 2006; Moos & Bromet 1978; Ulrich et al. 2007). In some studies no definition of climate is provided (e.g., Howells 2000; Nesset et al. 2009; Røssberg et al. 2004; Schalast et al. 2008), suggesting that there is a need for researchers to use terminology that is consistent with their approach to measurement, theory, and analysis.

The definition of social climate proposed by Wright (1993) as a set of characteristics that: (a) distinguish the organisation from other organisations; (b) are relatively enduring; and (c) influence the behaviour of participants in the organisation, is sufficiently broad to encompass both staff members and residents/patients/prisoners perceptions of the institution in which they live or work is adopted as a broad definition in this research. Climate is thus contingent upon the operation of the workplace and is subject to change (particularly during transitions of organisational restructure). In secure environments, Schalast et al. (2008) have proposed that the key characteristics of a social climate relate to the extent to which the climate is perceived as supportive of therapy and therapeutic change; whether mutual support of a kind typically seen as characteristic of therapeutic communities is present; and the level of tension and perceived threat of aggression and violence that exists. It is this definition that is operationalised in this study.

CORRELATES OF SOCIAL CLIMATE

Of course, an institutional environment or social climate may also influence other aspects of prison life, and there is reason to consider these in addition to the potential effects of the social climate on rehabilitation. For example, deaths in custody remain a serious concern for all Australian prison administrators, and it has been suggested that the prison regime itself and the prison culture and atmosphere should be as much of a focus for suicide prevention

efforts as interventions for 'vulnerable' prisoners or attention to the physical environment. Morgan (1994: 224), for example, proposed that what is required is a '"social" rather than a "situational" strategy to minimise the likelihood of ... suicide ... rather than relying on segregation, technological surveillance and so on, we should develop ..."dynamic security" - devising active regimes in which prison officers can become positively involved with prisoners through humanising and purposeful activity'. Similarly, Liebling and Ward (1994 cited in Howells et al. 1999: 162), in their overview of prison suicide, caution against a 'sterile preoccupation with procedure' and an excessively psychiatric emphasis, suggesting that there is a need to address wider aspects of the prison regime if the incidence of self harm is to be reduced.

The importance of the social climate in shaping the behaviour of those in correctional and detention settings was demonstrated by a landmark study from the early 1970s that came to be known as the Stanford Prison Experiment. In this study, Zimbardo (1972, 1973) and colleagues at Stanford University selected a group of male university students who had been tested to ensure that they were psychologically healthy and randomly assigned them to roles as either guards or prisoners to assess the effects of these roles on their behaviour. The experiment set up a mock prison environment in one of the university buildings and was designed to run for two weeks, but had to be terminated after only six days because of the escalating levels of harassment and abuse that the 'guards' were inflicting on the 'prisoners', and the obvious deleterious effects upon those in the prisoner roles. Because of the assessed normality of the subjects and the random assignment to roles, Zimbardo concluded that it was situational factors rather than personality factors that created the negative and damaging dynamic in the experimental prison setting. These situational factors resulted in a social climate that was overtly pathological. These factors were recently considered in the investigation into abuses of detainees by US armed forces in Iraq (Schlesinger et al. 2004). Zimbardo, and other experts who gave evidence at the inquiry, argued that environmental conditions in the now infamous Abu Ghraib prison facility in Iraq were primarily responsible for creating a social climate in which the shocking abuses of prisoners occurred. Factors such as poor training, high levels of environmental stress, insufficient staffing, inadequate oversight, confused lines of authority, evolving and unclear policy, and a generally poor quality of life were cited as key features of the Abu Ghraib environment. Many of these factors parallel those in the Stanford Prison Experiment over 30 years earlier. While the Department of Defense personnel responsible for this situation have argued that it was a 'few bad apples' which resulted in these abuses, social science experts have insisted that environmental factors played a much bigger role than the personality characteristics of a few soldiers.

There is a small body of research which shows that correctional staff perceptions of social climate are significantly correlated with their readiness to use force against prisoners. Early research suggested that the use of force by prison officers could be rewarded with improved duty posts or even promotions, and that this behaviour was heavily entrenched in the prison culture (Hepburn et al. 1997; Marquart 1986). Investigating predictors of the use of force, Griffin (1999) found that certain aspects of the social climate, such as one's authority, fear of victimisation and quality of supervision were related to officers' readiness to use force against inmates. In particular, Griffin showed that officers who felt that they had higher levels of authority were less ready to use force. Other aspects of the climate (i.e., alienation, institutional operations, organisational support, role ambiguity, and training) were not found to have a significant effect.   Others, such as Cheek and Miller (1983), have suggested that the predominately male correctional officer workforce is characterised by a certain 'machismo' or the belief that the essential skills required for the job includes such 'masculine' traits as physical

strength and a willingness to use force - beliefs that can shape an individual's perception of the social climate (Griffin 2001; Wright & Saylor 1991).

Another important issue facing prison administrators is the incidence of prison riots, disturbances, and general disorder. Again, what emerges from the published literature is a similar theme; that the social climate of a prison is likely to influence the level of disorder that occurs. Cooke (1992), for example, has reviewed evidence that identifies four elements of the social climate as important predictors of institutional incidents: staff-inmate communication; staff training; staff experience; and staff morale. Steinke (1991) also found that situational factors in the prison environment predicted aggressive behaviour directed at staff, another inmate, self, or property. Similarly, Struckman-Johnson and Struckman-Johnson (2000) reported that certain features of the institution such as large population size, racial conflict, barracks housing, inadequate security, and having a high percentage of inmates incarcerated for a crime against persons, were significantly related to an increase in sexual coercion rates. In a recent systematic review conducted by Gadon et al. (2006), prison structure (supervision and security level, population mix, and prison size), staff features (length of employment and number of years experience), temporal aspects of the prison (how a person's time and space are organised), location (recreational areas, dorms, cell), and prison management were all shown to predict the incidence of prison violence. Most importantly, Gadon et al. found that in institutions where a greater percentage of prisoners were involved in programs relating to education, vocational and industry, the rate of prisoner-staff assaults was lower.

It is possible that a number of other important organisational outcomes are also influenced by the social climate. For example, the work and organisational psychology literature has highlighted how staff perceptions of social climate are associated with work outcomes such as staff productivity, job performance, and work stress. Studies have shown that staff perceptions of a workplace climate correlate significantly with negative employee attitudes (e.g., the intent to leave a job) and levels of job satisfaction (Ulrich et al. 2007), psychological well-being (Garrett & McDaniel 2001), stress and burnout (Griffin et al. 2010; Lambert et al. 2006), and motivation and job performance (Parker et al. 2003). The connection between social climate and staff absenteeism has also been widely documented. A systematic review of the literature by Michie and Williams (2003) found that aspects of the social climate such as long hours, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support, and unclear management and work role were all related to medical staff sickness and absence from work. To illustrate, in a large scale study of randomly selected employees drawn from a variety of occupations, a 'tense and prejudiced' social climate was shown to be associated with a higher risk of work-related symptoms and sickness absence, compared with a relaxed and supportive climate (Piirainen et al. 2003: 180).

Research conducted in forensic mental health settings has often focussed on the connection between social climate and treatment outcomes; in other words, how the perception of the social environment impacts upon patient care (Clarke et al. 2002a; Gelade & Ivery 2003; Griffin et al. 2010; Kangis et al. 2000; Langdon et al. 2004; Langdon et al. 2006; Moos & Bromet 1978; Pritchard & Karasick 1973). One study by Arnetz and Arnetz (2001) found that fear of violence experienced by health care staff was negatively and significantly related to patient-reported quality of care. Similarly, a negative perception of the work environment (e.g., perceived dangerousness at work) has been shown to be related to lower ward satisfaction, sickness, and turnover intention (Dowden & Tellier 2004; Røssberg et al. 2004), whereas a positive perception of the work environment (i.e., a supportive psychosocial climate, a proactive

management style, goal consensus among staff, a high degree of decision latitude and satisfaction with work performance) has been related to better reported health status and lower rates of sick leave (Harenstam et al.1988). One way of understanding this broader literature is to consider the social climate of an organisation as a job resource. According to Bakker and Demerouti (2007) and Waters (1999) a job resource has the capacity to mitigate the effects of stress that is generated by job demands. Bakker et al. (2007), for example, reported that social climate moderated the relationship between negative pupil behaviour and work engagement amongst teachers. That is, teachers who had experienced negative pupil behaviour also experienced high work engagement, provided that they experienced the organisational climate as positive.

The primary focus of this report, however, is on the potential influence of the prison social climate on rehabilitative outcomes. In Australia, offender rehabilitation is typically informed by what has become known as the 'what works' or 'Risk-Needs-Responsivity' approach (Andrews & Bonta 2010). This centres around the application of a number of core principles (primarily the *risk, needs,* and *responsivity* principles), each of which informs the way in which offenders are categorised, the type of needs that are assessed, and the intensity of intervention that is offered. Perhaps most progress here has been made in the area of *risk* assessment, with recent years seeing the development and validation of a wide range of tools designed to help identify those who are most likely to re-offend, so that they can be offered the most intensive programs. A focus of current work in this area is on the identification and assessment of dynamic risk factors or criminogenic *needs* (see Webster et al. 2006), as these are particularly important in determining treatment targets (those areas of functioning that might be addressed within rehabilitation programmes). By comparison, the third major tenet of the 'what works' approach, *responsivity*, has been neglected, with development in this area limited by a lack of conceptual clarity about the construct, how it might be operationalised, and how it can be reliably assessed (Day et al. 2010a). The term responsivity, as usually understood in the rehabilitation literature, is primarily concerned with therapist and therapy features and, as such, this principle is essentially concerned with adjusting treatment delivery in a way that maximises learning. In contrast, 'treatment readiness' has been proposed as an overarching term which encompasses both the internal components of responsivity (e.g., offender motivation, problem awareness, emotional capacity to engage with psychological treatment, goals, and personal identity), and external components that may be specific to the custodial environment in which treatment is commonly offered (e.g., availability of programs, legal pressure to attend; see Day et al 2010b). Much of the existing published work in this area has sought to either understand or operationalise internal readiness factors, of which motivation to change is commonly regarded as the most significant (e.g., Loza-Fanous 2004; McMurran 2002; Tierney & McCabe 2001). Ward et al.'s (2004) Multifactorial Model of Treatment Readiness, however, suggests that treatment readiness can be conceptualised more broadly than simply in terms of individual motivation, given the potentially profound influence of the environment in which treatment is typically offered. For example, in a recent qualitative study of prison therapeutic communities in the UK, Shefer (2010) discusses how prison culture and staff-prisoner relationships impact on prisoner self-disclosure and how this, in turn, affects program integrity and rehabilitation outcomes. To date, however, there has been no quantitative investigation of the association between treatment readiness and social climate.

COMPARISONS BETWEEN DIFFERENT PRISONS

With the exceptions of Camp et al. (2002a), Camp et al. (2002b), and Logan (1996), very few studies have compared the social climate of different prisons. Using a series of management-related performance measures derived from surveys of staff and institutional records, Logan (1996) compared the private operations of a prison with its previous state agency operations. Logan showed that the private prison was rated more favourably by staff members in terms of the management aspect of the work environment. However, Camp et al. (2002b) critiqued Logan's (1996) methodology, arguing that not all survey items were suitable for comparison purposes and highlighting the need to control for individual-level and institutional-level factors that are not related to institution performance. In their study, Camp et al. (2002b) compared three public US prisons within the Federal Bureau of Prisons (FCI Elkton, FCI Forrest City, FCI Yazoo City) and one private prison operated by Wackenhut Corrections Corporation (WCC). They found no significant differences between the prisons in staff perceptions of institutional operations. However, on measures of overall organisational commitment (i.e. commitment to the Federal Bureau of Prisons as an agency), public prisons scored higher than the private prison, whereas those who worked in the private prison were more committed to the specific institution. With regard to the perceived safety of the environment, only one public prison (FCI Yazoo City) was rated as less safe than the private prison. In subsequent analyses, Camp et al. (2002a) examined inmate responses to the prison environment in the same four prisons (three public and one private), concluding that prisoners and staff largely agreed in their assessments of the prisons.

Research investigating the social climate of psychiatric wards has been primarily concerned with identifying differences between patient and staff perceptions of the social climate rather than differences that exist between types of hospital or ward. However, some data are available from studies which have assessed a number of wards within the same hospital. For example, using the Ward Atmosphere Scale (Moos 1989), Bootsmiller et al. (1997) surveyed patients (n=130) and staff (n=113) on three types of wards (specialised, extended care, and acute care) in a large urban state psychiatric hospital. The results showed that although there were differences in patient perceptions on the extended care and acute units, these were not reflected in the staff ratings. To date, however, there appears to be little empirical foundation upon which to build an understanding of potentially important differences in patient and staff perceptions of social climate in residential treatment settings.

HOW HAS SOCIAL CLIMATE BEEN MEASURED?

Although social climate has been assessed in a number of different ways (e.g., ward satisfaction can be measured using the Good Milieu Index, Røssberg & Friis 2003a or the Ward Atmosphere Scale, Moos 1989), specialist measures of prison social climate have been developed. These tend to be the product of multiple and, at times, inconsistent conceptualisations of social climate and, as such, the available instruments tend to tap different dimensions of social climate. While there continues to be interest in the development of new instruments, there has been less work establishing the validity and reliability of social climate scales. In particular, evaluations of most scales, particularly those of Moos, have been limited by the lack of long-term follow up data. Furthermore, there is a lack of research comparing different scales. Three of the most widely measures are described below.

MOOS' SCALES

Perhaps the most relevant body of scientific work for understanding, measuring, and modifying negative therapeutic environments and milieux is that conducted over the last 30 years by Moos (1997). Moos' work covers a range of service settings, including health, mental health, and correctional institutions and draws on his original proposal that three dimensions can capture the climate of an institution: relationship; personal development; and system maintenance and system change (Moos 1975). One of Moos most important contributions to research in this field has been the Ward Atmosphere Scale (WAS; available in different versions for different settings, including prisons), a 100−item scale which purports to measure ten aspects of the social climate of a unit or institution, which is completed by both staff and patients (Moos & Houts 1968).

Moos' Correctional Institutions Environment Scale (CIES), a shorter instrument consisting of 36-items, has been used routinely for a number of years by the Federal Bureau of Prisons in the US, though there are mixed findings with respect to the validity of the presumed dimensional structure of the scale. Saylor (1984) noted that the CIES is by far the most widely used instrument yet developed, although this may be due more to the lack of alternative climate instruments than to the appropriateness of the CIES. Despite this, the Moos scales continue to be adapted for and, therefore, underpin other social climate instruments (e.g., the Ward Atmosphere Audit Measure, the WAS-R and the Working Environment Scale-10, Røssberg & Friis 2003b, 2004). While Moos (1975, 1987) has stated that there are data to support the utility and validity of the CIES, these data have not been published. In fact, the Moos scales have been subject to a number of critiques (e.g., Alden 1978; Saylor 1984; Schalast et al. 2008; Wright 1980; Wright & Boudouris 1982), with problems identified in relation to outdated item content, the length of the measures for repeated clinical use, the low internal consistency of some scales, and the time and effort required for completion in disturbed and unmotivated populations. The lack of validity of the CIES has been identified as particularly problematic by Wright (1980), Wright and Boudouris (1982), Saylor and McGrory (1980), and Saylor and Vanyur (1983) who found little support for the dimensional structure posited by Moos. However, an analysis of a subset of the data collected by Wenk and Halatyn (1973) and Duffee (1975) did show that the CIES could differentiate between six correctional institutions in Connecticut, USA. One potential explanation for these varied findings may be differences in the populations tested. Moos' original research was, for the most part, based on surveys conducted in juvenile facilities while the findings reported by other researchers were based on surveys of adult facilities. Similarly, Moos' instrument for assessing correctional climates stems from modifications to an instrument that was developed primarily for use in psychiatric facilities. What is apparent, however, is that most of Moos' scales have not been rigorously validated in the last two decades, with earlier validity studies conducted mainly in psychiatric settings (Ajdukovic 1990; Griffin 1999).

THE PRISON SOCIAL CLIMATE SURVEY

Unlike Moos' CIES, which is administered to both residents and staff (Langdon et al. 2004; Langdon et al. 2006), the Prison Social Climate Survey (PSCS) only measures staff perceptions. The PSCS has been administered annually to field staff at the Federal Bureau of

Prisons since its initial administration in 1988 by its developers, (Saylor & Wright 1992; Camp et al. 2002a; Camp et al. 1997; Wright & Saylor 1991, 1992). The complete PSCS questionnaire is divided into sections based on different topic areas. For example, the work environment section consists of seven subscales which enable staff to assess the organisation's structure, their supervision, satisfaction with the overall organisation, their department, their job, level of stress, and personal efficacy. Factor analysis provided support for the validity of these dimensions (Saylor & Wright 1992). In terms of scale reliability, item-to-scale correlations were generally between .70 and .90 and internal consistency reliability analyses yielded subscale alpha coefficients between .80 and .91.

EssenCES

In the correctional setting where there are limited resources available to support research and where there may be a need for repeated administrations to detect changes that occur over time, it is important to consider the time that it takes to assess the social climate. In response to such concerns, Schalast et al. (2008) developed a brief climate measure specifically designed for use in forensic psychiatric wards, although a prison version of the scale has now also been developed. This 15−item instrument (Essen Climate Evaluation Schema; EssenCES) scores three factor−analytically supported scales: *Therapeutic Hold* (perceptions of the extent to which the climate is supportive of therapy and therapeutic change); *Cohesion and Mutual Support* (whether mutual support of a kind typically seen as characteristic of therapeutic communities is present); and *Experienced Safety* (tension and perceived threat of aggression and violence). Each scale contains five items that are scored on a 0 ('I agree not at all') to 4 ('I agree very much') response format. Responses are summed to produce three sub−scale scores, which can then be aggregated to produce a total score.

In a recent validation of EssenCES by Schalast et al. (2008) data were collected in 17 forensic mental hospitals in Germany, with samples of 333 staff and 327 patients. High internal consistency reliabilities were found for the subscales and good support for the expected factor structure. Convergent validity was demonstrated in terms of correlations with related measures, including job satisfaction in staff. The EssenCES has recently become available in an English translation and subsequently used in three pilot studies in an English high security setting, Rampton Hospital (Howells et al. 2009). In these studies, internal consistency reliabilities, factor structure, and convergent validity were acceptable (see below) and broadly similar to those reported by Schalast et al. (2008).

RESEARCH AIMS AND METHODOLOGY

The conceptual confusion surrounding the construct of the prison social climate has hampered empirical research in this area, and a range of different measures have been developed to assess prison climates. This makes it difficult to compare different studies and perhaps suggests that social climate should be measured in terms of a common metric, one that is empirically validated. The primary aim of this study is, therefore, to provide further validation data for one measure of prison social climate, the EssenCES. This measure was selected primarily because of its brevity and utility in a correctional environment, and also because preliminary validation data have already been collected in a range of different institutional settings. This study aims to establish the factor structure of this measure and to examine construct validity. It will investigate the association between scores on this measure of social climate and other variables that are considered organisationally important, including the nature and frequency of disciplinary problems and treatment readiness (how motivated and able prisoners are to engage with rehabilitative efforts). The final research questions consider the extent to which different types of prison can be categorised as providing different social climates. Staff and prisoner ratings of the social climate of a mainstream prison will be compared with those a prison which specialises in the delivery of rehabilitative programs. It is predicted that the 'rehabilitation prison' will be rated by both staff and prisoners as being more supportive of therapy and therapeutic change (therapeutic hold), offering a higher level of mutual support between inmates (patient cohesion), and experienced as a living environment in which violence and aggression is less likely to occur (safety) than the mainstream prison.

METHOD

PARTICIPANTS

Participants in the study were drawn from the population of prisoners (n=144) and staff members (n = 109) at two correctional settings based in one Australian state. One is a therapeutically focused medium-security institution which offers intensive rehabilitation for sex offenders, violent offenders and those with drug and alcohol problems. The other is a minimum to medium security prison which accommodates predominantly mainstream prisoners and offers violent offender and substance use rehabilitation programs. Based on the assumption that it is important to have experienced institutional life for a certain period of time before it is possible to make an assessment of the social climate, a decision was made to exclude prisoners and staff who had been resident in a particular institution for a period of less than 14 days. This resulted in the removal of three participants from the inmate sample. A further seven participants were removed from the sample as they did not report their length of sentence. This reduced the number of prisoner cases available for analysis to 134. A total of seven cases were removed from the staff sample as they either did not meet the criterion for length of service or failed to indicate length of service. This left 102 staff cases available for analysis, of which 70 were operational staff members and 32 were associated with rehabilitation service delivery.

A breakdown of the sample by prison and employment type (operational versus rehabilitation staff) together with the mean age for prisoner and staff participants, mean

sentence length (in days) and mean length of service (in days) is provided in Table 1 below. Chi Square Goodness of Fit analysis revealed no significant difference in the number of prisoner participants ($\chi 2$= 1.91, p>.05) or rehabilitation staff ($\chi 2$=.25, p>.05) from the two prisons. A significant difference was noted, however, for the number of operational staff who participated in the study, with a greater number drawn from the mainstream prison, $\chi 2$= 8.23, p<.001. Independent samples t-tests revealed no significant difference between the age of prisoners in the mainstream as compared to the specialist rehabilitation prison, t(130)=1.01, p>.05, d=.18, and no significant difference between the groups on sentence length, t(105.81)=1.879, p<.05, d=.31. With respect to differences in staff attributes for age and length of service, a 2 (prison) x 2 (staff type) multivariate analysis of variance revealed a main effect with a large effect size for clinical versus operational staff groups, Wilks λ=.90, F(2,89)=5.09, p<.001, $\eta 2$partial=.10; no main effect was noted for prison or the prison x staff type interaction. The univariate effects revealed that operational staff participants were significantly older than rehabilitation staff participants, F(1, 94)=10.29, p<.01, $\eta 2$partial=.10.

Table 1 Sample size, mean and standard deviation for age and sentence length for prisoner participants and age and length of service for staff participants

	Prisoner Sample							
	Age (in years)				**Sentence Length (in days)**			
	n	M	SD	Range	N	M	SD	Range
Rehabilitation Prison	57	35.67	9.73	20 - 66	59	246.18	195.54	14 – 1008
Mainstream Prison	75	37.17	10.57	20 - 69	75	355.19	441.55	14 – 2352
Total Sample	132	36.39	10.22	20 -69	134	307.19	364.79	14 – 2352
	Staff Sample							
	Age (in years)				**Length of Service (in days)**			
	n	M	SD	Range	n	M	SD	Range
Rehabilitation Prison: Rehabilitation Staff	17	35.65	8.82	22 – 54	17	733.76	518.76	14 - 1512
Therapeutic Prison: Operational Staff	20	43.25	10.03	26 - 59	23	625.74	598.79	28 - 2352
Mainstream Prison: Rehabilitation Staff	15	39.93	10.07	25 - 55	15	791.47	927.82	42 – 3696
Mainstream Prison: Operational Staff	42	47.21	11.21	22 - 65	47	1142.64	1373.07	28 – 5376
Total Sample	94[a]	43.12	11.14	22 - 65	102	906.29	1072.11	14 – 5376

[a] Discrepancies in numbers are due to missing data on some variables.

A breakdown of sentence length for the two prisons is provided in Table 2 below. While 40.98% (n=109) of prisoners in the rehabilitation prison were serving sentences between one and three years as compared to 34.12% (n=232) in the mainstream prison, this was not significant, $\chi 2$= .63, p>.05. Although a significantly greater proportion of prisoners in the mainstream prison were serving sentences less than a year (14.66% versus 33.97%; $\chi 2$=7.67, p<.01), this reflects the criteria for entry into the therapeutic prison (i.e., a minimum of six months to serve).

Table 2 Daily average number of prisoners at rehabilitation and mainstream prisons by effective sentence length and unit between 1st January 2010 and 30th June 2010.

Sentence Length	Rehabilitation Prison				Mainstream Prison			
	Violent offender unit	Protection Unit	Drug & alcohol Unit	Total	Mainstream	Protection	Minimum	Total
Under 1 month	0	0	0	0	1	0	0	1
1 < 3 months	1	0	2	3	18	1	4	23
3 < 6 months	1	0	6	7	59	5	9	73
6 < 9 months	1	2	8	11	51	8	12	71
9 < 12 months	4	0	14	18	49	8	6	63
1 < 2 years	22	15	29	66	100	19	33	152
2 < 3 years	13	17	13	43	45	16	19	80
3 < 4 years	13	15	5	33	27	8	15	50
4 < 5 years	11	10	3	24	19	7	14	40
5 < 10 years	10	21	3	34	43	19	19	81
10 < 15 years	5	10	3	18	14	8	12	34
15 < 20 years	1	6	0	7	3	3	2	8
20 < 30 years	0	0	0	0	1	0	0	1
30 < 40 years	1	0	0	1	0	0	0	0
Life (no min.)	0	0	0	0	0	1	0	1
Unknown	1	0	0	1	2	0	0	2
Total	84	96	86	266	432	103	145	680

The rates of various offence types are provided in Table 3. A comparison across the two prisons revealed a significantly higher proportion of prisoners (62.12%; n=164) in the rehabilitation prison were convicted of offences involving interpersonal violence (murder, homicide, assault, sexual offences, other offences against the person, and robbery) than in the mainstream prison (36.40%; n=249), $\chi^2=6.72$, p<.01. Again, in all likelihood this finding reflects one purpose of the rehabilitation prison in terms of providing treatment to violent offenders. It is also interesting to note that just over four times as many offenders were held in protective custody in the rehabilitation prison (n=84; 33.73%) than the mainstream prison (n=60; 8.77%), $\chi^2=14.66$, p<.001. This possibly reinforces the assumption that a higher proportion of prisoners with histories of interpersonal violence were housed in the rehabilitation prison.

Table 3 Daily average number of prisoners by most serious offence and unit for the period 1st January 2010 to 30th June 2010

Sentence Length	Therapeutic Prison				Mainstream Prison			
	Violence Unit	Protection Unit	Drug & alcohol Unit	Total	Mainstream	Protection	Minimum security	Total
Murder	7	11	2	20	14	8	12	34
Other Homicide	6	4	1	11	18	6	6	30
Assault	28	11	8	47	64	12	13	89
Sex Offences	0	43	0	43	5	15	1	21
Other Offences Against the Person	3	5	4	12	6	3	2	11
Robbery	16	10	5	31	34	16	14	64
Extortion	0	1	0	1	1	0	0	1
Break and Enter	11	6	26	43	65	15	24	104
Fraud and Misappropriation	1	0	1	2	12	2	5	19
Receiving	0	0	1	1	15	3	2	20
Other Theft	1	1	4	6	27	4	7	38
Property Damage/ Environmental Offences	2	0	3	5	9	3	0	12
Justice Procedures Offences	4	3	9	16	67	12	14	93
Unlawful Possession of Weapon	1	1	0	2	6	0	0	6
Other Offences Against Good Order	0	0	0	0	2	1	0	3
Deal/Traffic Drugs	2	0	12	14	52	2	25	79
Manufacture/ Grow Drugs	0	0	1	1	12	1	4	17
Possession/Use Drugs	0	0	1	1	1	0	0	1
Driving Offence	0	0	0	0	9	1	4	14
Licence/Regist-ration Offences	0	0	5	5	13	0	2	15
Other Offences	2	1	0	3	6	0	7	13
Total	84	97	83	264	438	104	142	684

MEASURES

All staff and prisoner participants completed the following measure of social climate:

Essen Climate Evaluation Schema: Version for Prisons and Correctional Settings
(EssenCES; www.forensikessen.de). The EssenCES is a 17 item questionnaire (15 valid items;
2 positively worded unscored items) that was originally designed to assess the social climate
within forensic psychiatric wards and subsequently adapted for use within a prison environment.
The measure consists of three climate dimensions, each of which is measured using five items:
Hold and Support (e.g., *Staff take a personal interest in the progress of inmates*), Inmates'
Social Cohesion and Mutual Support (e.g., *The inmates care for each other*), and Experienced
Safety (e.g., *There are some really aggressive inmates in this unit*). Participants (staff and
inmates) indicate how much they agree with each of the statements using a 5-point Likert-type
scale, with responses ranging from 1 (I agree not at all) to 5 (I agree very much). Higher scores
on the EssenCES are indicative of a more positive social climate. In their recent validation
study for forensic psychiatric wards, Schalast et al. (2008) reported moderately strong internal
consistency ranging from Cronbach's α=.79 to.87 for patients,.73 to.78 for staff, and.78 to.86 for
the total sample. Internal consistency reliability in the present study revealed a similar pattern
for both staff (Cronbach's α=.72 on the total scale and .82, .74 and .75 for Inmates' Social
Cohesion and Mutual Support, Hold and Support and Experienced Safety respectively) and
prisoners (Cronbach's α=.64 on the total scale and .86, .74 and .62 for Inmates' Social
Cohesion and Mutual Support, Hold and Support and Experienced Safety respectively).

In addition, prisoner participants completed the following measure for the purpose of
assessing convergent validity:

Corrections Victoria Treatment Readiness Questionnaire (CVTRQ; Casey et al. 2007). The
CVTRQ is a 20-item measure that scores four components of readiness: Attitudes and
Motivation (6 items relating to attitudes and beliefs about programs and the desire to change),
Emotional Reactions (6 items measuring emotional responses to the individual's offending
behaviour), Offending Beliefs (4 items measuring the individual's beliefs about personal
responsibility for offending), and Efficacy (4 items measuring the individual's perceived ability to
participate in programs). Responses are made on a 1 (Strongly disagree) to 5 (Strongly agree)
scale. Item responses are summed to produce four sub−scale scores and the sub-scales
summed to produce a total score. Higher scores, after the recoding of negatively keyed items,
reflect greater readiness to enter treatment. Casey et al. reported moderately strong internal
consistency reliabilities on four subscales: Attitudes and Motivation (.84), Emotional Reactions
(.79), Offending Beliefs (.73) and Efficacy (.60). In the present study, internal consistency
reliability was acceptable for the total scale (α=.74) and three of the four subscales (Attitudes
and Motivations=.68; Emotional Reactions=.72; and Offending Beliefs=.62) but low on the
Efficacy subscale (α = .45). Analysis of the current data set as a function of prison revealed
more consistent responses on this sub-scale for prisoners in the therapeutically-oriented (α=.56)
as compared to the mainstream prison (α=.29). An inspection of the item-total correlations for
the mainstream sample revealed the item-total correlations for three of the four items
comprising the Efficacy sub-scale fell below .20 (ranging from .05 to .17). By comparison, item-
total correlations on this subscale for the therapeutic prison sample ranged from .22 to .46.

Staff participants completed the following measure to assess for convergent validity:

Working Environment Scale (WES-10; Røssberg & Friis 2004). The WES-10 is comprised of 10 items which purport to measure staff morale and stress in the working environment. It is comprised of four subscales: Self-realization (4 items) measures the extent to which the staff members feel supported, whether they achieve more confidence, and whether they experience being able to use their knowledge in the working environment; Workload (2 items) measure of the number of tasks imposed on the staff members and the extent to which they feel they should be in several places at the same time; Conflict (2 items) measures the extent to which staff members experience conflicts and loyalty problems; and Nervousness (2 items) measures the extent to which staff are worried about going to work and feel nervous or tense at work. After reading each item, responses are made using a 5-point Likert-type scale, with the response format differing as a function of item content (i.e., Not at all to Very Often; Very Often to Never; and Far too Few to Far too Many). After recoding, higher scores are indicative of more positive workplace experiences. Røssberg et al. (2004) reported moderate to moderately strong internal consistency: Cronbach's α=.66, .69, .84 and .85 for Nervousness, Conflict, Workload, and Self Realisation respectively. Internal consistency reliability in the present study was as follows: Self Realisation = .73, Workload = .69, Conflict = .63 and Nervousness =.73.

PROCEDURE

The research was conducted in accordance with the ethical guidelines set down by the National Statement on Ethical Conduct in Human Research (2007) and with the approval of the state's Department of Justice Research Ethics Committee (Approval CF/10/1668). Following ethics approval, flyers outlining the nature and purpose of the study were placed on staff and prisoner notice boards. Interested staff were directed to the program manager at each facility and provided with a more detailed information sheet; prisoners who wished to participate in the study were asked to contact their case manager who provided the detailed information sheet.

After consultation with prison program managers, a suitable time for data collection was identified at each institution. Two members of the research team attended on the designated day. With respect to the staff sample, the researchers addressed interested staff at an internal training session, outlining the purpose and nature of the research and providing details with regard to the anonymity of responses, confidentiality, and the right to withdraw from the study at any time. Staff members who indicated a willingness to participate were then provided with an information sheet, a copy of the questionnaire and a self-sealing envelope for its return. Data from the prisoner sample were collected with the assistance of prison officers and prisoner representatives. Participation was voluntary. Prisoner's who had previously indicated a willingness to participate were also located and personally invited to participate.

RESULTS

FACTOR STRUCTURE

The first step of the analysis was to determine whether the factor structure of the EssenCES scale for an Australian prison population reflected that found by the scale developers. This involved three separate factor analyses of the measure: prisoners only, staff only, and total sample.

FACTOR STRUCTURE: PRISONER SAMPLE

The Kaiser-Myer-Olkin measure of sampling adequacy (.77) and Bartlett test of sphericity (658.91, p<.001) indicated that the data were suitable for factor analysis. Consistent with the original scale, preliminary principal components analysis (PCA) suggested a 3-factor solution by both the eigen value and scree test criteria. The data were subsequently subjected to principal axis factoring (PAF) with orthogonal rotation, using a criterion of greater than or equal to .32 as the level of loading significance. The resulting 3-factor solution accounted for 42.88% of the variance. Factor loadings for each of the three factors are provided in Table 4 below.

Table 4 Rotated principal axis factor matrix for the EssenCES scale items (prisoner sample)

Item	Inmates' Social Cohesion and Mutual Support	Hold and Support	Experienced Safety
There is good peer support among inmates	.84		
When inmates have a genuine concern, they find support from their fellow inmates	.77		
Inmates care about their fellow inmates' problems	.75		
The inmates care for each other	.71		
Even the weakest inmate finds support from his fellow inmates	.63		
Staff members take a lot of time to deal with inmates		.84	
Staff take a personal interest in the progress of inmates		.84	
Staff know inmates and their person histories very well		.52	
In this unit, inmates can openly talk to staff about all their problems		.50	
Often, staff seem not to care if inmates succeed or fail in their daily routine/program		.34	
Some inmates are so excitable that one deals very cautiously with them			.52
There are some really aggressive inmates in this unit			.49
Some inmates are afraid of other inmates			.48
Really threatening situations can occur here			.47
At times, members of staff feel threatened by some of the inmates			.42

FACTOR STRUCTURE: STAFF SAMPLE

For the staff sample, the Kaiser-Myer-Olkin measure of sampling adequacy (.76) and Bartlett test of sphericity (565.16, p<.001) again indicated the suitability of the data for factor analysis. A 3-factor solution by both eigen value and scree test criteria was noted on the preliminary principal components analysis (PCA). Principal axis factoring (PAF) with orthogonal rotation was then conducted using a criterion of greater than or equal to .32 as the level of loading significance. The resulting 3-factor solution, which accounted for 55.89% of the variance, was consistent with both the original scale and the factor structure noted for the prisoner sample. Factor loadings are provided in Table 5 below.

Table 5 Rotated principal axis factor matrix for the EssenCES scale items (staff sample)

Item	Inmates' Social Cohesion and Mutual Support	Hold and Support	Experienced Safety
Inmates care about their fellow inmates' problems	.82		
When inmates have a genuine concern, they find support from their fellow inmates	.78		
The inmates care for each other	.77		
Even the weakest inmate finds support from his fellow inmates	.68		
There is good peer support among inmates	.67		
Staff members take a lot of time to deal with inmates		.76	
In this unit, inmates can openly talk to staff about all their problems		.69	
Often, staff seem not to care if inmates succeed or fail in their daily routine/program		.65	
Staff know inmates and their person histories very well		.63	
Staff take a personal interest in the progress of inmates		.60	
There are some really aggressive inmates in this unit			.82
Some inmates are so excitable that one deals very cautiously with them			.73
At times, members of staff feel threatened by some of the inmates			.70
Some inmates are afraid of other inmates			.66
Really threatening situations can occur here			.59

FACTOR STRUCTURE: TOTAL SAMPLE

Given the preceding two analyses, a PAF with orthogonal rotation was run a on the EssenCES items for the total sample. The Kaiser-Myer-Olkin measure of sampling adequacy (.79) and Bartlett test of sphericity (1188.52, p<.001) indicated the suitability of the data for factor analysis. As expected, the eigen value and scree test criteria identified a 3-factor solution which accounted for 56.26% of the variance. Factor loadings are shown in Table 6 below. As with the analyses involving prisoners and staff, this structure also reflects the 3-factor solution proposed by the scale developers. Given (a) the factor analysis for each of these samples produced the three EssenCES factors and (b) the items loaded on the correct factors, a global assessment of the factor structure produced suggests it is correct (Costello & Osborne 2005). Moreover, the strength of the factor structure was improved by combining the two samples which is reflected in the presence of factor loadings above .5 for all items in the measure (which range from .58 to .85). While this can, in part, be attributed to the larger sample size for available for analysis with the combined sample (i.e., an item-case ratio of just over 15:1), the similar factor structure noted in the prisoner and staff samples together with the much smaller item-case ratio for the staff sample (6.8:1) which produced similar item loadings to the combined sample, all serve to indicate the correctness of the factor structure.

Table 6 Rotated principal axis factor matrix for the EssenCES scale items (total sample)

Item	Inmates' Social Cohesion and Mutual Support	Hold and Support	Experienced Safety
There is good peer support among inmates	.83		
Inmates care about their fellow inmates' problems	.82		
When inmates have a genuine concern, they find support from their fellow inmates	.81		
The inmates care for each other	.76		
Even the weakest inmate finds support from his fellow inmates	.74		
Staff members take a lot of time to deal with inmates		.85	
Staff take a personal interest in the progress of inmates		.81	
Staff know inmates and their person histories very well		.72	
In this unit, inmates can openly talk to staff about all their problems		.64	
Often, staff seem not to care if inmates succeed or fail in their daily routine/program		.61	
There are some really aggressive inmates in this unit			.71
Some inmates are afraid of other inmates			.70
Some inmates are so excitable that one deals very cautiously with them			.65
At times, members of staff feel threatened by some of the inmates			.65
Really threatening situations can occur here			.58

COMPARING STAFF AND PRISONER PERCEPTIONS OF SOCIAL CLIMATE

It is possible that different aspects of the social climate will be salient to staff and prisoners, despite both staff and resident ratings being positively correlated in a number of different studies conducted in psychiatric settings (Brunt & Rask 2005; Langdon et al. 2004; Langdon et al. 2006; Røssberg et al. 2004; Røssberg et al. 2008; Schalast et al. 2008; Smith et al. 1997). The next step in the analysis was, therefore, to conduct an overall comparison of EssenCES scores for prisoners, operational staff, and clinical staff. A multivariate analysis of variance (MANOVA) with a Bonferroni adjustment for multiple comparisons was used to test for between group differences. The main effect was significant with a large effect size, Wilks λ=.74, $F(6, 454)$=12.22, $p<.001$, η2partial=.14. Examination of the Univariate effects revealed significant differences on total EssenCES scores, $F(2, 229)$=4.07, $p<.05$, η2partial=.03; significant differences were also noted on the Hold and Support ($F(2, 229)$=29.17, $p<.001$, η2partial=.20) and Experienced Safety ($F(2, 229)$=3.65, $p<.05$, η2partial=.03) sub-scales. As shown in Table 7 below, prisoner scores on the EssenCES measure were significantly lower than both operational and clinical staff; the latter did not significantly differ. With respect to the sub-scale scores, prisoners showed significantly higher scores on the measure of Experienced Safety than operational staff; no significant difference was noted between prisoners and clinical staff or clinical and operational staff on this subscale. In other words, prisoners felt safer than both clinical and operational staff in their environment. Finally, prisoners reported the climate as significantly less therapeutic (as measured by the Hold and Support sub-scale) than both operational and clinical staff; no between group differences were noted between clinical and operational staff.

Table 7 Means, standard deviations, F ratios and effect sizes for prisoners, clinical staff and operational staff on total EssenCES scores and subscale scores

	Prisoners		Operational Staff		Rehabilitation Staff			
	M	SD	M	SD	M	SD	F	η2par
EssenCES Total	42.50	7.26	43.87	7.08	46.44	6.59	4.07*	.03
Social Cohesion and Mutual Support	13.35	4.55	12.45	3.00	13.94	3.10	2.04	.02
Hold and Support	12.80	4.24	16.58	3.48	16.88	2.99	29.17**	.23
Experienced Safety	16.34	3.91	14.84	3.71	15.63	3.78	3.65*	.03

Note: * $p<.05$, ** $p<.01$

To examine the correlation between staff and prisoner scores, categories were first collapsed to provide two groups (staff versus prisoners). As might be expected given the above findings, the correlation between prisoner and staff scores on the EssenCES measure was found to be non-significant for total scores, $r(109) = .05$, $p > .05$ and on all subscales, $r(109) = .10$, $p > .05$, $r(109) = .12$, $p > .05$, and $r(109) = .02$, $p > .05$ for Social Cohesion and Mutual Support, Hold and Support, and Experienced Safety respectively).

CONVERGENT VALIDITY

A scale demonstrates convergent validity if it is related to alternative measures of the same construct (Campbell & Fiske 1959). To evaluate convergent validity of the EssenCES, a correlation was first undertaken between total scores on the EssenCES and the CVTRQ for the prisoner sample. This revealed a small, but significant, positive association between scores on the two measures, $r(111)=.23$, $p<.05$. Based on this finding, one can conclude that for the sample examined, more positive perceptions of the social climate were associated with higher levels of readiness for treatment. Convergent validity for the staff sample was assessed by conducting a correlation between scores on the EssenCES and those on the WES-10. A moderate, significant positive association was noted between the two measures, $r(109)=.45$, $p<.001$. What this finding reveals is that for the sample under investigation, a more positive social climate was associated with higher levels of staff morale and lower levels of stress in the working environment.

COMPARING THE SOCIAL CLIMATES OF DIFFERENT PRISONS

The next step in the analysis sought to establish whether significant differences existed in social climate between the two institutions from the perspective of either the prisoner or staff participants. Independent samples t-tests were conducted to explore between-group differences on the EssenCES sub-scale scores for both prisoners and staff, on levels of readiness for treatment, and levels of staff morale and stress in their working environment. As shown in Table 8, while no significant between-group differences were noted on either the total score on the EssenCES or its subscales for the prisoner sample, the moderate effect size ($d = .30$) indicates a trend for prisoners in the rehabilitation prison to rate the social climate more positively than their counterparts in the mainstream prison. An examination of the EssenCES subscales reveals that this trend is most strongly related to the extent to which prisoner participants in the rehabilitation prison experienced perceived levels of staff interest and support (Hold & Support subscale). This trend can perhaps best be interpreted as a reflection of the nature and purpose of the rehabilitation prison and, therefore, not unexpected. Similarly, given the focus of the prison, prisoners from the rehabilitation prison reported significantly higher levels of treatment readiness, with a large effect size, than did mainstream prisoners.

By comparison, significant between-group differences with large effect sizes were found on the total EssenCES score as well as two of the three subscales for the staff sample. Staff at the rehabilitation prison rated the overall social climate as significantly more positive than their counterparts from the mainstream prison. In terms of the sub-scales, both the level of staff interest and support for inmates (Hold & Support) and level of support and caring between prisoners (Inmates' Social Cohesion and Mutual Support) was rated as significantly higher by staff from the therapeutic prison. A significant difference was also noted on the Self-Realisation subscale of the WES-10. This indicates that staff at the rehabilitation prison reported they experienced greater levels of support, confidence, and being able to use their knowledge in the working environment than participant staff from the mainstream prison.

Table 8 Means, standard deviations, t-values and effect sizes for subscale scores on the EssenCES, CVTRQ, and WES-10 for prisoners (n=134) and staff (n=109).

	Rehabilitation Prison		Mainstream Prison				
	M	SD	M	SD	t	D	95% CI
Prisoners							
EssenCES:							
EssenCES Total	43.79	6.71	41.51	7.54	1.74	.32	-4.87- 0.32
Inmates' Social Cohesion and Mutual Support	12.68	4.62	12.73	3.76	0.08	.01	-1.36 - 1.47
Hold and Support	14.10	4.60	12.87	4.18	1.64	.30	-2.72 - 0.26
Experienced Safety	17.13	3.44	16.25	3.68	1.43	.25	-2.09 - 0.34
CVTRQ							
Attitudes and Motivation	22.71	4.07	21.95	3.49	1.18	.20	-2.04 - 0.52
Emotional Reactions	23.60	4.56	21.93	4.39	2.17*	.37	-3.18 - -0.15
Offending Beliefs	15.13	2.94	14.44	3.29	1.28	.22	-1.75 - 0.38
Efficacy	14.18	2.73	12.80	2.29	3.21	.55	-2.23 - -0.53
Total Readiness	71.12	8.33	75.62	9.13	3.011	.51	-7.45 - 1.54
Staff							
EssenCES:							
Total Score	46.26	5.30	41.03	5.53	4.64**	.96	-7.46 - -2.99
Inmates' Social Cohesion and Mutual Support	18.02	3.46	15.85	3.26	3.46*	.69	-3.42- 0.93
Hold and Support	14.33	2.66	12.01	3.02	4.05*	.81	-3.45- -1.18
Experienced Safety	14.71	4.13	15.29	3.48	0.80	.15	-0.87- 2.05
WES-10							
Self-realization	15.30	2.58	13.63	3.00	2.95*	.60	-2.78 – 0.55
Workload	6.20	1.95	5.89	2.05	0.75	.15	-1.09 – 0.49
Conflict	7.46	1.80	7.14	1.88	0.86	.17	-1.04 – 0.41
Nervousness	8.78	1.27	8.73	1.37	0.17	.03	-0.57 – 0.48

Note: * p<.05, ** p<.01.

Units within prisons and style of accommodation

There are a number of considerations, however, in the interpretation of any social climate data. The first of these relates to the extent to which the overall climate of an institution can be meaningfully assessed, or whether different units within a prison have their own distinctive climate. Prisoners in the rehabilitation prison who participated in this study, for example, are accommodated in separate self-contained living areas according to their treatment needs. In other words, different parts of a prison may have different climates. Shefer (2010), for example, has reported that staff-prisoner relationships in prison therapeutic communities are more informal, friendlier and trusting than on mainstream wings.

A preliminary examination of within group differences as a function of the treatment focus was conducted, comparing the Violence unit (n=23), Substance Abuse unit (n=26) and Protection unit (a specialist unit comprised of prisoners referred to sex offender treatment programs and those identified as at risk in the mainstream prison population n=11). The

MANOVA revealed a significant multivariate effect for treatment type with a large effect size, $\lambda = .65$, $F(6,110)=4.50$, $p<.001$, $\eta2partial=.18$. Examination of the univariate F ratios revealed a significant within group difference on the 'Hold and Support' subscale which assesses the extent to which prisoner participants perceived the level of staff interest in and support for inmates. Post-hoc analyses with Bonferroni adjustments revealed that prisoners in the Protection unit reported the level of staff interest in them and the level of support provided by staff to be significantly higher than that reported by prisoners in either of the other two treatment areas. The univariate F ratio was close to significant on the reported items measuring the level of support and caring between prisoners ('Inmates' Social Cohesion and Mutual Support' subscale). Examination of the means revealed higher scores for prisoner participants in the Violence unit; scores were lowest in the Protection unit. Finally, while the within-group differences on the 'Experienced Safety' subscale were also non-significant, the moderate effect size suggests a trend for prisoner participants in the Protection unit to experience greater concerns about their personal safety.

It may also be that the style of accommodation exerts a significant influence on the social climate of a prison. To examine this proposition, data obtained from the mainstream prison were recoded into three groups to reflect the different accommodation options that were available: small housing unit or 'cottage style' accommodation (n=18), traditional cells (n=16) and protective custody in which prisoners are housed separately from other prisoners for their own safety (n=16). The MANOVA revealed no significant multivariate effect although the effect size was in the moderate range, $\lambda = .92$, $F(3,45)=.61$, $p>.05$, $\eta2partial=.04$. Examination of the Univariate F ratios revealed no significant within-group differences on either the total EssenCES score or scores on the three subscales although the effect size on the 'Experienced Safety' was in the moderate range. Whereas the mean scores for prisoner participants housed in cells and cottages was similar, scores reported by those in protective custody somewhat lower.

INSTITUTIONAL MISCONDUCT

Institutional misconduct refers to a broad range of behaviours from offences at the lesser end of the severity scale (e.g., smoking in a non-designated area) to more serious assaults on staff and other prisoners. In most jurisdictions, the severity of the offence dictates whether the incident is simply recorded on the prisoner's file with no further action taken, whether the matter is resolved following a hearing before the Governor or some other internally constituted Board, or whether the offence is serious enough to warrant criminal charges being laid. Incidents also include self-harm. However, given this type of incident needs to be examined separately to that of institutional misconduct and the small number of self-harm incidents recorded in either prison, self-harm was excluded.

The total number of incidents recorded in each of the prisons by incident type for the period 1st July 2009 and 31st May 2010 was 240 for the mainstream prison and 17 for the rehabilitation prison. By calculating the average muster for the months in question, the rate per head of population was established for each prison and for the total sample. Whilst this data cannot be used to establish convergent validity (given that the misconduct rates of those who completed the social climate survey is unknown), an examination of the differences in the proportions revealed the overall incident rate for the mainstream prison (.351) was significantly higher than the rehabilitation prison (.064), $z = 8.92$, $p < .0001$. A breakdown by incident category revealed that whereas the proportion of drug-related incidents ($z = 4.18$, $p <.0001$) and

assaults (z = 4.18, p <.0001) was significantly greater in the mainstream prison, no significant difference was noted for property-related incidents (z = 1.11, p >.05). Given the available incident data was collected on a population rather than sample basis, it is not possible to draw any conclusions regarding these findings, particularly regarding the relationship between incidents involving assaults and the lack of significant difference on the experienced safety subscale. In addition, the prisoners in the two institutions may differ systematically in ways that influence misconduct rates. For example, the mainstream prison may receive prisoners who are earlier in their sentences and for whom misconduct occurs as part of an adjustment to prison life. It is, therefore, not possible from this data to determine either that disciplinary incidents have little impact on social climate or, conversely, that social climate has little influence on the rate of institutional misconduct that might lead to a perception that a particular prison is unsafe. Nonetheless, in studies which seek to establish whether organisational change designed to improve a prison social climate leads to reductions in misconduct, this type of data would become valuable.

PRELIMINARY NORMATIVE DATA

Preliminary normative data for an Australian prison setting is provided in Table 9 below. These figures are based on the mean scores and standard deviations for both prison types and all staff across the two institutions. Staff and prisoners differed in their overall perceptions, with staff tending to perceive the overall prison climate as more therapeutic than prisoners, although less cohesive and less safe. In the absence of any other prison-based data, these findings are compared with those reported by Howells et al. (2009) for high security forensic mental health facilities in the UK and Schalast et al. (2008) for German forensic psychiatric units. As shown, both staff and prisoners in Australia perceived their prison environment as more cohesive, safer and more therapeutic than did comparison staff in either the UK or Germany. Some caution needs to be exercised, however, in that the German results may not be strictly comparable given the lesser level of security exercised in the wards from which data has been drawn.

Table 9: Preliminary normative data for the EssenCES measure in Australian prison settings

Authors	Country	Sample	n	Item	M	SD
Current study	Australia	Minimum-Medium Security Prisoners				
		Mainstream Prison	75	Inmates' Social Cohesion and Mutual Support	12.73	3.76
				Experienced Safety	16.25	3.68
				Hold and Support	12.87	4.18
				EssenCES Total	41.51	7.54
		Rehabilitation Prison	57	Inmates' Social Cohesion and Mutual Support	12.68	4.62
				Experienced Safety	17.13	3.44
				Hold and Support	14.10	4.60
				EssenCES Total	43.79	6.71
		Minimum-Medium Security Prison Staff				
		Mainstream Prison	57	Inmates' Social Cohesion and Mutual Support	15.85	3.26
				Experienced Safety	15.29	3.48
				Hold and Support	12.01	3.02

				EssenCES Total	41.03	5.53
		Rehabilitation Prison	37	Inmates' Social Cohesion and Mutual Support	18.02	3.46
				Experienced Safety	14.71	4.13
				Hold and Support	14.44	2.66
				EssenCES Total	46.26	5.30
Howells et al (2009)	UK	Forensic Mental Health Patients	80	Patient Social Cohesion and Mutual Support	9.32	4.84
				Experienced Safety	8.89	4.20
				Hold and Support	9.81	3.97
				EssenCES Total	28.29	8.23
		Forensic Mental Health Staff	244	Patient Social Cohesion and Mutual Support	8.05	3.85
				Experienced Safety	8.53	3.10
				Hold and Support	14.17	3.29
				EssenCES Total	30.96	7.06
Schalast et al. (2008)	Germany	Forensic Mental Health Patients	327	Patient Social Cohesion and Mutual Support	10.40	2.60
				Experienced Safety	13.10	2.40
				Hold and Support	12.10	2.90
		Forensic Mental Health Staff	333	Patient Social Cohesion and Mutual Support	9.80	1.90
				Experienced Safety	11.20	2.50
				Hold and Support	15.30	1.50

DISCUSSION

Although the notion of the prison social climate has long attracted the interest of researchers, practitioners, and policy-makers alike, very little empirical research on this topic has been conducted in Australian prisons. Progress in this area has been hampered by a lack of conceptual clarity about what is meant by social climate and how this construct might best be operationalised. The primary aim of this research was, therefore, to establish the psychometric properties of a recently developed measure of prison social climate, the EssenCES (Schalast et al 2008). This measure was selected primarily because of its utility and parsimony – it is a straightforward measure that can completed by both prison staff and inmates in only a few minutes, and captures what are regarded as the key aspects of a social climate that are considered relevant to offender rehabilitation.

In this study, a total of 253 people (109 staff members and 144 prisoners) at two correctional facilities in one Australian jurisdiction rated the social climate of the prison in which they lived or worked. Factor analysis of ratings on the EssenCES provided support for the three subscales identified by the measure developers (inmates' social cohesion and mutual support; hold and support; and experienced safety). A small, but significant, positive association between prisoner scores on the social climate measure and a measure of readiness to engage with offender programs was suggestive of some degree of convergent validity, as was the moderate, significant positive association observed between staff scores on the measure and the measure of staff stress. These results offer support for the suggestion that the EssenCES measure is suitable for use in further investigations of the prison social climate.

The study examined the social climates of two different prisons - one of which is designed specifically to offer intensive rehabilitation, the other offers a more restricted range of programs that is typical of mainstream prisons. Although most Australian prisons currently offer a suite of offender rehabilitation programs (Heseltine et al. 2011), some jurisdictions have invested in facilities that specifically aim to provide living environments that support rehabilitative activity with the intention of improving rehabilitative outcomes. In part, this investment has occurred in response to concerns about the potentially iatrogenic effects of mainstream prison environments, with suggestions that the negative effects of imprisonment are so strong as to make successful rehabilitation impossible (Davies 2004). As such the extent to which these two different prisons could be differentiated in terms of their social climates was of some interest from a public policy perspective. Although there are considerable methodological difficulties in making direct comparisons between institutions which potentially differ in a range of ways that could influence social climate (e.g., inmate profile, staffing profile, management structures), the analysis revealed that while no statistically significant differences existed between the two prisons in terms of prisoner ratings of social climate, the moderate effect size represents a trend for prisoners in the rehabilitation prison to report a more positive social climate than their counterparts in the mainstream prison. Given the somewhat small sample size available for analysis in this study, it would be worth increasing the sample size and

conducting further analyses. Significant between-prison differences with large effect sizes were, however, found for the staff sample. Staff at the rehabilitation prison rated both the level of staff interest and support for inmates and level of support and caring between prisoners as significantly higher than staff at the mainstream prison (staff at the rehabilitation prison also reported they experienced greater levels of support, confidence, and being able to use their knowledge in the working environment). These findings offer some support for the hypothesis that the rehabilitation prison offers a more therapeutic environment than the mainstream prison, although it is not clear whether the magnitude of these differences will be sufficient to lead to better rehabilitation outcomes (assuming other aspects of service delivery are comparable). It is noteworthy, however, that the social climate of the two prisons in the current study was rated by both staff and prisoners as offering a more positive social climate than that of a number of forensic mental health units in other countries which have completed the same measure in previous studies (see Howells et al. 2009; Schalast et al. 2008). Although there is a need to collect further data from other prisons (and hospitals) to interpret the meaning of such comparisons, one possible conclusion from this is that the two Australian prisons which participated in this research offer a social climate that is at least as conducive to rehabilitative change as those that exist in many hospital settings.

The main contribution of this research, in our view, is to focus attention on the processes by which successful rehabilitation occurs in prison settings. For example, the operationalisation of social climate in this study identifies safety, therapeutic support and safety as key moderators of therapeutic outcomes. Models of behaviour change that are explicit in therapeutic community models of offender rehabilitation suggest that it is consistent and supportive feedback from peers and staff about problematic behaviour that is most beneficial. This is described by Kennard (2004: 296), for example, as 'a "living-learning situation" where everything that happens between members (staff & patients) in the course of living and working together, in particular when a crisis occurs, is used as a learning opportunity'. Of course the two are not incompatible and it may be that changes to either the structure of environment (e.g., housing units) or to the therapeutic regime may lead to improvements in social climate. Nonetheless, discrepancies between staff and prisoner perceptions of the environment warrant further consideration if the model of change adopted relates to the interpersonal context in which programs are delivered. The real value of this data, however, is that it not only allows for the identification of particular aspects of the climate that are potentially counter-therapeutic (and can thus provide a rationale for the introduction of measures that seek to bring about change in social climate in settings where concerns exist), but also establishes a baseline against which changes over time can be assessed.

A number of such initiatives designed to improve the social climate of prisons have been described in the published literature. For example, in response to research that suggests that some colours can be more soothing than others, a prison in Dallas County painted the prison walls pink in an attempt to improve the prison environment (Borghese 2006). Other institutions have introduced pets (such as puppies and birds) to help offenders learn basic social skills (Britton & Button 2006; Fournier et al. 2007; Lindemuth 2007). Most of these experiments have not, however, been subject to any formal evaluation and, as such, conclusions about their effectiveness cannot be drawn. Other institutions have attempted to influence the social climate by introducing more 'treatment focused' employees to the workforce (Clarke et al. 2002b; Lang et al. 2004). Waters and Megathlin (2002) found significant improvements in inmate perceptions of a prison social climate 22 months after rehabilitation workers were employed. Similarly, a meta-analysis of 68 studies assessing the effectiveness of correctional treatment revealed that settings that provided behavioural treatment programs

delivered by professional staff experienced the lowest rates of prison misconduct (French & Gendreau 2006).

Perhaps the most common intervention, however, is staff training. The rationale underpinning this approach is based on the assumption that increasing staff awareness of aspects of the social climate will positively influence their behaviour which, in turn, will affect the broader workplace culture. Staff training has also been used to help staff manage distress in the workplace, possibly as a means of improving social climate (Fowler et al. 1993). There has also been some related research in other settings - for example a longitudinal three-wave study of nurses showed that those who participated in a staff training program designed to teach them important aspects of milieu therapy were more likely to give positive ratings of the social climate a year after training (Nesset et al. 2009). Patients in this study also reported an increase in general satisfaction In some cases, it may not be necessary to change staff perceptions and attitudes before changing behaviour. A study of seclusion practices in a forensic psychiatric hospital by Ching and colleagues (2010) showed that while a significant reduction in the use and duration of seclusion episodes occurred a year after a range of interventions design to reduce the use of seclusion were introduced, there was no change either to the therapeutic climate or to staff attitudes towards seclusion.

Attempts to improve the social climate of prisons will inevitably involve change. Change management is a process known as '…continually renewing an organisation's direction, structure, and capabilities to serve the ever-changing needs of external and internal customers' (By 2005: 369). Change management strategies should combine both planned and emergent methods. Drawing from empirical and theoretical findings (Bamford & Forrester 2003; Burnes 2004, 2005; Mento et al. 2002; Warner Burke 2002), a six-step intervention has been developed to guide change management in prison settings in which the social climate is considered to require improvement (refer to Appendix 1). This intervention model stresses the need to develop an understanding of the history and current reality of the prison system by collecting baseline data (using the EssenCES) before future objectives can be determined. Key stakeholders can then be involved in the initiation and careful planning of any change. Values and attitudes that are supportive of rehabilitation should be promoted, whilst behaviours that go against therapeutic values will need to be directly addressed. Conducting regular assessment of social climate post-intervention (using baseline data as a comparison) provides an opportunity to determine if the intervention has been successful or not.

Of course, some aspects of prison life that impact negatively on the social climate may be difficult to control. Often prison programs experience practical difficulties, including the necessity to schedule the regime around the prison schedule (e.g., meal times, security procedures), managing other rules of the prison that are in conflict with the goals of rehabilitation, dealing with security staff shortages that restrict the running of programs, and differing views as to the aims of imprisonment (Jones 1997; Rapoport 1960). Such difficulties may be an inevitable result of seeking to administer treatment in a context that is characterised by coercion.

POLICY OUTCOMES

Although in some ways communities appear to be becoming more risk aversive and punitive in their attitudes toward offenders, the development and proliferation of a range of rehabilitation programs which aim to address the problems that lead to offending represent an important component of contemporary criminal justice policy in Australia. This research is based on the premise that the social climate of a prison will exert a profound influence on rehabilitative outcomes. In some Australian jurisdictions specialist treatment prisons have been introduced in an attempt to develop institutional milieus that support rehabilitative aims. These service-delivery models are often predicated on the notion that specialist environments are required to allow for rehabilitative success, and yet their success is rarely judged in terms of the quality of the environment that they provide. In the absence of large-scale controlled studies of rehabilitation program outcomes, data on intermediate outcomes (i.e., changes in criminogenic need) and the provision of a rehabilitative social climate may provide important indicators of service success, as well as providing insight into the mechanisms and processes by which change occurs. It is also clear that simply placing a rehabilitation program within a separate residential area of a prison, or even within a specialist facility (such as a 'rehabilitation prison') does not, by itself, make the environment therapeutic.

What emerges from this research is further preliminary support for the idea that the social climate of a prison can influence rehabilitative outcomes. There would appear to be significant therapeutic opportunities that arise through attending closely to the social functioning and interactions of both staff and prisoners in institutional settings. This study has identified the means by which a prison social climate can be assessed, and it is recommended that the EssenCES measure is routinely used to audit the social climate of a prison or prison unit on an annual basis, such that changes over time can be assessed, standards and targets set, and the need for additional resources or interventions identified and responded to. Further research is required to establish how a social climate might be refined in ways that will improve rehabilitative outcomes.

REFERENCES

Ajdukovic D 1990. Psychosocial climate in correctional institutions: Which attributes describe it? *Environment and Behavior* 22: 420-432.

Alden L 1978. Factor analysis of the Ward Atmosphere Scale. *Journal of Consulting and Clinical Psychology* 46: 175-176.

Andrews DA 2006. Enhancing adherence to risk-need-responsivity: Making equality a matter of policy. *Criminology and Public Policy* 5: 595-602.

Andrews DA & Bonta J 2010. Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law* 16: 39–55.

Arnetz JE & Arnetz BB 2001. Violence towards health care staff and possible effects on the quality of patient care. *Social Science and Medicine* 52: 417-427.

Australian Government Productivity Commission 2009. Report on Government Services 2009. Canberra: Australian Government.

Bakker AB & Demerouti E 2007. The job demands-resources model: State of the art. *Journal of Managerial Psychology* 22: 309-328.

Bakker AB, Demerouti E, Hakanen JJ & Xanthopoulou D 2007. Job resources boost work engagement, particularly when job demands are high. *Journal of Educational Psychology* 99: 274-284.

Bamford DR & Forrester PL 2003. Managing planned and emergent change within an operations management environment. *International Journal of Operations and Production Management* 23: 546/564.

Beech AR & Hamilton-Giachritsis CE 2005. Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment* 17: 127-140.

Birgden A & Grant L 2010. Establishing a compulsory drug treatment prison: Therapeutic policy, principles, and practices in addressing offender rights and rehabilitation. International Journal of Law and Psychiatry 33: 341–349.

Bonta J, Rugge T, Scott T-L, Bourgon G & Yessine AK 2008. Exploring the black box of community supervision. *Journal of Offender Rehabilitation* 47(3): 248-270.

Bootsmiller BJ, Davidson WS, Luke DA, Mowbray CT, Ribisl KM & Herman SE 1997. Social climate differences in a large psychiatric hospital: Staff and client observations. *Journal of Community Psychology* 25: 325-336.

Borghese M 2006. *Prison paints the walls pink after inmates riot.* NC Buy website. http://www.ncbuy.com/news/20061109/0-prison-paints-walls-pink-after.html

Britton DM & Button A 2006. Prison pups: Assessing the effects of dog training programs in correctional facilities. *Journal of Family Social Work* 9: 79-95.

Brunt D & Rask M 2005. Patient and staff perceptions of the ward atmosphere in a Swedish maximum-security forensic psychiatric hospital. *Journal of Forensic Psychiatry and Psychology* 16: 263-276.

Burnes B 2004. Kurt Lewin and the planned approach to change: A re-appraisal. *Journal of Management Studies* 41: 977-1002.

By RT 2005. Organisational change management: A critical review. *Journal of Change Management* 5:369-380.

Camp SD, Gaes GG, Klein-Saffran J, Daggett DM & Saylor WG 2002a. Using inmate survey data in assessing prison performance: A case study comparing private and public prisons. *Criminal Justice and Behavior* 27: 26-51.

Camp SD, Gaes GG & Saylor WG 2002b. Quality of prison operations in the US federal sector: A comparison with a private prison. *Punishment Society* 4: 27-53.

Camp SD, Saylor WG & Harer MD 1997. Aggregating individual-level evaluations of the organizational social climate: A multilevel investigation of the work environment at the Federal Bureau Prisons. *Justice Quarterly* 14: 739-761.

Campell, D T & Fiske DW 1959. Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin 56*: 81-105.

Carr JZ, Schmidt AM, Ford JK & DeShon RP 2003. Climate perceptions matter: A meta-analytic path analysis relating molar climate, cognitive and affective states, and individual level work outcomes. *Journal of Applied Psychology* 88: 605-619.

Casey S, Day A, Howells K & Ward T 2007. Assessing suitable for offender rehabilitation: Development and validation of the treatment readiness questionnaire. *Criminal Justice and Behavior* 34(11): 1427-1440.

Cheek FE & Miller MD 1983. The experience of stress for correction officers: A double-bind theory of correctional stress. *Journal of Criminal Justice* 11: 105-120.

Ching H Daffern M Marin T & Thomas S 2010. Reducing the use of seclusion in a forensic psychiatric hospital: Assessing the impact of aggression, therapeutic climate and staff confidence. *Journal of Forensic Psychiatry and Psychology* 21: 737-760.

Clarke SP, Rockett JL, Sloane DM & Aiken LH 2002a. Organizational climate, staffing, and safety equipment as predictors of needlestick injuries and near-misses in hospital nurses. *American Journal of Infection Control* 30: 207-216.

Clarke SP, Sloane DM & Aikin LH 2002b. Effects of hospital staffing and organizational climate on needlestick injuries to nurses. *American Journal of Public Health* 92: 1115-1119.

Cooke DJ 1992. Violence in prisons: a Scottish perspective. *Forum on Correctional Research* 4: 23-30.

Costello AB & Osborne JW 2005. Best practices in exploratory factor analysis: Four recommendations for getting the most from your analysis. *Practical Assessment, Research & Evaluation* 10: 1-9. http://pareonline.net/pdf/v10n7.pdf

Davies S 2004. Toxic institutions, in Campling P, Davies S & Farquharson G (eds), *From toxic institutions to therapeutic environments: Residential settings in mental health services*. London: Gaskell.

Day A, Bryan J, Davey L & Casey S 2006. Processes of change in offender rehabilitation. *Psychology, Crime and Law* 12(5): 473-489.

Day A, Casey S, Ward T, Howells K & Vess J 2010a *Transitions to better lives: Offender readiness and rehabilitation*. UK, Cullompton: Willan Press.

Day A & Doyle P 2010. Violent offender rehabilitation and the therapeutic community model of treatment: Towards integrated service provision? *Aggression and Violent Behavior* 15: 380-386.

Day A O'Leary P Chung D Justo D Moore S & Carson E 2010b. Integrated responses to domestic violence: Legally mandated intervention programmes for male perpetrators. *Trends and issues in crime and criminal justice*. Canberra: Australian Institute of Criminology.

De Leon G 1997. *Community-as-method: Therapeutic communities for special populations and special settings*. Westport CT: Greenwood Publishing Group, Inc.

Dekker J O'Brien K & Smith N 2010. *An evaluation of the compulsory drug treatment (CDTP)*. Sydney: NSW Bureau of Crime Statistics and Research Department of Justice and Attorney General.

Dolan B 1997. A community based TC: The Henderson Hospital, in Cullen E, Jones L & Woodward R (eds), *Therapeutic communities for offenders*. Chichester: John Wiley & Sons: 47-74.

Dollard MF & Bakker AB 2009. Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology* 83: 579-599.

Dowden C & Tellier C 2004. Predicting work-related stress in correctional officers: A meta-analysis. *Journal of Criminal Justice* 32: 31-47.

Drake EK, Aos S & Miller MG 2009. Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and Offender* 4: 170-196.

Duffee, D 1975. *Correctional policy and prison organization*. Beverly Hills, CA: Sage-Halsted.

Fournier AK, Geller ES & Fortney EV 2007. Human-Animal interaction in a prison setting: Impact on criminal behavior, treatment progress, and social skills. *Behavior and social issues* 16: 89-105.

Fowler AR, Bushardt SC & Jones MA 1993. Retaining nurses through conflict resolution. Training staff to confront problems and communicate openly can improve the work climate. *Health Prog* 74: 25-29.

French SA & Gendreau P 2006. Reducing prison misconducts. *Criminal Justice and Behavior* 33: 185-218.

Gadon L, Johnston L & Cooke D 2006. Situational variables and institutional violence: A systematic review of the literature. *Clinical Psychology Review* 26: 515-534.

Garrett DK & McDaniel AM 2001. A new look at nurse burnout: The effects of environmental uncertainty and social climate. *The Journal of Nursing Administration* 31: 91-96.

Gelade GA & Ivery M 2003. The impact of human resource management and work climate on organizational performance. *Personnel Psychology* 56: 282-404.

Glaser FB 1981. The origins of the drug-free therapeutic community. *British Journal of addiction* 76(1): 13-25.

Gordon A & Wong S 2002. *The violence reduction program: Facilitator's manual*. Unpublished manuscript. Canada: Regional Psychiatric Centre and the University of Saskatchewan, Saskatoon, Saskatchewan.

Griffin ML 1999. The influence of organizational climate on detention officers' readiness to use force in a county jail. *Criminal Justice Review* 24: 1-26.

Griffin ML 2001. Job satisfaction among detention officers: Assessing the relative contribution of organizational climate variables. *Journal of Criminal Justice* 29: 219-232.

Griffin ML, Hogan NL, Lambert EG, Tucker-Gail KA & Baker DN 2010. Job involvement, job stress, job satisfaction, and organizational commitment and the burnout of correctional staff. *Criminal Justice and Behavior* 37: 239-255.

Harenstam A, Palm UP & Theorell T 1988. Stress, health and the working environment of Swedish prison staff. *Work and Stress* 2: 281-290.

Hepburn JR, Griffin ML & Petrocelli M 1997. *Safety and control in a county jail: Nonlethal weapons and the use of force.* Arizona State University website. http://www.ncjrs.gov/pdffiles1/nij/grants/180316.pdf

Heseltine K, Day A & Sarre R 2011. *Prison-based correctional offender rehabilitation programs: The 2009 national picture in Australia.* Canberra: Criminology Research Council.

Howells K, Hall G & Day A 1999. The management of suicide and self-harm in prisons: Recommendations for good practice. *Australian Psychologist* 34: 157-165.

Howells K 2000. *The psycho-social environment (PSE) of prisons and its relationship to recidivism.* The Criminology Research Council website. http://www.criminologyresearchcouncil.gov.au/reports/2000-11-Howells.pdf

Howells K & Tennant A 2007. Ready or not, they are coming: Dangerous and severe personality disorder and treatment engagement. *Issues in Forensic Psychology* 7: 19-23.

Howells K, Tonkin M, Milburn C, Lewis J, Draycot S, et al. 2009. The EssenCES measure of social climate: A preliminary validation and normative data in UK high secure hospital settings. *Criminal Behaviour & Mental Health 19*(5): 308-320.

Jones L 1997. Developing models for managing treatment integrity and efficacy in a prison based TC: The Max Glatt Centre, in Cullen E, Jones L & Woodward R (eds), *Therapeutic Communities for Offenders.* Chichester: John Wiley & Sons: 121-158.

Kangis P, Gordon D & Williams S 2000. Organisational climate and corporate performance: An empirical investigation. *Management Decision* 38: 531-540.

Kennard D 1983. *An introduction to therapeutic communities.* London: Routledge and Kegan Paul.

Kennard D 2004. The therapeutic community as an adaptable treatment modality across different settings. *Psychiatric Quarterly* 75(3): 295-307.

Kooyman M 2001. The history of therapeutic communities: A view from Europe, in Rawlings D & Yates R (eds), *Therapeutic communities for the treatment of drug users.* London: Jessica Kingsley Publishers: pp. 59-78.

Lambert EG, Hogan NL & Allen RI 2006. Correlates of correctional officer job stress: The impact of organizational structure. *American Journal of Criminal Justice* 30: 227-246.

Lang TA, Hodge M, Olson V, Romano PS & Kravitz RL 2004. Nurse-patient ratios: A systematic review on the effects of nurse staffing on patient, nurse employee, and hospital outcomes. *The Journal of Nursing Administration* 34: 326-337.

Langdon PE, Cosgrave N & Tranah T 2004. Social climate within an adolescent medium-secure facility. *International Journal of Offender Therapy and Comparative Criminology* 48: 504-515.

Langdon PE, Swift A & Budd R 2006. Social climate within secure inpatient services for people with intellectual disabilities. *Journal of Intellectual Disability Research* 50: 828-836.

Lindemuth AL 2007. Designing therapeutic environments for inmates and prison staff in the United States: Precedents and contemporary applications. *Journal of Mediterranean Ecology* 8: 87-97.

Logan CH 1996. Public vs. private prison management: A case comparison. *Criminal Justice Review* 21: 65-85.

Lok P & Crawford J 2003. The effect of organisational culture and leadership style on job satisfaction and organisational commitment: A cross-national comparison. *Journal of Management Development* 23: 321-338.

Loza-Fanous A 2004. Motivation, self-efficacy, problem recognition, and locus of control as offender treatment responsivity factors. PhD thesis, Carleton University, Ottawa.

Marquart JW 1986. Prison guards and the use of physical coercion as a mechanism of prisoner control. *Criminology* 24: 347-366.

McMurran M 2002. *Motivating offenders to change: a guide to enhancing engagement in therapy.* New York: Wiley, Chichester.

Melnick G, Ulaszek WR, Lin H-J & Wexler HK 2009. When goals diverge: Staff consensus and the organizational climate. *Drug and Alcohol Dependence* 103: S17-S22.

Mento AJ, Jones RM & Dirndorfer W 2002. A change management process: Grounded in both theory and practice. *Journal of Change Management* 3(1): 45-59.

Michie S & Williams S 2003. Reducing work related psychological ill health and sickness absence: A systematic literature review. *Occupational and Environmental Medicine* 60: 3-9.

Moos R 1975. *Evaluating correctional and community settings.* New York: John Wiley & Sons.

Moos RA 1987. *Correctional Institutions Environment Scale Manual.* Palo Alto, CA: Consulting Psychologists Press.

Moos RH 1989. *Ward atmosphere scale manual.* Palo Alto, California: Consulting Psychologists Press.

Moos RH 1997. *Evaluating treatment environments: The quality of psychiatric and substance abuse programs.* NJ: Transaction Publishers, New Brunswick.

Moos RH & Bromet E 1978. Relation of patient attributes to perceptions of the treatment environment. *Journal of Consulting and Clinical Psychology* 46: 350-351.

Moos RH & Houts PS 1968. Assessment of the social atmospheres of psychiatric wards. *Journal of Abnormal Psychology* 73: 595–604.

Morgan R 1994. Minimising the risk of suicide in custody, In Liebling A & Ward T (eds), *Deaths in custody: International perspectives.* London: Institute for the Study and Treatment of Delinquency.

Morison M & Craig T 2002. *Shaping correctional treatment.* Paper presented at the Australian and New Zealand Association for Psychiatry, Psychology and Law Congress, 12 July.

Natarajan M & Falkin G 1997. Can corrections operate therapeutic communities for inmates?: The impact on the social environment of jails. *Journal of Correctional Health Care* 4: 19-36.

National Statement on Ethical Conduct in Human Research 2007. National Health and Medical Research Council website. http://www.nhmrc.gov.au/publications/synopses/e72syn.htm

Nesset MB, Røssberg JI, Almvik R & Friis S 2009. Can a focused staff training programme improve the ward atmosphere and patient satisfaction in a forensic psychiatric hospital? A pilot study. *Scandinavian Journal of Caring Sciences* 23: 117-124.

Parker CP, Baltes BB, Young SA, Huff JW, Altmann RA, et al. 2003. Relationships between psychological climate perceptions and work outcomes: A meta-analytic review. *Journal of Organizational Behavior* 24: 389-416.

Piirainen H, Rasanen K & Kivimaki M 2003. Organizational climate, perceived work-related symptoms and sickness absence: A population-based survey. *Journal of Occupational and Environmental Medicine* 45: 175-184.

Pritchard RD & Karasick BW 1973. The effects of organizational climate on managerial job performance and job satisfaction. *Organizational Behaviour and Human Performance* 9: 126-146.

Quirk A & Lelliot P 2002. Acute wards: Problems and solutions. A participant observation study of life on an acute psychiatric ward. *Psychiatric Bulletin* 26: 344-345.

Raimo S 2001. Democratic and concept based therapeutic communities and the development of community therapy, in Rawlings D & Yates R (eds), *Therapeutic communities for the treatment of drug users.* London: Jessica Kingsley Publishers: 43-56.

Rapoport RN 1960. *Community as a doctor: New perspectives on a therapeutic community.* London: Tavistock Publications.

Roberts J 1997. History of the therapeutic community, in Cullen E, Jones L & Woodward R (eds) *Therapeutic communities for offenders.* Chichester: John Wiley & Sons: 3-22.

Ross MW, Diamond PM, Liebling A & Saylor WG 2008. Measurement of prison social climate. *Punishment & Society* 10: 447-474.

Røssberg JI, Eiring Ø & Friis S 2004. Work environment and job satisfaction. *Social Psychiatry and Psychiatric Epidemiology* 39: 576-580.

Røssberg JI & Friis S 2003a. A suggested revision of the Ward Atmosphere Scale. *Acta Psychiatrica Scandinavica* 108: 374–380.

Røssberg JI & Friis S 2003b. Do the spontaneity and anger and aggression subscales of the Ward Atmosphere Scale form homogeneous dimensions? A cross-sectional study of 54 wards for psychotic patients. *Acta Psychiatrica Scandinavica* 107: 118-123.

Røssberg JI & Friis S 2004. Patients' and staff's perceptions of the psychiatric ward environment. *Psychiatric Services* 55: 798-803.

Røssberg JI, Melle I, Opjordsmoen S & Friis S 2008. The relationship between staff members' working conditions and patients' perceptions of the treatment environment. *International Journal of Social Psychiatry* 54: 437-446.

Saylor WG 1984. *Surveying Prison Environments.* http://www.google.com.au/url?sa=t&source=web&ct=res&cd=1&ved=0CBQQFjAA&url=http%3A%2F%2Fwww.bop.gov%2Fnews%2Fresearch_projects%2Fpublished_reports%2Fcond_envir%2Foresaylor2.pdf&rct=j&q=surveying+prison+environments&ei=4GLyS_b3HsqOkQXk-rmxDQ&usg=AFQjCNFRq97Zl3BoMXTnwlJKIoTBG1NmAA

Saylor, WG & McGrory C 1980. *Correctional institutional environment scale (CIES) - Discriminant validity and internal reliability.* USA: Unpublished Federal Bureau of Prisons Report.

Saylor WG & Vanyur S 1983. *The correctional institution environment scale: A lisrel factor analysis.* USA: Unpublished Federal Bureau of Prisons Report.

Saylor WG & Wright KN 1992. Status, longevity, and perceptions of the work environment among federal prison employees. *Journal of Offender Rehabilitation* 17: 133-160.

Schalast N, Redies M, Collins M, Stacey J & Howells K 2008. EssenCES, a short questionnaire for assessing the social climate of forensic psychiatric wards. *Criminal Behaviour and Mental Health* 18: 49-58.

Shefer, G 2010. *Doing rehabilitation in the contemporary prison – The case of one-wing therapeutic communities*. Unpublished PhD thesis. UK: Cambridge University.

Shlesinger JR, Brown H, Fowler TK & Horner CA 2004. *Final report of the Independent Panel to Review DoD Detention Operations*. www.prisonexp.org/pdf/SchlesingerReport.pdf

Smith P, Gendreau P & Swartz K 2009. Validating the principle of effective intervention: A systematic review of the contributions of meta-analysis in the field of corrections. *Victims and Offenders* 4: 148-169.

Smith B, Maume M & Reiner S 1997. Perceptions of social climate in a juvenile correctional institution. *Journal of Offender Rehabilitation* 25: 143-162.

Steinke P 1991. Using situational factors to predict types of prison violence. *Journal of Offender Rehabilitation* 17: 119-132.

Stevens LF 1961. What makes a ward climate therapeutic? *The American Journal of Nursing* 61: 95-96.

Struckman-Johnson C & Struckman-Johnson D 2000. Sexual coercion rates in seven midwestern prison facilities for men. *The Prison Journal* 80: 379-390.

Taxman FS, Cropsey KL, Melnick G & Perdoni ML 2008. COD services in community correctional settings: An examination of organizational factors that affect service delivery. *Behavioral Sciences & the Law* 26: 435-455.

Tierney DW & McCabe MP 2001. The validity of the transtheoretical model of behaviour change to investigate motivation to change among child molesters. *Clinical Psychology and Psychotherapy* 8: 176–190.

Toch H & Adams K 2002. *Acting out: Maladaptive behavior in confinement*. Washington, DC, US: American Psychological Association.

Ulrich C, O'Donnell P, Taylor C, Farrar A, Danis M & Grady C 2007. Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States. *Social Science and Medicine* 65: 1708-1719.

Vandevelde S, Broekaert E, Yates R & Kooyman M 2004. The development of the therapeutic community in correctional establishments: A comparative retrospective account of the 'democratic' Maxwell Jones TC and the hierarchical concept-based TC in prison. *International Journal of Social Psychiatry* 50: 66-79.

Ward T, Day A, Howells K & Birgden A 2004. The multifactor offender readiness model. *Aggression and Violent Behavior* 9: 645-673.

Warner Burke W 2002. *Organization change: Theory and practice*. California, Thousand Oaks: Sage Publications.

Waters JE 1999. The impact of work resources on job stress among correctional treatment staff. *Journal of Addictions and Offender Counselling* 20: 26-34.

Waters JE & Megathlin W 2002. Evaluating change in social climate in a close security state correctional facility. *Journal of Offender Rehabilitation* 34: 71-84.

Webster SD, Mann RE, Carter AJ, Long J, Milner RJ, O'Brien MD, Wakeling HC & Ray NL 2006. Inter-rater reliability of dynamic risk assessment with sexual offenders. *Psychology,Crime & Law* 12: 439–452.

Wenk E & Halatyn T 1973. *The assessment of correctional climates*. California: National Council on Crime and Delinquency Research Center.

Wexler HK 1997. Therapeutic communities in American prisons, in Cullen E, Jones L & Woodward R (eds) *Therapeutic communities for offenders*. Chichester: John Wiley & Sons: 161-180.

Whiteley S 2004. The evolution of the therapeutic community. *Psychiatric Quarterly* 75(3): 233-248.

Wright K 1980. The conceptualization and measurement of the social climate of correctional organizations. *Journal of Offender Counseling Services and Rehabilitation* 4: 137-152.

Wright K 1993. Prison environment and behavioral outcomes. *Journal of Offender Rehabilitation* 20: 93-113.

Wright K & Boudouris K 1982. An assessment of the Moos correctional institution's environment scale. *Journal of Research in Crime and Delinquency* 19: 255-277.

Wright KN & Saylor WG 1991. Male and female employees' perceptions of prison work: Is there a difference? *Justice Quarterly* 8: 505-524.

Wright KN & Saylor WG 1992. A comparison of perceptions of the work environment between minority and non-minority employees of the federal prison system. *Journal of Criminal Justice* 20: 63-71.

Zamble E & Porporino F 1990. Coping, imprisonment, and rehabilitation: Some data and their implications. *Criminal Justice and Behavior* 17: 53-70.

Zimbardo PG 1972. Pathology of imprisonment. *Society* 9: 4-8.

Zimbardo PG 1973. On the ethics of intervention in human psychological research: With special reference to the Stanford prison experiment. *Cognition* 2: 43-256.

APPENDIX 1: FACT SHEET

What is the social climate of a prison?

WHAT IS SOCIAL CLIMATE?

Criminal justice policy in Australia is underpinned by the belief that rehabilitation programs can be successful in bringing about socially significant reductions in crime.

Social climate is the extent to which the whole prison is perceived as safe for both prisoners and staff and offers support for rehabilitation and behaviour change. It is likely to influence the extent to which programs successfully rehabilitate offender, as well as relate to the number of disciplinary incidents in a prison and rates of staff stress.

The climate of a prison is different from the culture, which can be understood as the overall philosophy and condition of an organisation.

WHY SHOULD I BE CONCERNED?

A poor social climate can affect:

- Rehabilitation outcomes
- Quality of care
- Behaviour management
- Staff well-being and engagement

HOW DO I ASSESS SOCIAL CLIMATE?

We can measure it

- The Essen Climate Evaluation Schema (EssenCES) is a 17 question assessment that measures staff and prisoner perceptions of social climate. It assesses therapeutic hold, patients' cohesion and mutual support, and experienced safety.

How does my prison compare?

- It is possible to compare the social climate of a prison with that of other prisons and hospitals that have used the social climate assessment.

- Research in Australian prisons has shown that staff who work in rehabilitation-focused prisons rate social climate as more therapeutic, more supportive and safer than staff who work in mainstream prisons.

There is no right or wrong social climate!

- The type of climate that is ideal for your prison will depend on the goals and purpose of the institution. For example, if you want to improve rehabilitation outcomes, you will want a social climate that is supportive of treatment.

HOW TO CHANGE SOCIAL CLIMATE

STEPS

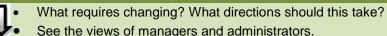**1   Understand the history and current reality of the prison**

What has happened
- What changes have taken place in the last five years?

What is the present situation?
- What is the current structure of the prison?
- What considerations must be taken into account before considering change?
- Collect baseline data of current prisoner and staff perceptions of the social climate. Are they similar? How does this compare with other prisons? What needs to change?
- Ask who will drive the change? Who are the key stakeholders?
- Do you have the resources to support change?

2   Determine future objectives

- What requires changing? What directions should this take?
- See the views of managers and administrators.

3   Initiation and planning – Develop a change management plan

- Get commitment to change from the prison management team (is climate part of the vision statement or strategic plan?).
- Set up a steering committee made up of key stakeholders.

4   On-boarding - Opening the lines of communication at all levels

- Exploratory meetings or focus groups should be held with stakeholders.
- Change should be introduced at the management level first, so that leaders in the organisation can adjust to change, and become equipped to guide others through the change process.
- Introductory sessions should be held with all staff and prisoners to provide relevant information such as proposed changes, timelines, the reasons for change and to introduce key players.
- Include feedback loops so that people's questions can be promptly answered and issues or concerns adressed.
- Provide in house support systems, such as a "go to" person for general questions, taking staff concerns to management and skilling staff in managing the effects of change.

5   Promote therapeutic values and attitudes

- Educating staff in why offender rehabilitation is so important.
- Train staff in various non-punitive methods of behaviour management.
- Focus on staff well-being as well as that of prisoners.

6   Regularly evaluate social climate

- Introduce and support rehabilitative programs.
- Collect data through bi-annual audits of social climate.
- Compare social climate ratings with other prison data, such as staff sick days, injury, absenteeism and prisoner disciplinary incidents.