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**Assessment Method for Evaluating
the Working Capacity of Prison Inmates**

**GUIDE TO PREPARING, RECORDING
AND USING THE ASSESSMENTS**

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Assessment Method for Evaluating the Working Capacity of Prison Inmates

Guide to Preparing, Recording and Using the Assessments

Introduction

This Guide presents an assessment method applicable to prison inmates. The method is based on preparatory work carried out by a project group, which developed assessments of work programs during 1997-1998. The project group consisted of 20 individuals from three different prisons (Käyrä Labour Colony, Sukeva Central Prison and Turku Central Prison). The work of the project group was supervised by the Department of Prison Administration. The project group completed its proposal in spring 1998. The method has been undergoing testing and assessments have been carried out on more than 6,500 inmates since then.

The method helps standardize assessments carried out on inmates in prisons. Assessments carried out in institutions according to the method are comparable and have greater reliability. The Guide consists of the following units:

1. **Method rationale**
2. **For what purpose are assessments needed?**
3. **How binding are the assessments?**
4. **Assessment topics. What assessments should be carried out?**
 - 4.1. **Working capacity**
 - 4.2. **Substance dependence and drug use**
 - 4.3. **Social attachments and life situation**
 - 4.4. **Need for institutional security**
 - 4.5. **Using documented information**
5. **How and when are the assessments carried out?**
6. **How and where are the assessments recorded?**

The method continues to evolve, thanks to follow-up and further development work. Suggestions for improvements are welcome.

1. Method Rationale

Current legislation contains several provisions that prescribe that inmate assessments must be carried out (RTL¹ c. 3, s. 7, RTL c. 5, s. 3, VHA² s. 17, VHA s. 18, and VHA s. 19, etc.) because:

- substantiated assessments make practices clearer
- informed and reasoned assessments facilitate decision making
- a uniform assessment method reduces conflicts and helps standardize operations, and
- effective assessments improve institutional security.

Legislation governing enforcement of punishment includes several other provisions regarding the obligation to carry out inmate assessments. For example, when placing and grouping inmates in institutions, several assessments must be carried out:

RTL c. 3, s. 2 When placing and grouping prison inmates, aspects to be taken into account include the inmate's place of residence, age, state of health, expected adaptability to conditions in the institution, skills and working capacity, need for vocational or other education, and other individual characteristics.

VHA s. 3 As far as possible, inmates must be placed in correctional institutions in a manner that will not make it unreasonably difficult for them to maintain contact with their relatives and that allows for arrangements to be made to provide them with suitable work and the education and care they need. The placing and grouping must also take into account the inmate's individual characteristics, sex and age, mental and physical capacities and aptitudes, as well as the reason why the inmate is in the correctional institution and the length of the sentence.

RTL c. 1, s. 5 When enforcing punishment in the case of a young offender, attention must be paid to special needs arising from the young person's age and developmental stage.

VHA s. 17 When organizing activities for inmates, working capacity, occupational skills, education, aptitudes and other individual factors must be considered.

RTL c. 3, s. 7 As far as possible, arrangements must be made to provide inmates with work or other activity that matches their aptitudes and is conducive to maintaining and advancing their occupational skills or otherwise promoting their chances of managing in society.

2. For What Purpose Are Assessments Needed?

The method will help standardize assessment work carried out in prisons. When dealing with

¹ RTL = Enforcement of Sentences Act

² VHA = Correctional Treatment Decree

various permits, choices, placing and grouping, decision making needs to begin from a given starting point and yield given, anticipated results. Unsuccessful assessments are caused by haphazard and incoherent information. Individuals need to be evaluated at least in the following cases:

- assessments carried out at the inmate's own initiative (applications for passes)
- placement within the institution (institutional security)
- placement in activities (participation obligation)
- certain choices (applications to attend courses, rehabilitation)
- activity assessment for follow-up purposes (impacts of activity programs)
- need to improve institutional operation

The assessments can be used to analyze the inmate population of an institution as an entity. For example, when examining the institution's performance goals and whether the goals have been reached, certain key figures pertaining to all inmates are needed. When looking into the success and effectiveness of various activity programs, the characteristics of those participating in the activities need to be known. Various situations involving choices also require assessments. When the number of applicants for courses, rehabilitation or activities exceeds the number of available places, an elimination process must take place.

3. How Binding Are the Assessments?

At the present time, there are no special provisions at the act or decree level governing the gathering and processing of inmate information within the Finnish Prison Service.

It is necessary for the Prison Service to gather information on inmates if it is to carry out its statutory duties. The gathering and the use of the information are governed by the applicable provisions of the Personal Data Act (523/1999). Access to documents is subject to the Act on the Openness of Government Activities (621/1999).

Section 32 of the Prison Administration Decree (134/1986) and section 17 of the State Civil Servants Act govern the confidentiality obligation of Prison Service employees. Section 13 of the Act on the Status and Rights of Patients (559/1994) provides for the confidentiality of health care patient records. Filing of inmate records is governed by the provisions of the Archives Law (831/1994).

A number of prison administration instructions, circulars and regulations contain provisions on the handling of inmate records. These include: Circular on Safekeeping and Archiving (35/0/6/1987), Regulation on the Handing Over of Prisoner Information (109/20/1990), Regulation on the Treatment of Prisoner Health Care Documents and the Confidentiality of Information on Prisoners' State of Health (39/4/9/1987), and Regulation on the Safekeeping of Patient Records by Psychologists (1/011/1995). In addition, the Department of Prison Administration has issued other instructions and regulations governing the handling and disclosure of information.

This method uses a number of sources to gather information about inmates for the assess-

ments. Some is enforcement or other documented information to be used when making decisions that complement the assessments. Some information gleaned from other documents pertaining to the inmate can be semidocumentary or factual and therefore similar to assessments in nature. Some information is obtained from the inmate during an interview. Some accumulates as the inmate is observed during activities. Some of the accumulated information is documented as part of a special interview upon arrival and when deciding about the obligation to participate in activities.

Inmate assessments proper, explicitly carried out by the staff, constitute only a certain proportion of the information found on the form. The gathering, handling and filing of this information are subject to the above-mentioned provisions and regulations issued by the Department of Prison Administration.

As far as sensitive information found on the form is concerned, provisions and regulations governing the handling of the information in question apply (cf. section 11 of the Personal Data Act). The right to gather such information can be granted by the inmate but can also be based on the obligation of the Prison Service to perform its duties as regulated by laws and decrees.

The assessment form must be used in accordance with the provisions of the Personal Data Act (for example, obligation relating to carefulness, error correction and data protection, and special provisions relating to the social security number). The inmate has the right to verify the data (unless otherwise provided for in section 27 of the Personal Data Act) and the right to demand that erroneous data be corrected.

For decision-making purposes, the assessments carry the same weight as the different documents containing them. In other words, decision making can be based on the assessments the same way as on other statements containing assessments. Similarly to the documents, the assessments show the name of the person who made, and thus is responsible for, the assessments. A person using the assessments in decision making must ensure that the assessments are up to date. It is recommended that decisions affecting inmates be made not solely on the basis of assessments but in consultation with the inmate. For decision-making purposes, the assessments can be used as part of overall considerations.

As far as data protection and access to information are concerned, the same conditions generally apply to the assessments as to other information in the inmate data system. The viewing, browsing and printing rights are generally broader than the rights to revise, change or destroy the assessment data. Staff responsible for enforcement and health care in the institutions have viewing and browsing rights. Staff carrying out assessments, i.e., the supervisory staff, as well as staff responsible for the inmates' work, education and other activities have the right to enter and change the data.

4. Assessment Topics. What Assessments Should Be Carried Out?

The assessments deal with the following four main areas:

- Working capacity
- Substance dependence and drug use
- Social attachments and life situation
- Need for institutional security

Assessments concerning the first of the main areas, **working capacity**, break down into three component areas: working capacity, skills, and willingness to work.

Working capacity consists of mental and physical factors, which interact and are most often interdependent. However, good mental health can support a weakened physical ability to act and vice versa. For this reason, the working capacity area has been grouped into narrower component categories, which are assessed separately: general physical health, general mental health (mental health history) and the working capacity category, as assessed by health care staff.

Skills are the product of learning. The learning process in turn is impacted by general factors during the learning history as well as by individual factors such as the power of concentration and the ability to learn, which can be practiced to a certain extent.

Working capacity or skills alone do not result in activity or participation. **Willingness to work** is maybe the key aspect in terms of the effectiveness of activity. Willingness to work means that the activity is seen as making sense. This method assesses willingness to work indirectly as attitude toward activities, unwarranted absences and attitude in general.

Substance dependence erodes willingness to work. Substance abuse quickly affects skills and a lengthy, difficult dependence will result in a fundamental drop in working capacity. Substance and drug problems are also part and parcel of the criminal history. In addition to inmates suffering from alcohol problems, prisons house those suffering from drug dependence and those serving sentences for narcotics offences. The number of inmates whose principal offence is a narcotics offence is four times higher than at the end of the 1980s. Drug and substance use by inmates reduces internal prison security. For reasons such as these, substance dependence and drug use have been taken into account in the assessments. Assessments focusing on the need for institutional security also take into account attempts to traffick and/or use substances in prison, if applicable.

Social attachments and the life situation tie in with the working capacity level and the seriousness of the potential substance problem. Training inmates for freedom and enhancing their reintegration into civilian life involve a range of objectives, depending on the inmate's overall life situation. Assessments of the inmate's life situation are a necessary base, against which the objectives are defined and the work planned. Accordingly, the assessment method stresses the

inmate's general background, financial situation and employment history. The area is broad but the following aspects are important:

- Educational history
- Occupation and employment history
- Source of livelihood
- Housing situation
- Social attachments (family, childhood background)

These details do not involve assessments the same way as working capacity and substance problems do. To a certain extent, they are "facts" or documented information, which can be verified through various sources as true or false. Education is a good example of this: the inmate either has or does not have a graduation certificate for having finished comprehensive school. Similarly, information on vocational diplomas and most employment history information can be verified. The source of livelihood and the housing situation are closer to assessed than factual information. Social attachments involve aspects that are more subjective than objective.

Figure 1 presents all the factors to be assessed, as they occur along the time continuum. For presentation, the time line shown in the figure is divided into years (time prior to the current sentence) and months (length of the sentence). The assessments have been placed on the time line so that their placement shows whether a given assessment concerns the past (historical information), aspects relating to the present time (time prior to the prison sentence), or on-going processes (assessments of inmates' progress in activities).

Figure 1. Assessment categories used in the method and their place in time.



The backgrounds do not change - or change very slowly
 "Last in civilian life" changes once during the sentence
 "Status" can change in connection with a transfer between institutions
 The rate of change in activity capacity is variable - to be recorded when change is established
 Daily (weekly) fluctuations are not worth entering

Figure 1 takes into account whether assessments are permanent or changeable. Plans are implemented today and then become historical information. The future and the present time can be impacted but not the past. Due to its nature, historical information does not change, but it can be brought into a sharper focus and fleshed out. There is no need to update information faster than the rate of change. Below, each concept listed in Figure 1 is reviewed in detail, presenting the assessment scale and the criteria applicable to each concept.

Enforcement aspects represent technical, albeit important, background information and are dealt with quickly (Chapter 4.5). The four major units mentioned above are emphasized: mental and physical working capacity (Chapter 4.1), substance dependence and drug use (Chapter 4.2), social attachments and life situation (Chapter 4.3), and the need for institutional security (Chapter 4.4).

Table 2. The following summary of the criteria has been compiled as assessment help. The table starts with enforcement information, followed by a working capacity classification done by health care staff, background information, and the bolded **assessments proper**. The table ends with follow-up information (disciplinary breaches and location information).

Date sentence started	Date (text field)
Date arrived in the institution	Date (text field)
Potential release	Date (text field)
Voluntary surrender	0=yes 1=no
Principal offence	0=drunk driving 1=property 2=narcotics 3=violence 4=capital
Mention of violent offence	0=no 1=yes
Mention of narcotics offence	0=no 1=yes
Mention of sexual offence	0=no 1=yes
Mention of psychiatric exam.	0=no 1=yes (of sound mind) 2=yes (diminished responsibility) 3=yes (not responsible)
Recidivism	1-99
Where last released	Prison abbreviation Tkv, Tlv, Kts, Skv, etc. ³
When last released	Date (text field)
Judicial proceedings in progress	0=no 1=yes
Working capacity – health care assessment	ABCD
Childhood background	0=normal 1=difficult 2=very difficult
Basic education	0=none 1=elem. 2=compreh./junior h. 3=high s.
Vocational education	0=none 1=course (>6mos) 2=vocational diploma
Current occupation	Text field
Employment history	0=yes 1=some 2=none
Source of livelihood in civilian life	0=work 1=unemployed 2=pension 3=subsistence allowance 4=not clear
Housing situation in civilian life	0=owned 1=rental 2=no permanent 3=rooming house 4=none

Social attachments in civilian life	0=normal 1=problematic 2=very problematic
Mental health history	0=normal 1=problematic 2=very problematic
Substance use history	0=normal 1=problematic 2=very problematic
Assessment of drug use now	0=no 1=maybe 2=uses
Physical health	0=OK 1=problems 2=poor
Mental health	0=OK 1=problems 2=poor
Basic attitude	0=OK 1=problems 2=poor
Attitude toward activities	0=OK 1=problems 2=poor
Power of concentration	0=OK 1=problems 2=poor
Behaviour	0=OK 1=problems 2=poor
Diligence	0=OK 1=problems 2=poor
Ability to learn skills	0=OK 1=problems 2=poor
Absences	0=OK 1=problems 2=many
Level of institutional security	0=nothing special 1=must be monitored 2=high
Drug trafficking, if any	0=no 1=maybe 2=yes
Disciplinary breaches	0=none 1=slight 2=serious
Decision to place in activities	0=work 1=studies 2=other 3=exempted 4=refused
Location that covers costs	Abbreviation such as TH1 OPO KKS LPS2 CSKILL
Prison ward	Abbreviation such as LS PS OS3

4.1. Working Capacity

The mental and physical working capacity needs to be assessed on many levels. Working capacity assessments are comprised of all the factors described in Table 3. No factor can by itself exhaustively describe an inmate's working capacity. Working capacity is composed of three elements: basic physical capacities making activity possible, skills acquired through learning, and willingness to work.

Table 3. Component areas constituting the working capacity assessment: health care assessment, state of health assessed during the arrival interview (or in another context), and skills and willingness to work, based on activity observation.

Working capacity – health care assessment	ABCD
Physical health	0=OK 1=problems 2=poor
Mental health	0=OK 1=problems 2=poor
Basic attitude	0=OK 1=problems 2=poor
Attitude toward activities	0=OK 1=problems 2=poor
Power of concentration	0=OK 1=problems 2=poor
Behaviour	0=OK 1=problems 2=poor
Diligence	0=OK 1=problems 2=poor
Ability to learn skills	0=OK 1=problems 2=poor
Absences	0=OK 1=problems 2=many

³ Tkv = Turku Central Prison, Tlv = Turku Provincial Prison, Kts = Käyrä Labour Colony, Skv = Sukeva Central Prison

When assessing working capacity, describing the worker's characteristics is by itself not enough. The job requirements must also be assessed at the same time. In most cases, both permanent and variable conditions (often called situational factors) must be taken into account. The nature and characteristics of these situational factors differ according to cultural and work traditions.

Working capacity can be visualized as a set of scales, for weighing job requirements on one side and worker characteristics on the other. The crucial factor is balance or a meaningful tension, which is achieved when the job requirements more or less match the potential of the worker. As the job requirements grow more demanding, the worker can make an effort to compensate for some of the additional pressure. The effort adds to the worker's load and long-term overloading can erode the worker's working capacity. In the same way, an insufficient load erodes working capacity: the skills and the potential are not being used and, in the absence of a load, the potential weakens. If working capacity is to be maintained and enhanced, it is crucially important that the ideal load be found for each individual.

4.1.1 Working Capacity Assessment Prepared by Health Care Staff

The assessment covers the following part of the assessment base:

Working capacity – health care assessment	ABCD
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Health care assessments are prepared by a physician or a nurse. An inmate's working capacity assessment is represented by a letter: A fit for work, B fit for work minor illnesses, C partially fit for work, D not fit for work.

The health care report on an inmate's working capacity is based on a medical examination upon arrival (Circular 61/4/16/25 January 1998):

"Each inmate serving a prison sentence or imprisoned for failure to pay fines is subject to a medical examination upon arrival (Form Vaho 5010), which as a general rule should be conducted within two weeks from the time the inmate arrives at the correctional institution. Inmates who state that they are fit for work and wish to work can be given a work placement even before the arrival examination. Inmates placed directly in an open prison are considered to have given such a statement in their application for an open institution. Inmates to be given a work placement are also subject to an arrival examination. [...] The arrival examination shall be carried out and the inmate interviewed by a nurse. [...] A report describing the inmate's working capacity shall be forwarded to the prison warden for information, immediately following the arrival examination. If the inmate is partially fit for work, the report shall specify what type of work placement the inmate's state of health does not allow, but not what kind of illness the inmate suffers from, unless the inmate permits such disclosure. The working capacity report should be attached to the inmate's application for an open institution."

The following will briefly discuss guidelines based on a decree regulating conscript fitness examinations, on which working capacity assessments rely.

“As provided in the Conscription Act, those due for, or currently serving in, the military as well as salaried armed forces personnel are obliged to participate in a health examination conducted by a physician. The examination serves to define the person's health potential for military service and, based on the potential, the fitness category in accordance with this guideline. Health examinations shall also be arranged in accordance with other provisions and, as needed, to monitor the state of health of persons subject to examinations at other times.” (662/71, section 5) - “Depending on their health potential and their physical and mental development, conscripts shall be placed in fitness classes as follows: Persons in Class A are healthy and fit. They may suffer from a minor health handicap, but the handicap does not jeopardize their fitness for battle. Suitability for different duties shall be assessed individually, if necessary, taking into consideration the man's health potential. Persons in Class B suffer from an illness, disability, infirmity or disorder that constitutes a health impediment in terms of battle duties. However, persons in Class B are suited to other tasks such as certain general staff or supply run duties. Examples of military service duties suited to persons in Class B are clerk, IT specialist, courier, tractor operator, driver, warehouse worker, kitchen help, bicycle repairer or gunsmith. A conscript shall be assigned to Class C if he is noted to suffer from an illness, disability or permanent infirmity to such an extent that he cannot be accepted for any kind of service during peacetime. A person assigned to Class C can be re-examined during wartime to assess his suitability for a given duty. A conscript shall be assigned to Class D if he cannot be accepted for any kind of duty, during peace or war time, because of a severe illness, disability or permanent infirmity.” (General Staff LTO 19 December 1995)

When assessing inmates' working capacity, nurses do not use the armed forces guide, but prepare the assessment with work done in the prison in mind.

The views that the armed forces' military service guide applies to mental disorders and alcohol, pharmaceuticals or substance dependence have been adopted as suitable criteria in this assessment method. For example, one year or three years are used as the time limits marking recovery from substance or mental health problems. Withdrawal from drugs and alcohol is considered a success when three years have elapsed since the last use.

The army's military service guidelines deem that chronic substance dependence will have eroded working capacity to such an extent that fitness cannot develop (Class C or D). However, if this view is adopted in a prison, classes A and B, which are considered fit for work, would be reduced by at least fifty per cent because:⁴

⁴The findings are from the following two sources: assessments of 800 inmates in accordance with the method, fall 1997 to spring 1998 (N=800), and the preliminary phase of the project in the Turku Central Prison, 1996 (N=150).

- for one third (32.7 per cent), the documentation included a mention of a narcotics offence
- for just under ten per cent, a narcotics offence was the principal offence
- almost every second inmate was assessed as a drug user
- about every fourth was assessed as having been a heavy drug user (intravenous)
- approximately every third inmate had hepatitis B or C
- about half of those with hepatitis C are expected to develop chronic hepatitis
- some of those with hepatitis C will develop liver cirrhosis and possibly liver cancer

If these inmates suffering from chronic substance dependence were to be assessed for working capacity the same way as in the armed forces' medical examination, the number of people considered fit for work would be considerably lower than it is now. On the other hand, drug use is an offence, and prisons do their best to prevent regular use. This may explain why the working capacity of drug addicts is considered better in a prison than in other contexts such as the armed forces' medical examination.

The working capacity of drug addicts is definitely not as good as that of inmates classified as non-users. Various types of long-term intravenous use erodes all elements of working capacity, as was very clearly seen in the findings and distribution figures of the preliminary research material.

Health care legislation provides that the health care staff cannot divulge details on an inmate's state of health without the patient's permission. However, to support their own work and the provision of health care services, caseworkers can document their assessment practice. Substance use is assessed as historical information (substance use history), status information (assessment of drug use), enforcement information (principal offence, mentions of narcotics offences), and institutional information (assessment of drug trafficking, if any).

4.1.2 Assessments of the Inmates' Physical Health, Based on an Interview and Progress in Activities

The health care staff are for the most part responsible for assessing the inmates' physical health. However, as activity counsellors, it would be useful for caseworkers to be aware of the state of health of inmates in their wards.

Owing to a lengthy use of alcohol, victimization by violence, an unhealthy living environment, accidents and other factors impacting health, the inmates' basic state of health is often poor on arrival at the institutions. At the beginning of the sentence, their state of health may be so poor that they cannot successfully participate in activities even if health care assessments did not discover actual illnesses, handicaps or disabilities.

Similarly to other assessments, assessments of physical and mental health break down into three categories (Table 4). The assessment can be prepared on the basis of the arrival interview and documents and also by observing the inmate's progress in activities. Assessments of physical and mental health also take into account the inmates' own views of their physical state

of health and mental well-being.

Table 4. Component areas of working capacity assessments: physical and mental health

Physical health	0=OK 1=problems 2=poor
Mental health	0=OK 1=problems 2=poor

Physical health consists of four units: self-perceived state of health, general condition assessed through observation, working capacity deduced from the activity level, and information gleaned from documents and personal history (Table 5).

Table 5. Deduction rules applicable to physical health. Areas: I self-perceived state of health, II general condition assessed through observation, III state of health deduced from the activity level, and IV information gleaned from documents and personal history

I	0	Feels healthy and fit for work; may have some problems
	1	Feels that his fitness for work has worsened; able to assess his own state of health
	2	Feels completely lacking in working capacity
II	0	Looks healthy and seems physically fit
	1	Considerably overweight, obvious infirmities, symptoms or disabilities
	2	Obvious difficulties in the area of movement or other physical activity
III	0	Has worked or participated in other activity requiring physical fitness
	1	Has had to limit activities due to illnesses or physical factors
	2	The majority of ordinary everyday activities are not possible without an effort
IV	0	No (limiting) illnesses, hospital stays or disabilities that have come to light
	1	Significant periods of illness that have reduced working capacity
	2	Activity is limited, due to physical (psychophysical) reasons - (retired)
Total points can vary within 0-8		
Deduction rules:		
	0	the sum of the above values is two at most, and there are no 2's
	1	the sum of the above values is four at most, and there is one 2 at most
	2	if there are at least two 2's, which gives four (or more) as the sum

4.1.3 Assessments of Inmates' Mental Health, Based on an Interview and Progress in Activities

Mental health is at least as difficult to assess as physical health. The general principle applying to assessments of mental health is the same as for physical health: several individual assessments make up the whole. The main sources are copies of lectures presented by Dr. Hannu Lauerma, Chief Medical Officer, Turku Mental Hospital, at the Prison Personnel Training Centre in spring 1998.

When carrying out mental health assessments, prison realities must be taken into account: fear of persecution or violence in a prison can be real even when it appears obviously unrealistic.

The inmate's habitual lifestyle will also be off balance on admission to a prison (even if civilian life can be stressful). Mental health assessments are "here and now" assessments. The mental health history (use of services) is assessed separately. The current status is a different matter than the mental health history (Table 6).

Table 6. Deduction rules applicable to mental health. Areas: I state of consciousness, II orientation, III sense of reality, IV anxiety, V general mood, VI confusion suggesting brain disorders

I	0	Normal alertness, wakefulness and responsiveness; able to react when spoken to
	1	Absent-minded or obviously hyperactive
	2	Unable to establish contact; not aware of anything, or panicky activity
II	0	Aware of time, place and self
	1	Often confuses people, situations and time; recovers during conversation
	2	Delusions with respect to time, place, self and other matters; no recovery
III	0	"Intelligible" reality; may hold a very idiosyncratic view of the world
	1	Stubborn illogical beliefs that are obviously unfounded
	2	Persistent, difficult delusions (fear of being poisoned, megalomania, etc.)
IV	0	Possible restlessness understandably related to life situations
	1	Persistent fearfulness and restlessness without a specific reason
	2	All activities are inhibited; extensive delusional experiences of being persecuted
V	0	Normal initiative; no obstacles with regard to activity
	1	Depression, indifferent attitude to self, hopelessness
	2	Deep apathy (does not wash, eat), suicidal thoughts
VI	0	Nothing suggesting brain disorders
	1	Confusion (brain disorders)
	2	State equal to delirium (delirium tremens, prolonged pharmaceuticals-induced confusion, etc.)
Total points can vary within 0-12		
Deduction rules: 0 the sum of the above values is less than three, with no 2's		
1 the sum of the above values is three or more, with no 2's		
2 if even one value is 2		

Orientation means the daily ability to place oneself in time and place according to the situation. A sense of reality is understood to be a more lasting characteristic. Daily orientation may fluctuate independently from the general sense of reality. States caused by alcohol or pharmaceuticals, which can therefore be considered temporary, are not coded separately under this item (delirium tremens, pharmaceuticals-induced confusion, amphetamine-induced psychosis).

The method is not intended to serve as a diagnostic tool but as support and assistance in daily work. Those involved with occupational mental health can take advantage of observations made by other personnel. The method may also be useful in singling out those who might benefit from professional help (referral to treatment, therapy, medication, placement in hospital), and the method may also lead to more expeditious referral to treatment.

4.1.4 Assessments Based on Progress in Activities: Skills

Progress in activities cannot be assessed on the basis of an interview. The inmates and their activity history must be known in more detail. Progress in activities can be assessed only after the inmate has been placed in activities. Inmates are observed in their work and daily activities and the assessments are carried out on that basis.

The first of these assessments concerns the power of concentration. The power of concentration has to do with purposeful, voluntary attention. Assessments of behaviour and diligence also describe how activities are progressing. Everyone is familiar with such assessments from their school years. Behaviour and diligence here mean the following familiar things: the ability to interact with others and the ability to handle oneself and one's assignments in mutually established ways. The ability to learn skills also refers to the school world but does not mean mastery of individual things but the ability to learn new things in a more general sense. Similarly to the other assessments, assessments describing progress in activities break down into three categories (Table 7).

Table 7. Working capacity assessments based on progress in activities: skills and their elements

Power of concentration	0=OK 1=problems 2=poor
Behaviour	0=OK 1=problems 2=poor
Diligence	0=OK 1=problems 2=poor
Ability to learn skills	0=OK 1=problems 2=poor

Assessments to do with progress in activities have been placed toward the end of the assessment framework on purpose. If inmates have multiple problems and suitable activities have not been found, it will not be very easy to compile assessments on their progress, either. The skills of those who refuse to participate in activities are also difficult to assess.

Assessments describing progress in activities begin with the **power of concentration**. Several studies have estimated that this is the very characteristic that inmates lack. In the context of learning, we often talk about thought content, but before even coming to the content, we must stop to think: this is what the power of concentration is in its most basic form. Concentration may be the result of spontaneous interest or enforced self-control (Table 8).

Table 8. Deduction rules applicable to skills potential. Areas: I power of concentration, II ability to learn skills, III diligence, and IV behaviour at work

1	0	Ordinary power of concentration; no particular, persistent problems
	1	Problems
		- unable to concentrate at all if the activity is too demanding
		- power of concentration is poor even if the work is motivating
		- problems with concentration must be taken into account when placing in activities
	2	Poor power of concentration
		- a very short attention span

		- unable to work independently without support
II	0	Normal ability to learn new things - can be given new tasks, taking into account the starting level - learning can be activity-based (no theoretical information) - situational factors can have momentary impact (motivation)
	1	Problems with learning new things - problems with just one of the following: memory: short-term and/or long-term memory attention (factors described above in connection with the power of concentration) thinking, in other words, ability to analyze and synthesize things
	2	The ability to learn is obviously limited - as a rule, the self-perceived ability to learn is also clearly diminished - the newly acquired level is retained for a short time only - usually due to damage to the central nervous system Normal diligence (regarding work/objects/self)
III	0	Diminished diligence, which is not due to temporary factors
	1	- forgets things, objects; does not care about order, routines, rules - neglects to report absences; does not act responsibly despite prior agreement - can be placed in work involving responsibility if under continuous supervision Indifferent even to matters of particular significance to self
	2	- cannot be placed in work involving responsibility Behaviour normal; takes others into consideration; may fluctuate
IV	0	Periodic behavioural problems (external stresses)
	1	- difficulty getting along with others, or others have difficulty working with same - unsociable, readily picks up fights (with supervisor)
	2	Unpredictable behaviour - anti-activity behaviour, breaks things and intentionally sabotages work - cannot be placed in group work

Learning consists of three elements: memory, thinking and the power of concentration. All can be practiced, but when problems have to do with extensive damage to the central nervous system, practice may yield benefits slowly and the newly acquired levels are not necessarily retainable.

Central nervous system damage is common in inmates; head injuries and resulting unconsciousness occur frequently. Injuries are often caused by violence. A study on inmates' state of health (Joukamaa 1985) noted that 50 per cent of accidents had impacted the head area. Similarly to other accidents, inmates are involved in an above-average number of traffic accidents leading to unconsciousness. Mixing pharmaceuticals and alcohol over a long period of time, which inmates often do for decades, affects the central nervous system. Some inmates are also long-term solvent abusers.

All the above types of damage affect the ability to think. Thinking in this context includes mental processes in the broad sense, with thinking linked to self-control and a given way

of solving personal, social problems. Thinking skills are also associated with the nature and tone of social perspectives. Lack of self-control is linked to an impulsive way of thinking: acting on the first thought that comes to mind. At the same time, thinking is concrete: only what is tangible exists. Thinking becomes narrow, inflexible and black-and-white, and non-verbal clues associated with interaction do not come into play.

In-depth assessments of cognitive skills cannot be carried out without special methods. Analyzing thinking skills also requires follow-up and special, uniform methods. All personnel are not able, or competent, to carry out such analysis. The ability to learn skills and the power of concentration must be assessed on the general level. All the same, progress in activities can be monitored and activities discussed, and a good assessment can be prepared on that basis.

The **power of concentration** as a condition for thinking skills can be assessed in general terms. There are several reasons why the power of concentration may have deteriorated temporarily. Mood swings have an immediate effect on the power of concentration. Similarly, potential fears, expectations and worries in the beginning and the end of a sentence weaken the power of concentration. At the very beginning of the sentence, inmates will often have gone through a period of drug and substance abuse lasting for months and a related detoxification treatment that was started in the prison. The power of concentration is at its lowest ebb during this phase: withdrawal symptoms make the inmate very irritable, restless and unable to concentrate. For these reasons, the power of concentration should not be assessed during the arrival phase but after activities have continued for a while.

The inability to concentrate shows as general restlessness, and the inmate does not listen. This may be a problem that the inmate is aware of, but it may also be part of a positive self-image and is not perceived by the inmate as a problem. The inability to concentrate usually shows both in major matters involving goals and in small details. The concentration problems may be due to localized damage to the central nervous system. A study conducted in the Turku Central Prison in 1998 (N=150) noted that at least every third inmate suffered from damage to their central nervous systems that was obvious enough to show in simple neuropsychological tests. Such disorders affecting manual skills and other aspects of work can be assessed on the basis of how handily inmates manage their tasks and what the resulting quality is.

Because the inability to concentrate ties in with several factors, a person suffering from this type of problem must be assessed particularly carefully regarding the following aspects: substance use history, drug use, physical health, and mental health. These assessments can be changed and adjusted when progress in activities has been observed long enough.

The ability to learn skills consists of three factors: attention, memory and thinking processes. Attention is similar to the power of concentration but shorter in duration. The overall ability to learn will diminish if even one of the factors comprising it weakens. With two weaker factors, the ability to learn becomes clearly limited and just occasional learning is really possible. The ability to learn can be assessed only after inmates have been observed performing their activities, although earlier achievements can also

indicate what the learning potential is. A decline in potential means a situation where the assessee comes with a given employment and occupational history and educational background, but suffers from a low power of concentration and a poor ability to learn during the assessment period. Some of the decline may be recoverable and some will be permanent. A sufficiently long follow-up period is the only way to ascertain that recovery is no longer taking place; for example, early recovery following a brain injury is fast but some recovery may take place as much as half a year after the fact.

4.1.5 Assessments Based on Progress in Activities: Willingness to Work

Working is not necessary felt to be meaningful even if the physical and mental potential underpinning the person's working capacity is good and the person possesses skills and experience. Instead of the word motivation, the method uses the simple concept "willingness to work." It assesses willingness to work indirectly, with the help of two measures: attitude toward activities and absence from activities, if applicable.

Table 9. Component areas constituting willingness to work: attitude toward activities and unwarranted absences

Attitude toward activities	0=OK 1=problems 2=poor
Absences	0=OK 1=problems 2=poor

Table 10. Component areas constituting willingness to work: I attitude toward activities, II absences

I	0	No special problems; occasional problems may occur - fearful inmates are classified here if they have no other special problems
	1	Problems - for the most part not able to work with other inmates - many poorly justified changes in place of work and type of activity - secondary reasons why wishes to work (escape, etc.) - seeks types of activity not permitted according to regulations - exclusively blames the staff / tools / other inmates for problems
	2	Straightforward refusal to participate in activities - for this reason, difficult to place - sabotages activities when occasionally participates in them - intentionally damages facilities / tools
II	0	No unwarranted absences
	1	Attends occasionally; does not report absences; no illness or equivalent reasons
	2	Virtually no participation, no illness or equivalent reasons

The attitude toward activities describes the inmate's attitude toward the obligation to participate

in activities. Some inmates are difficult to place in activities. In most cases, this difficulty is due to poor physical and mental health. Partly due to such health reasons and partly for other reasons, the inmate refuses either all or some forms of activity and the participation obligation remains unfulfilled. The assessment describing the inmate's attitude toward activities analyzes this factor. Unwarranted absences from activities describe the same issue from another angle (Table 10).

Fearful inmates form a group that is difficult to assess. The failure to participate in activities in prisons is commonly associated with real or imaginary danger. The staff never learn of all the violence or particularly not of all the threats of violence. Some inmates refuse to participate in activities because they feel that their safety is jeopardized. In this assessment method, refusal to participate in activities for reasons of fear or threats of violence should not be seen as lack of willingness to work. If the fearfulness is assessed to be unfounded and obviously delusory, these matters should be taken into account in other assessments (under mental health, for example) rather than under willingness to work proper.

4.2 Assessments of Substance Dependence

Institutions have a lot of information on substance use. This method uses an intentionally simple method to assess substance dependence. For substance use assessment purposes, the following general aspects apply:

- basic assessments can be prepared without specialized staff
- persons classified according to the scale as problem cases suffer from a severe substance problem
- the assessments are complemented by interview information (text format)

Substance use assessments consist of three elements assessed separately and independently from each other: substance use history, assessment of drug use during the current incarceration, if any, and assessment of drug trafficking during the current incarceration, if any. The assessor can also look up information on the current or earlier sentences for any mention(s) of narcotics offences (Table 11).

Table 11. Substance use assessments: background information and substance use assessments proper

Mention of narcotics offence	0=no 1=yes
Substance use history	0=minor 1=problematic 2=very problematic
Assessment of current drug use	0=no 1=maybe 2=certain
Potential drug trafficking or similar	0=no 1=maybe 2=certain

The mention of a narcotics offence comes from the cumulative enforcement information and it is therefore not a proper assessment. The information can be helpful both during the arrival interview and when making actual decisions.

The inmate's substance use history is assessed with the help of the arrival interview and other available information. The starting point is that the majority of inmates clearly suffer from substance problems, as established by various studies. Accordingly, when defining assessment boundaries, only inmates who are unambiguously regarded as suffering from extremely severe substance problems are to be classified as such, as seen in Table 12.

Table 12. Substance use assessments: assessment criteria

<p>0 No problem use</p> <ul style="list-style-type: none"> - non-drinker, or irregular use without adverse factors - occasional cases of drug experimentation
<p>1 Problem use</p> <ul style="list-style-type: none"> - liberal and continuous alcohol or drug use - mixed use: alcohol and/or pharmaceuticals and/or drugs and/or solvents - some losses due to substance abuse: job / family / assets - some health risks: memory / liver / pancreas / suicidal tendencies - intervention by authorities: arrests for drunkenness / detoxifications / disorderly behaviour
<p>2 Heavy, obvious problem use</p> <ul style="list-style-type: none"> - drinking bouts lasting months; no possibility of working, for example - crimes committed mostly because feels compelled to obtain alcohol / drugs - problem use otherwise closely linked to the offence - in the case of alcoholics, uses substitutes - in the case of drug addicts, intravenous use - many health risks: hepatitis / pancreas / memory / blood circulation, etc.

The inmate's substance use history can be relatively easily assessed using the instructions in Table 12. Substance use assessments are primarily based on historical information and mostly concern the last or the last few periods of civilian life. Assessments of drug use also describe the situation as of the moment the assessment is made (in the prison). The health care system offers specific, more detailed information on the substance use assessments. Supplementary information can also be inserted in the written version of the arrival interview, including a mention of whether the interviewee commits to trying substance-free living.

In most cases, assessments of potential drug trafficking are to a greater extent deduced than based on factual information. The deduction can be based on both the arrival interview and other previous information. The deduction rules build on what the staff have experienced in the past: with the help of deduction and past experience, the staff establish the probability of just two choices: possibly trafficks or probably does not traffick in drugs.

The third alternative in this class, drug trafficking, is no longer an assessment but a verifiable observation. This alternative must not be used unless a related observation leading to

disciplinary measures has taken place. Moreover, drug trafficking is not deducible from observations of drug use. Nor must a find or an observation of drugs as such be allowed to have a direct effect on this assessment if the drugs are assessed to be for personal use. Drug use is not the same as drug trafficking. There are just four ultimate alternatives:

00 does not use, or traffick in, drugs	02 does not use, but trafficks in, drugs
20 uses, but does not traffick in, drugs	22 uses, and trafficks in, drugs

4.3 Social attachments and life situation

Some background information is semidocumentary; in other words, documents contain various details of this nature. The information is closer to an assessment when it is deducible on the basis of details stated by inmates during their arrival interviews.

Table 13. Assessments of an inmate's life situation and civilian background

Childhood background	0=normal 1=difficult 2=very difficult
Employment history	0=yes 1=limited 2=none
Source of livelihood in civilian life	0=employment 1=unemployed 2=pension 3=subsistence allowance 4=not clear
Housing situation in civilian life	0=owned 1=rental 2=lives somewhere 3=rooming house 4=none
Social attachments	0=normal 1=slight 2=none

The early years are described with the help of the inmates' childhood background. In many cases, inmates have experienced institutional circumstances already as a child and the developmental background may have been very difficult. The specialized staff and the inmate can together look into these issues in more detail and focus on the early years during the interview, if this seems necessary. The employment history often needs to be clarified in more detail.

In the case of some inmates, it is worth knowing about the sources of livelihood based on common criteria; in the case of others, it is reasonable to start planning a pension. It may be difficult to assess the source of livelihood because inmates are not necessarily able to distinguish between different forms of livelihood. As a rule, the following apply to prison populations: daily unemployment benefit, means-tested labour market support, unemployment pension, old-age pension and other less common statutory compensations comparable to pensions (accident insurance and motor-vehicle third-party insurance).⁵

⁵ For the unemployed, the usual source of livelihood is the daily unemployment benefit. It is a basic, daily earnings-related benefit or a benefit paid to the unemployed by the Social Insurance Institution five days a week for a maximum of 500 days. The means-tested labour market support is an amount paid by the Social Insurance Institution to persons who have been unemployed for 500 days or who are not entitled to the daily unemployment benefit. This compensation is paid out for a maximum of 180 days. Disability pension, old-age pension, or other compensation comparable to a pension is probably the most common form of livelihood for an incarcerated pensioner. The individual, early retirement pension, employment pension and early old-age pension are other types of pensions.

The housing situation describes the time preceding incarceration. During incarceration, there are often changes in the housing situation but such changes are not recorded in this context; in other words, assessments made during the arrival interview need not be changed.

The assessment of “social attachments in civilian life” describes the overall life situation and to what extent the assessee has satisfactory, interactive contacts. The quality of these personal relationships is a sensitive barometer of social marginalization. The key is the quality, not the quantity, of personal relationships. When assessing social attachments, special emphasis must be placed on the interviewee's own view of how satisfactory the interactive relationships are. Lack of attachments is also often associated with difficult substance problems, homelessness, and related unemployment and financial difficulties.

4.4 Need for Institutional Security

Assessments of the need for institutional security are multifaceted and difficult. Correctional staff must be able to perform their duties safely: inmates must comply with house rules imposed by the correctional institution and orders and instructions given by the correctional staff. The inmates themselves must be able to serve their sentences without other inmates presenting a threat to their safety. Securing institutional order means that inmates do not escape from closed institutions or leave open institutions without permission. Securing order also means that efforts are made to prevent criminal activity by inmates in correctional institutions.

Changes in the penal practice have had an effect on the number of inmates in recent years. Particularly, convictions in the case of persons of diminished responsibility have been less frequent and, in the case of persons of sound mind, more frequent. This has increased the number of inmates serving life sentences and otherwise lengthened sentences that have included a psychiatric examination. It is important that the need for institutional security be assessed for these inmates.

Inmates suffering from potentially severe mental health problems must be given attention so that those with suicidal tendencies are referred to health care staff as early as possible, for example.

An assessment of the need for institutional security is based on four dimensions: verified violence, observed substance use, assessment of the inmate's mental condition, and special information found in enforcement documents.

Each unit is comprised of subunits. When drawing general conclusions, emphasis must be placed on all the factors. The assessment system cannot rely on deduction rules of the type used in the component assessment areas described above. The assessments must be carried out on the basis of experience and verified facts and prepared in a text format as well. This is particularly important when the need for institutional security is acute. The need for institutional security is as a rule based on documented information and mostly on institutional behaviour only.

Verified violent behaviour in the institution is the core dimension of the assessment. The following aspects should be taken into account, among others: earlier, verified violent behaviour in the institution (either toward the staff or other inmates), indirect violence (threats of violence, including threats against outsiders), assessment of attempts to acquire weapons (weapons seizures and previous criminal history involving the use of weapons, if any), and violence and degree of violence, if any, when the current or the previous offences were committed.

Substance use also jeopardizes institutional security. Violent situations in institutions quite often involve intoxication, drug use or confusion caused by pharmaceuticals. Assessments of institutional security take into account self-drugging or attempts to do so (particularly mixed use, intravenous use and use of hormones). Similarly, mentions of narcotics offences on the title page of documents (including drunk driving), drug seizures in institutions and other available information on the use of intoxicants (mentions of segregation resulting from substance use) are to be taken into account.

Table 14. Mental factors to be taken into account in overall assessments of institutional security

C1 General mental background

- Mention of a psychiatric examination (of diminished responsibility), or offence included:
- Several victims, helpless victims, brutal violence, "incomprehensible" violence
- Arson (may also take place in the institution)
- Sexual offences (risks being the object of violence in the institution)
- On pension for mental reasons (possibly a predisposing factor)
- Mention of psychiatric treatment (coercive treatment in particular)
- Long-term use of psychopharmaceutical medication (barbiturate dependence, if any)

C2 Current, recent status: mood

- An uncommonly impulsive, explosive character
- An uncommonly reserved, distrustful character
- An uncommonly depressed, reclusive character
 - earlier mentions of attempts to commit suicide
 - slashes self, eats foreign objects
 - temporarily heightened risk of suicide
- Quick mood swings, which include agitation

The overall mental situation often plays a role in how substance use, if any, combined with conflict situations affects the inmate's choice of action. Violent situations in institutions are rarely caused by just intoxication or just violent tendencies. In addition to these two risk factors, there are often other factors that contribute to predisposition. Table 14 lists both facts constituting the mental health history and characteristics associated with the mental condition that need to be assessed.

Enforcement documents also need to be considered when making overall assessments. For the most part, these factors are indicated on the title page, which must be available when

overall assessments are being made. Table 15 shows a number of key factors that must be taken into account when assessing institutional security.

Table 15. Need for institutional security: enforcement factors

D1 Criminal activities in prison <ul style="list-style-type: none">- Managing, planning criminal activities- Occasional offences, purposeful use of violence- Bringing drugs to the institution (specifically for trafficking)
D2 Escapes, offences committed during prison leave, absconding <ul style="list-style-type: none">- open attempt to escape, factors suggesting preparations for same- mentions of earlier escapes- mentions of absconding, not returning from prison leave- offence committed during prison leave, and its severity-
D3 The early phase of a long sentence, long sentences in progress
D4 Subjected to threats and potential retaliation <ul style="list-style-type: none">- victim of violence- other known factors (disputes, criminal matters, etc.)

Enforcement factors alone may justify a high level of institutional security. On the other hand, when the other factors listed above occur individually, they fairly seldom result in very high institutional security. Even purposeful aggression can usually be managed in the institutional environment unless the mental condition includes special factors that reduce behavioural control (including substance use).

If one of the above criteria (A-D) is met, the need for institutional security can be considered elevated. If one or more criteria are met, the level needed can be considered high. However, in the absence of general deduction rules, assessments must always be substantiated whenever the level of institutional security is elevated. When the level of institutional security has been assessed high, the assessment together with the substantiation must be communicated to caseworkers.

4.5 Using Documented Information

Table 16 describes information originating in the enforcement system that can be used in the arrival interview as base information and that plays a role in activity planning.

Table 16. Enforcement information, with related abbreviations (codes).

Date sentence started	dd/mm/yy (text field)
Date arrived in the institution	dd/mm/yy (text field)
Potential release	dd/mm/yy (text field)
Voluntary surrender	0=yes 1=no
Principal offence	0=drunk driving 1=property 2=narcotics 3=violence 4=capital
Mention of violent offence	0=no 1=yes
Mention of narcotics offence	0=no 1=yes
Mention of sexual offence	0=no 1=yes
Mention of psychiatric exam.	0=no 1=yes (of sound mind) 2=yes (diminished responsibility) 3=yes (not responsible)
Recidivism	1-99
Where last released	Abbreviation Tkv, Tlv, Kts, Skv, etc. ⁶
When last released	dd/mm/yy (text field)
Judicial proceedings in progress	0=no 1=yes

The date enforcement begins and the release date mark the duration of the incarceration. Recidivism and the date enforcement begins and ends represent crucial information for statistical purposes and for tracking the frequency of relapses. The enforcement information is at least partially available for the arrival interview and the information gathered during the interview is comparable to documentary information.

Potential voluntary surrender is important because it is at least partially indicative of the need for institutional security. The security needs of an inmate who has reported to the institution voluntarily are as a rule lower than those of inmates who have been arrested. Voluntary surrender is also important in terms of leave practices and when placing inmates in activities. Voluntary surrender also serves as a means of classification: in a study (N=150) carried out in the Turku Central Prison in 1996, no one who surrendered voluntarily was classified as a drug addict. In addition, no inmates who used intravenous drugs reported voluntarily to the prison. Some of the inmates included in this material had a mention of not returning from a leave or absconding from an open institution. More than 80 per cent⁷ of inmates who earned such a mention were classified as drug addicts during the study phase (subsequently). It should be noted that this is a two-way

⁶ See footnote 3

connection. Even if the majority of inmates who did not return from a prison leave were classified as drug addicts, this was not the case with all of them.

Judicial proceedings in progress play a different kind of role: they can prevent the inmate from being placed in an open institution, for example. Judicial proceedings in progress also play a role in decision making concerning the participation obligation. It is difficult to design an overall plan for the prison sentence if the length of the remaining sentence is not known and estimates vary by as much as several years. Enforcement information regarding previous sentences is important for several reasons. Information on previous violent offences, narcotics offences, and psychiatric examinations carried out in connection with sentencing, if any, is of particular importance in activity planning.

The last period of civilian life can be calculated from the previous release date and the starting date of the current sentence. This also plays a role both in terms of placement within the institution and more generally when planning how the inmate's time is to be used during the prison sentence. One section of the arrival interview focuses on the last stretch of civilian life: what worked and what did not work? What factors may have led to the current sentence? Was the current sentence known at the time of the previous release?

Information gathered during the interview can be compared to enforcement information. This can be done during the interview or after it. The comparison may yield simple but potentially telling assessments of the interviewee's memory, power of concentration and general living skills. The arrival interview is not the time to start reviewing or solving issues. The purpose of the arrival interview is to start a dialogue between the institution and the inmate and to collect key information. The interview is not an interrogation and the inmate has the right to decline it.

Interaction between the inmates and the staff touches on sentences and related events to a fairly minor extent even if both the chance and the need are there. A myth has taken hold or has been invented in prisons according to which it is not advisable to discuss the inmates' sentences or related matters with them because they do not talk about such matters among themselves, either. Inmates are believed to think the same: they must not or cannot discuss their sentences with the staff.

Both arguments are poor. Inmates are both capable and often willing to discuss their sentences and examine their offences, as long as the staff take the time and show genuine interest. The staff have the skills and today also a better chance to lend an ear: conversations with inmates are permitted. For example, the activity program designed for sexual offenders starts from the premise that the criminal event and the circumstances preceding it should be reviewed carefully and in detail. The same applies to most activity programs designed to reduce violent behaviour.

⁷ Preliminary assessment material collected in the Turku Central Prison in 1996.

5. How and When Are the Assessments Carried Out?

Institutions differ in character, staff and the prison population structure. Because of this, it is hard to give definite instructions as to the best way to carry out an assessment. The following will present an ideal alternative, which includes several assessment points and also relates the assessments to the practical level.

- 1) Arrival interview
- 2) Medical examination upon arrival carried out by a public health nurse
- 3) Placement in activities
- 4) Working capacity assessment on the basis of observation of activities
- 5) Plan covering the length of the sentence as well as the release
- 6) For long-term inmates, monitoring of working capacity and realization of plans
- 7) Discharge interview (transfer to another institution or release)

If the institution has an Admission Department that all arriving inmates pass through, it is appropriate to conduct the arrival interview when the inmate is still in the Admission Department. The interview can be scheduled for a later time if the inmate is in a poor state of health and is exempted from the participation obligation. In other cases, the interview would be best conducted before the inmate is placed in activities. The interviewer explains during the arrival interview what the purpose of the interview is and why the information is requested. Based on the interview, the interviewer enters codes corresponding to the assessments in the table and prepares a short interview summary for the benefit of those placing the inmate in activities.

Information gathered during the arrival interview will be available to staff responsible for placing inmates in activities. The staff will add to the information during the placement process and record the placements and the placement reasons in the database.

Assessments of working capacity and its component factors are prepared by staff who monitor, guide and supervise participation in activities. These assessments can be made equally well by counsellors, foremen or supervisory staff. Particularly in cases where inmates for one reason or another do not fulfill their participation obligation, the assessments should be made by those who work in the wards and know the inmates best. Working capacity assessments can be made even if the inmate does not participate in activities.

Once assessments have been confirmed regarding the inmate's working capacity level and other aspects related to placement in activities, actual planning covering the length of the sentence and the release can start. The accumulated assessments and other earlier information can be used to advantage in this planning. The plan must be goal-oriented and realistic. The plan must be made together with the inmate. A summary of the plan is entered in the database and adjusted if necessary.

A brief discharge interview will take place when an inmate is released or transferred to

another institution. This is done to verify the assessments and to prepare a summary regarding realization of the plan and aspects that are still fully or partially in progress.

6. How and Where Are the Assessments Recorded?

The assessments are recorded using a number scale. The arrival interview is also saved in a text format, which supplements the numerical assessments. The numerical assessments are needed for statistical purposes. The numerical assessments are also more unambiguous than textual assessments.

When recording assessments, the codes to be filled in after the arrival interview are a convenient starting point. The codes are entered in the database. The technical aspect of recording assessments takes less than five minutes – deciding on the assessments and thinking about them naturally take considerably longer. The coded data take little space and a user accustomed to the method sees at a glance what the inmate's general situation is. A text file does not allow for such an overall glance and a person looking for specific information may have to search for it for a long time. Arrival interviews and other information supplementing the assessments can be saved in a text format.

The space reserved for the assessments is left blank if it was impossible to get reliable assessments or if the inmate refused to divulge any personal information during the arrival interview. Some assessments can still be made even if the inmate does not want the assessments carried out. An assessment of potential drug trafficking is a case in point: such an assessment is obviously necessary if availability of substances is to be curtailed, and the assessment must be made regardless of the opinion of the assessee. The assessments appear as a series. Previous, older assessments stay in place and give a picture of changes that may or may not have taken place.

This Guide presents an assessment method applicable to Finnish prison inmates. The method helps standardize assessments carried out on inmates in prisons. Assessments carried out in institutions according to the method are comparable and have greater reliability.

Current legislation contains several provisions that prescribe that inmate assessments must be carried out because:

- substantiated assessments make practices clearer
- informed and reasoned assessments facilitate decision making
- a uniform assessment method reduces conflicts and helps standardize operations, and
- effective assessments improve institutional security

Assessments of working capacity and its component factors are prepared by staff who monitor, guide and supervise participation in activities. These assessments can be made equally well by counsellors, foremen or supervisory staff.