

Reform from within: the Grendon example

Peter Bennett discusses how people working within the criminal justice system can walk a line between conformity and change.

Grendon therapeutic community prison opened in 1962 as a 'unique experiment in the psychological treatment of offenders' (Genders and Player, 1995), including those with mental disorders amenable to treatment as well as those diagnosed as psychopathic. Often referred to as the longest lasting experiment in the Prison Service, Grendon has nevertheless over the years amply demonstrated its effectiveness in challenging the offending behaviour of difficult men with complex needs in surroundings that have low levels of violence, self-harm, drug use, adjudications and resort to the use of force. Grendon operates a distinctive and humane regime, characterised by the voluntary adherence of its participants, democratically functioning therapeutic communities, small therapy groups and staff-prisoner relationships acknowledged by the Chief Inspector of Prisons to be 'exceptionally good'.

And yet despite the Chief Inspector's endorsement of Grendon in 2004, and more recently in 2009, as an effective and 'exceptionally safe' prison, some commentators, including many prison reformers, have always regarded its therapeutic regime as being vulnerable to erosion by what they would describe as budgetary constraints, intrusive security and overbearing managerial initiatives with their reliance on audits, standards and performance targets. This is as true today as it was in 1987 when Stern in her polemic, *The bricks of shame*, commented how the atmosphere at Grendon 'is quite different from the tension and oppressiveness that can pervade the more traditional adult male prison' and regretted the dilution of the psychotherapeutic regime and its

existence as a 'pilot project ... never to influence the mainstream of practice'. Almost a decade later Genders and Player (1995) lamented the replacement of the Medical Superintendent by a Governor and the resulting erosion of medical authority in the face of a 'managerial revolution' in prisons.

It is all the more remarkable, therefore, given Grendon has found the experience to be painful and sometimes damaging, that the therapeutic tradition has shown an extraordinary resilience over the years, continuing to attract praise as much as regret for lost opportunities. There has always been a tension between operational and therapeutic practice, rising and falling as central initiatives come and go, as well as between Grendon and the wider Prison Service, or 'system' as it is known to those Grendonites who would set themselves apart. The dynamic informs the debates of criminologists, friends and reformers, most of whom champion Grendon at the expense of mainstream prisons. The Governor stands at the fulcrum, managing the precarious balance between supporting the therapeutic process and promoting its benefits to the wider Prison Service, while simultaneously ensuring that Grendon conforms to the directions of the Prison Service.

When I was appointed Governor in 2002, I believed that I was relatively well-informed about the therapy. I had long admired the Grendon way. But I had seriously underestimated the conflicts in which I was soon to become embroiled. Grendon was at the time undergoing one of its periodic bouts of insecurity brought on by the escape of three prisoners a year earlier and the highly critical investigation that

followed. There had been a period of several months without a permanent Governor. Despite my best intentions to support and to resolve damaging conflict between operational staff and those delivering therapy, I was nevertheless cast by some in the role of unwelcome intruder, sent to erode further Grendon's core and to shape it into a 'system' prison. Matters got worse in my first few days. An electric drill had been discovered in the possession of a prisoner necessitating, or so I presumed, the need for a full lock-down search of the prison.

I have described elsewhere the search, or Big Spin, as it subsequently became known (Bennett, 2007). The incident and its aftermath reinforced the hurt, division and conflict that imbued Grendon in its post-escape trauma. I mention this drama in the life of Grendon because it is somewhat typical as an illustration of the struggle for survival of a highly specialised institution in an overarching orthodoxy. I was certainly not regarded by Grendonites as a reformer, nor did I regard myself as such. The findings of an internal review I had commissioned did not mince its words. Grendon was unhealthy and could not operate effectively as a therapeutic community in a prison at this level of factionalism and conflict.

Together with the author of the review, who was appointed as the new Director of Therapeutic Communities, Michael Brookes, we set about re-shaping the management structure in a way that could help to manage and alleviate the bitter conflicts within, while yet allowing openness and challenge, for these have always been a positive aspect to be nurtured rather than suppressed. The key lay in the collaboration of the Governor and Director of Therapeutic Communities, and the integration of operational and therapeutic domains. We resolved to work in partnership, talking through each and every issue and potential conflict in the true spirit of therapy, and encouraging all staff to follow our example. At the same time we pursued strenuously the accreditation of the therapeutic regime, essential if Grendon was to gain credibility in a

Prison Service where cognitive-skills based programmes were in the ascendancy and measurable, auditable outcomes were the preferred indicators of performance. Grendon, it seemed, would remain vulnerable so long as therapy continued to exclude, or diminish, rather than to integrate, new initiatives in risk assessment, resettlement, education, security, audits and performance measures. Moreover, efficiency savings, albeit painful, have been unavoidable, and will continue to affect the achievement of desired standards in accreditation at Grendon for the foreseeable future.

Over recent years, I am in no doubt that the emphasis placed on performance management, derided by some as diverting attention away from treatment, has secured Grendon's viability and credibility in the wider system, leading to good security and standards audits, controlled budgeting and significantly improved positions on the complex league table of prisons known as the weighted scorecard. Moreover, friction between security and therapy, at times played out to such damaging effect, has now been acknowledged by the Chief Inspector to be significantly reduced, the two strands being well balanced. But a strategy of assimilation, securing Grendon's respectability in the wider Prison Service, is simply not enough if Grendon's distinctive contribution to the treatment of offenders is to receive understanding and an adequate degree of support, along with recognition that its humane and effective treatment programme provides examples of good practice that may have universal application. Rather than defending it as a unique establishment, set-apart from the mainstream, Grendon should be promoted as a valuable facility for the treatment of offenders with complex mental health needs who have often been highly disruptive and difficult within the high security or category B estate. It is remarkable in this respect that it still seems to lack a clear strategic position in the overall scheme of end-to-end offender management and treatment of offenders with mental health needs.

As I write, I welcome the publication of the Report by Lord Bradley on people with mental health problems or learning disabilities in the criminal justice system which recommends 'an inter-departmental strategy for the management of all levels of personality disorder within both the health service and criminal justice system' and 'an evaluation of treatment options for prisoners with personality disorder, ... including therapeutic communities in the prison estate'. The report is timely.

Of the many people I meet during the course of my work in promoting Grendon, two questions are put to me time and time again. The first is 'what happens to prisoners when they leave Grendon?' The majority are transferred to other prisons to continue their sentence with little follow-up support to reinforce the progress they have made in therapy. Unfortunately, the remedy is likely to be resource-intensive, but it would help to reduce reoffending.

The second question is 'why not more Grendons?' There are some other prisons which have small therapeutic communities run on Grendon lines, and there is Dovegate in Staffordshire, a 200 bed facility for category B adult men, originally designated 'the Grendon of the North'. But therapeutic regimes are not suitable for all prisoners; they cater for those with complex needs who have sufficient time in their sentences to benefit from an intensive therapeutic process. Additionally, participation in therapeutic communities is entirely voluntary.

I have struggled with the idea of replicating aspects of Grendon culture, particularly those embedded in the therapeutic regime, including values of openness, respect for personal autonomy, democratic decision-making, individual responsibility, mutual support and care for those who have suffered by way of past traumatic experiences. I have often argued that the sharing of good practice, of exporting bits and pieces of the Grendon tradition to other prisons, is more easily said than done, since transported seedlings of humanity are less likely

to take root unless they have similar therapeutic structures in which to germinate.

But I also remain optimistic. Prisons, or parts of prisons, could be even more orderly, humane and effective in their treatment of offenders if they were organised as self-regulating communities, based on voluntary adherence of participants who work together to promote a safe environment in which to share and support one another in changing lives for the better, as well as having their say in matters of regime and housekeeping. For some, this may seem unrealistic, but there is always the example of Grendon.

Reform from within is not necessarily about radical change, rather for me it has been a process of helping a precious and specialised custodial resource to survive and adapt in a changing world, knowing when it is best to challenge and when it is best to conform, setting an example of what can be achieved in terms of the humane and effective treatment of prisoners. As Vivien Stern said over 20 years ago 'the Prison Service has never been short of pilot projects, imaginative and worthwhile, worked at by dedicated people' (1987). Grendon is one such project, long-lived and to some extent routinised, but which nevertheless provides a way forward, or as expressed in the citation of the Longford Prize, awarded to Grendon in November 2008, 'Grendon's therapeutic culture, supported throughout the prison by staff and prisoners together, has produced results in terms of reducing reoffending and promoting a humane, safe regime which offer a beacon of hope'. ■

Dr Peter Bennett has been Governor of Grendon prison since 2002.

References

- Bennett, P. (2007), 'Governing Grendon prison's therapeutic communities: The Big Spin' in *Dynamic Security*, Parker M., (ed.), London: Jessica Kingsley.
- Genders, E. and Player, E. (1995), *Grendon: A Study of a Therapeutic Prison*, Oxford: Oxford University Press.
- Stern, V. (1987), *The Bricks of Shame*, Harmondsworth: Penguin Books.