

Assisting veterans at HMPs Grendon and Springhill

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This article explains how HMP Grendon, a Category B prison accommodating six discrete therapeutic communities, is well placed to assist veterans. Pertinently, the genesis of therapeutic communities lay in the development of a supportive treatment environment for returning Second World War POWs who were experiencing difficulties in adjusting to civilian life. The model was subsequently applied to other mental health and forensic settings during the 1950s and 1960s, including Grendon. Explained is how the regime can address veterans' needs. This is supported by accounts showing how Grendon has assisted four current residents. The adjacent open prison, HMP Springhill, provides practical help to veterans. This will be described.

HMP Grendon: A Therapeutic Community Prison

HMP Grendon received its first prisoners in 1962 and was established to operate a different regime to that which prevailed in other prisons at the time. The rationale came from the 1939 East-Hubert report¹. The report proposed that a special institution should be established in which prisoners could be 'treated by psychotherapy and other means as well as a centre for criminological research'. It also recommended that those selected should 'live under special conditions of training and treatment to achieve alterations to their behaviour'.

That Grendon was to be a different type of prison establishment was emphasised by the Rt. Hon R.A. Butler, Home Secretary, when laying Grendon's foundation stone on 1 July 1960:

The regime must be flexible with the accent on treatment; and success will depend above all on an enlightened staff-inmate relationship, together with close co-operation at all levels between the different members of the staff.²

This government backed philosophy led to the setting of Grendon's three primary tasks³:

(i) *The investigation and treatment of mental disorders generally recognised as responsive to treatment in suitable cases*

(ii) *The investigation of offenders whose offences suggest mental morbidity*

(iii) *An exploration of problems of dealing with the psychopath*

Grendon's first senior management team adopted as the treatment approach the therapeutic community model first developed at the Mill Hill and Northfield Hospitals for prisoners of war returning to the United Kingdom at the end of the Second World War. The term 'therapeutic community' was first used by Tom Main⁴ in an article in which he describes the principles underpinning the Northfield Hospital regime:

The Northfield Experiment is an attempt to use a hospital not as an organization run by doctors in the interests of their own greater technical efficiency, but as a community with the immediate aim of full participation of all its members in its daily life and the eventual aim of the resocialization of the neurotic individual for life in ordinary society. Ideally, it has been conceived as a therapeutic setting with a spontaneous and emotionally structured (rather than medically dictated) organization in which all staff and patients engage. Any attempt to permit or create such a setting demands tolerance, a willingness to profit by error, and a refusal to jump to conclusions; but certain matters appear to be plain. The daily life of the community must be related to real tasks, truly relevant to the needs and aspirations of the small society of the hospital, and the larger society in which it is set; there must be no barriers between the hospital and the rest of society; full opportunity must be available for identifying and analyzing the interpersonal barriers which stand in the way of participation in a full community life.

1. East, W.N. and Hubert, W.H. de B. (1939). *Report On The Psychological Treatment Of Crime*. London: HMSO.
2. Quoted in Snell, H.K. (1963). The New Prison at Grendon Underwood. *The Medico-Legal Journal*, 31, 175-188.
3. Gray, W.J. (1974) Grendon Prison. *British Journal of Hospital Medicine*, 12, 299-308.
4. Main, T. (1946). The Hospital as a Therapeutic Institution. *Bulletin of the Menninger Clinic*, 10, 66-70.

More recently, The Community of Communities, an organisation that brings together therapeutic communities in the UK and abroad to improve standards and practices, states on its website that therapeutic communities embrace⁵:

A set of methods which aim to treat people suffering from emotional disturbance in a communal atmosphere. TC principles are based upon a collaborative, democratic and deinstitutionalised approach to staff-patient interaction. Highlighting this approach, patients are generally referred to as residents or members of the community. Traditional staff/staff and staff/member hierarchies are replaced by a more liberal, humane and participative culture... Members tend to learn much through the routine interactions of daily life and the experience of being therapeutic for each other. Through this psychosocial therapy the aim is to encourage members towards a better understanding of their previous behaviour and to enable them to improve their inter-personal functioning, first within the therapeutic community and ultimately in the wider community. Encouraging and reinforcing the notion of personal responsibility and sharing, members and staff meet together on a regular basis to discuss the management and activities of the community, to assess applications for admission and to support leavers.

Therapeutic communities therefore aim to⁶:

- Care

- Create a communal atmosphere
- Be collaborative and participative
- Value and respect each individual
- Be safe and have clear boundaries
- Enable emotional and personal development
- Have a multidisciplinary approach

The challenge for Grendon, which operates as a series of therapeutic communities with five main communities for between 40 and 46 men and an assessment unit for 25 men, is to operate according to these principles. Additionally, each of the main communities has to meet democratic therapeutic community standards set by the Correctional Services Accreditation Panel in order for Grendon to continue operating an accredited offending behaviour intervention. At the same time Grendon has to satisfy the security and operational requirements of a Category B prison.

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Grendon has been commended by Her Majesty's Chief Inspector of Prisons in 2004⁷, 2006⁸ and 2009⁹ in the way in which it has fulfilled this dual role. How this has been achieved has been described by Genders and Player¹⁰, in Prison Service Journal articles by Newton¹¹ and Bennett¹² and, in chapters by staff with Grendon connections in recently edited books by Jones¹³ and Parker¹⁴. Also relevant is the latest collection of papers on Grendon and its distinctive regime edited

by Shuker and Sullivan¹⁵.

Adjustment difficulties experienced by service personnel leaving the armed forces

There is some dispute concerning the number of imprisoned veterans. Kevin Jones, the Parliamentary

5. <http://www.rcpsych.ac.uk/pdf/What%20is%20a%20TC.pdf>
6. Brookes, M. (2009). Directing Therapy at HMP Grendon: Learning by experience. *Therapeutic Communities*, 30, 292-299.
7. Home Office (2004). *HM Prison Grendon: Report on a Full Announced Inspection 1-5 March 2004*. London: HMSO.
8. Home Office (2006). *HM Prison Grendon: Report on an Unannounced Short Inspection 31 October-2 November 2006*. London: HMSO.
9. Ministry of Justice (2009). *HM Prison Grendon: Report on a Full Announced Inspection 2-6 March 2009*. London: HMSO.
10. Genders, E. & Player, E. (1995). *Grendon: A study of a therapeutic prison*. Oxford: Oxford University Press.
11. Newton, M. (2006). Evaluating Grendon as a prison: Research into quality of life at Grendon. *Prison Service Journal*, 164, 18-22.
12. Bennett, P. (2010). Security and the maintenance of therapeutic space: A Grendon debate. *Prison Service Journal*, 187, 48-52.
13. Jones, D. (2004). *Working with dangerous people: The psychotherapy of violence*. Oxford: Radcliffe Medical Press.
14. Parker, M (2007). *Dynamic security: The democratic therapeutic community in prison*. London: Jessica Kingsley.
15. Shuker, R & Sullivan, E. (Eds.) (2010). *Grendon and the emergence of forensic therapeutic communities: Developments in research and practice*. London: Wiley.

Under-Secretary (Veterans) in the Ministry of Defence stated in the House of Commons defence debate on 29 March 2010 that veterans made up about 4 per cent of the prison population. With a prison population of 85,000, this gives a figure of approximately 3,400 prisoners. NAPO (the Trade Union and Professional Association for Family Court and Probation Staff) estimates the figure to be nearer 8.5 per cent, or 7,225 prisoners with 6 per cent of those currently under supervision being former veterans¹⁶. This same briefing states that:

The most common offence committed by veterans is violence occurring in a domestic setting. Most are either drug or alcohol related. Most of those convicted report problems of adjusting to civilian life and the lack of available support. Many report negatively of the effect of the culture of heavy drinking in the armed forces.

Difficulties experienced by veterans adjusting to prison life came to the attention of the public in early 2009 through a newspaper interview¹⁷ with 29 year old Lance Corporal Johnson Beharry, one of only ten living holders of the Victoria Cross, Britain's highest award for gallantry. Lance Corporal Johnson Beharry received this honour for his heroism in saving 30 comrades in 2004 by driving a burning Warrior armoured vehicle through incoming fire and carrying them to safety. Following his discharge from the army he was involved in an incident when he stood nose-to-nose with another young man on a South London street in a furious argument over a minor car accident. The police were called. He explained:

I actually wanted to kill the person. The police had to come. It was not about the car, it was not about the accident. I have been told that because of what happened to me [in Iraq] all my body can remember is defence. Anytime something happens I go into defence mode.

Lance Corporal Johnson Beharry further describes how:

People don't realise how hard it is for soldiers. You spend six months on the battlefield and you have to defend yourself every day and then you come back to normal life and go to Tesco's and someone runs into your trolley. You have to stop and think it is only a trolley, you are not on a battlefield. We are trained to be angry. We are trained to kill and then at five o'clock you have to go home, adjust, change completely to a different person. You can't react in the same way.

Their stories illustrate just how difficult civilian life was for them and how they failed to make the necessary adjustments, despite being successful soldiers.

Busuttill¹⁸, drawing upon his experiences of working as the Medical Director of Combat Stress, writes that ex-servicemen can suffer from night sweats, wake up suddenly in an anxious or terrified state, have intrusive memories and flashbacks, get irritated or anxious, experience palpitations and feel on edge. Alongside this they can have numerous social problems, multiple employers, relationships and house moves.

Caesar¹⁹ describes how some former distinguished soldiers are now serving prison sentences for grievous bodily harm with intent and affray, possession of ecstasy and hiding illegal weapons at home. Their stories illustrate just how difficult civilian life was for them and how they failed to make the necessary adjustments, despite being successful soldiers.

Veterans at HMP Grendon

These and other needs veterans have can be addressed within therapeutic communities as what is provided is a recognised treatment environment for assisting veterans. The benefits and some of the difficulties of the Northfield Hospital experience have been detailed extensively by Harrison²⁰. Veterans who volunteer for Grendon enter an establishment with an approach that is sympathetic to the issues faced by serviceman returning from theatres of conflict and that

16. NAPO (2009) *Armed Forces and the Criminal Justice System*. NAPO Briefing: September 2009.

17. 'We are trained to kill, so civilian life is tough'. *The Independent*. Saturday 28 February 2009.

18. Bututtill, W. (2009) Some veterans have traumas from four conflicts. *The Independent*. Saturday 28 February 2009.

19. Caesar, E. (2010). From Hero to Zero. *Sunday Times Magazine*. 4 April 2010.

20. Harrison, T. (2000). *Bion, Rickman, Foulkes and the Northfield Experiments*. London: Jessica Kingsley.

is likely to be of assistance in meeting their multifaceted needs. Indeed, Grendon has always received and worked with prisoners with a wide range of complex needs. Books by Parker²¹, Leech²² and Cook and Wilkinson²³ give vivid personal perspectives of the value of spending time at Grendon and of the assistance either they or other prisoners were given in changing their lives.

What Grendon is able to offer is a treatment environment in which aberrant behaviours that occur in day-to-day living can be brought into small group and community meeting processes. These behaviours are discussed alongside the individual's offending and other life-experiences so that the relevant connections are made. Every weekday morning, between 9.00am and 10.30am, the men meet in small groups, of between six to nine men, facilitated by an operational or non-operational member of staff, or, as a wing community. The community meeting is attended by all men resident on the wing and as many on-duty wing based operational and non-operational staff as possible. In these unstructured, yet focused settings, the men explore and challenge significant aspects of one another's lives, each being fully accountable to their small group and community.

Grendon supplements the skills gained by men who have previously participated in cognitive-behavioural offending behaviour programmes. It assists those who have remaining needs identified on completion of these programmes, as well as other deficits identified through OASys assessments and the sentence planning process. These include anti-social, violent and deviant sexual behaviours; attitudes and feelings; poor social and interpersonal skills; and, distorted thinking, especially when offending is justified or minimised. Difficulties in generating appropriate strategies to cope with and manage risk can be explored and understanding

offered on the impact of adverse social and/or family histories. In all of these treatment domains alternative ways of acting, thinking and feeling are proposed, though it is for each individual to determine the extent to which he wants to change.

With regard to Grendon's effectiveness, Shuker and Newton²⁴ noted that during the first 12 months of therapy there were statistically reliable and clinically significant mental health changes. For those who stayed longer than 12 months there was both an improvement in psychological well-being and a reduction in offence-related risk. Changes in Grendon's residents' ability to relate to others were found by Birtchnell, Shuker, Newberry and Duggan²⁵. This occurred relatively early in the period of stay and was further improved during the next nine months.

A seven year reconviction study by Taylor²⁶ showed that prisoners selected for Grendon tended to be high-risk offenders and that lower rates of reconviction were found for prisoners who went to Grendon than for prisoners selected for Grendon but who did not go there. Time spent at Grendon was strongly related to reconviction. Reconviction rates were lower for prisoners who stayed for at least 18 months. There was a reduction in the reconviction rate for violent offences among the treatment group and for sexual and violent offences among

repeat sexual offenders.

Grendon then provides an appropriate setting for the treatment of some imprisoned veterans, not only as a context in which they can address concerns connected with their offending behaviour, but also because they can address other events which have occurred in their lives, including their military experiences.

Psychometric results indicate that, in certain areas, the psychological problems experienced by

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21. Parker, T. (1970). *The Frying Pan*. London: Hutchinson & Co.

22. Leech, M. (1993). *A Product of the System; My Life in and out of Prison*. London: Victor Gollancz.

23. Cook, F. & Wilkinson, M. (1998). *Hard Cell*. Liverpool: Bluecoat Press.

24. Shuker, R. & Newton, M. (2008). Treatment outcome following treatment in a prison-based therapeutic community: A study of the relationship between reduction in criminogenic risk and improved psychological well-being. *British Journal of Forensic Practice*, 10(3), 33-44.

25. Birtchnell, J., Shuker, R., Newberry, M. and Duggan, C. (2008). An assessment of change in negative relating in two male forensic therapy samples using the Person's Relating to Others Questionnaire (PROQ). *Journal of Forensic Psychiatry and Psychology*, 20(3), 1-21.

26. Taylor, R. (2000). *A seven year reconviction study of HMP Grendon therapeutic community*. London: Home Office Research Development and Statistics Directorate Research Findings No.115.

Grendon veterans are more acute than the norm for Grendon's population — which is more difficult and disturbed than the general prison population²⁷. For example, veterans had elevated scores on the Personality Assessment Inventory (PAI)²⁸ on the following dimensions: anxiety related disorders (especially traumatic stress), depression (particularly cognitive aspects of depression) and antisocial features. On the Grendon Problem Checklist there were elevated scores on the dimensions of understanding offending behaviour, problems with alcohol, low self-esteem and self-confidence, anxiety/stress, partner issues, childhood experiences and life inside prison²⁹.

A veterans' support group has been also formed in recent months. This is based on guidance issued by the National Offender Management Service. The terms of reference were framed to ensure that the group did not come into conflict with the therapeutic work being undertaken in the communities. Rather the focus is on providing support and information to all ex-members of the armed services, helping families, providing links with service charities and the Veterans Agency and sharing experiences with fellow veterans. The group is facilitated by a member of staff who is familiar with the 'Working with Veterans' guide and who is also a veteran. All new members joining the support group are made aware of the terms of reference, acknowledge individuals confidentiality and also their responsibility to their respective communities. The group is scheduled to meet every three months for two hours.

Veterans seek small group and community backing to attend the support group, in accordance with the therapeutic structures operating within Grendon, and give feedback to their respective communities when requested.

It is envisaged that there could be occasions when a veteran/ex-serviceman wishes to share some service experiences with the group as it is sometimes difficult for some veterans to feel that the people around them fully understand the complexities of service life unless they have served in the armed forces themselves. Should it occur to the facilitator that what the veteran is sharing is of significant therapeutic value he/she will complete the normal group therapy feedback form and ensure that it is received by clinical staff and its content fed back to the community.

Grendon veterans' experiences

Account One

'I was in the Royal Regiment of Fusiliers. Joined as a boy soldier.

Four years after enlisting I had done one tour of Northern Ireland, been to the Gulf and experienced the violence of Bosnia. I lost friends. I struggled to understand the horror of war, violence between neighbours and between religion; it conflicted with everything I had been brought up to believe in.

Disheartened, I left the army. I had completed four and a half years service. I was lost. I joined up with gangs. It seemed the only way to survive, 'strength in numbers you see'. But it was the wrong choice. Twelve years later I'm in prison.

I've been at Grendon for a while now but looking back I can see how emotionally switched off I was. Now, I feel things again. I'm much more balanced. Being here I've learnt a lot about myself. I have the tools to be myself again; the person I was before I joined the army. I can show my emotions and not feel weak; I can cry and not feel I'm letting the side down.

So, if you know of a man such as I, who gave something for their country, but happened to make some wrong choices and ended up in jail, tell them of this place'.

Account Two

'Royal Artillery. Nine Years. Three tours of Northern Ireland during the 70's. I, like so many others, experienced the loss of comrades. Witnessed serious injury to friends. The pain was never a problem then, I was amongst pals who shared those same experiences. We got pissed and had a laugh. There's no room for weakness.

'Have another drink laddie' That was the solution then.

I left the army with a hand shake and a pat on the back.

Then it hits you. You're on your own. A very different environment.

Who do you turn to then? Nobody wants to know your past; share those memories.

I put on my mask and I'm off to the pub. It's safe, it's comforting, that familiar pint glass in your hand. All your troubles disappear. When I felt exposed, vulnerable, I had my faithful friend. I met someone. We got married.

27. Shine and Newton (2000). Damaged, disturbed and dangerous: A profile of receptions to Grendon therapeutic prison 1995-2000. In J. Shine (Ed.). A compilation of Grendon research. HMP Leyhill: PES.

28. Morey, L.C. (1991). Personality Assessment Manual. Odessa: Psychological Assessment Resources.

29. Newberry, M. (2010). Profile of armed forces men at HMP Grendon. Unpublished Prison Service Report.

But I shut her out. Too emotional; too painful. I was cold and emotionless. My mood swings intolerable, my behaviour intolerable, we divorced. I was on my own again, hurting, my whole world falling down around me.

But I had one friend I could always turn to.

I met someone else, but she realised very quickly there was something wrong and wanted to end what we had. I snapped. In a jealous rage I made the fatal mistake. I'm eight years into a life sentence. How could I have done such a thing? And to someone I loved.

I've been at Grendon for five years. It has not been easy. It has been the hardest, and at times, the scariest place I've been. But I have dismantled all of those masks, those protective layers that kept me safe. When I feel vulnerable I have the confidence to tell people, to express my feelings and emotions. And I do this without the need for my trusted friend.

I may be in prison, surrounded by walls and fences, but within I feel free, and that's a refreshing feeling.'

Account Three

'Ex 3 Para. I went to the Falklands. My platoon fought on Mount Longdon. But what does that matter? I watched an eighteen year old die on his birthday. Next to him the body of my platoon sergeant. After the battle I collected up bits of broken body. British, Argentine. I was medically discharged from the army. 'Adjustment reaction'.

But my journey to Grendon started long before prison, long before the army. It happened with an event in my childhood. It set in motion a chain of events that I was left on my own to deal with. My transition into the army was difficult, but it was infinitely harder to settle back into civilian life. Disillusioned, alienated, barely employable, rejected, unwilling or unable to ask for help and a failed marriage. I was a ticking bomb waiting to explode. It was only a matter of time.

I have come to Grendon to find the real me. To exorcise the demons and strip away my defences. I've come here to reconnect emotionally with the world around me, to find the person lost to me all those years ago.'

Account Four

Having enlisted in the Royal Engineers, another resident's life began to spiral out of control following his training, when alcohol and drugs became available to him. Eventually, going AWOL he was discharged and descended into a life of drugs, alcohol, fighting and crime.

'Talking about my struggles with other like minded people with similar backgrounds has helped. It helps me understand a lot of why things went wrong for me, I can relate to thoughts, feelings and emotions. It is the hardest thing I've done in my life, but I have the support here, I'm not alone, I am sorting my life out.'

An applicant waiting to come to Grendon writes:

'Dear Sir.

Thank you for your letter.

I have been in prison for thirteen and a half years and have done everything that has been asked of me. I was in the army for fourteen years. In that time I did seven tours of Northern Ireland and served in the Falklands during the clean-up. I never complained. Just did what I was told. I eventually left the army. I had a wife, my two boys and a job. Life was good. But there was a problem.

I started to feel that I didn't fit in. I started to drink more. I didn't want to be at home. I was becoming more and more violent, not with my family, but anybody who crossed me. I contemplated suicide but I just couldn't go through with it. I was a coward.

I'm really looking forward to coming to Grendon. I feel it will be a positive move but I know it will be hard work.

Yours sincerely'

Grendon is able to offer a service to veterans who are psychologically still fighting battles. It is reported³⁰ that when Lance Corporal Johnson Beharry met HM Queen Elizabeth II on his investiture at Buckingham Palace, she said to him that it was the injuries people could not see that would take the longest to heal. Within the Prison Service, Grendon is a facility that can assist veterans in that process. As two residents have commented:

'I am now able to see that I was so traumatised by my experience in the army. I was completely emotionless. Grendon has taught me to show my emotions and rebuild my relationships with family, children and friends'.

'I've learnt a lot about myself and what made me tick. I now understand why I offended. There's always someone who understands, someone you can make links with'.

Help for Veterans at HMP Springhill

Springhill, the country's first open prison, began operating in 1953. It was within the grounds of Springhill that Grendon was built. The senior team is responsible for managing both establishments.

30. We are trained to kill, so civilian life is tough'. *The Independent*. Saturday 28 February 2009.

Since early 2003, Springhill has received help and support in its work with veterans from Lieutenant Colonel Tom Ridgway. Tom served in the Army for 37 years and has devoted much of his retirement to working with the two main service charities, the Royal British Legion and SSAFA (The Soldiers, Sailors, Airmen and Families Association). He is a SSAFA County Caseworker, and Divisional Secretary of the Mid-Buckinghamshire Branch.

Tom works with the Head of Engagement at Springhill to provide the link between the ex-servicemen who find themselves in the Criminal Justice System and support services. The Head of Engagement maintains a signposting and information resource service to the Springhill veterans. Since 2004 there has been a Service Level Agreement between Springhill, the Royal British Legion and SSAFA. The SSAFA/RBL Caseworker also sits on the Resettlement Committee and quarterly Focus Groups where he reports on his work.

During the Springhill initial induction interviews, all new receptions are asked the question 'Have you been in any of the Armed Forces?' If they have, they are given a form, which asks general questions about their service history. This information is then passed to the Head of Engagement. Veterans are then sent a letter of introduction, inviting them to meet with the Head of Engagement. At this meeting they are given a 'Veterans' Pack', which contains useful information about the many Veterans' organisations and the help that is available to them. It is at this point that the Head of Engagement offers them the opportunity to meet the SSAFA/RBL Caseworker. The SSAFA/RBL Caseworker carries out background checks to ensure the men have actually been in the forces and then makes an appointment to come in and see them. Even if the men don't actually need anything, the opportunity to meet with the SSAFA/RBL Caseworker and have a general discussion about their time in the services has been very beneficial in terms of boosting self-confidence and self-esteem. The conversation provides a sense of focus and helps the veterans to have a more positive outlook on their future.

Following this meeting, any case which is considered suitable for financial assistance is forwarded to the County Manager, Royal British Legion. The application will also be inputted into the Royal British Legion

computer where it can be accessed from anywhere in the UK. Funds can then be provided in the area where the veteran will reside on release or where his family are living while he is in prison.

Relevant posters and information are placed on Springhill noticeboards. The Head of Engagement also produces a local newsletter approximately four times a year, which always has something in it dedicated to or of interest to veterans.

For the last seven years the SSAFA/RBL Caseworker, the Head of Engagement and other members of staff at Springhill have assisted many veterans to receive the help and support they require and for which they are eligible. The emphasis is on ensuring that a man's needs and those of his family are appropriately met. This has been appreciated by veterans who are grateful for the assistance that has been provided.

Concluding Comment

Grendon and Springhill have a history of providing supportive environments for imprisoned veterans. The assistance offered is significantly different in each prison with each approach reflecting the respective role and remit assigned to the establishment by the NOMS Management Board. Ex-armed forces officers in particular value the advice and encouragement they can offer to veterans who have experienced greater difficulties than they encountered in returning to civilian life. Provided at Grendon is a therapeutic regime which offers veterans the opportunity to address issues related to their childhood and family experiences, relationships, psychological well-being, offending and time in the military. It does this in the context of veterans being members of a therapeutic community where the expectation is that all residents will support, advise, 'open-up' and challenge one another. Together they will address deficits, learn new skills and increase their awareness, understanding and knowledge of each other's behaviours and feelings. At Springhill the focus is on providing veterans with relevant information and support. This includes approaching the Royal British Legion and SSAFA for assistance that they could make available to veterans and their families. Veterans at both establishments value the support they are offered and respond positively to this.

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