PRISON SERVICE JOURNAL

REHABILITATIVE CULTURE

Contents

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Editorial Comment

The aims of imprisonment have always been contested and complex. Prisons are expected to be a form of punishment, inflicting harm and suffering upon those who have transgressed against the rules of society. They are also expected to be places of transformation is which those imprisoned are offered the opportunity to change their lives by altering their thinking and behaviour, gaining skills and becoming productive members of society. In addition, prisons are expected to operate in an efficient and effective way, marshalling the public resources allocated to them appropriately and for maximum value. Balancing these competing values—punitiveness, liberal-humanity and managerialism—is a daunting task, one that is in a constant state of flux, contested from all directions and subject to constant shifts and changes.

This contest of values is very much at the forefront of current prison practice. Responding to prison violence, substance misuse and criminality involves an aspect of punishment, including the use of adjudications, prosecutions, and segregation. The demands of public service also mean that there is attention to management, including delivering efficiency through contracting services, and having tightly controlled systems for monitoring prisons and holding them to account. There is, however, also a continuing concern with the humanity of prisons. In recent years, this has come to be expressed and codified in the notion of 'rehabilitative cultures'. This is addressed in the lead article in this edition, written by Dr Ruth Mann, Flora Fitzalan Howard and Jenny Tew. 'Rehabilitative cultures' attempts to encapsulate the notion that rehabilitation cannot be achieved by having positive pockets of practice in classrooms, workshops, drug treatment services, or psychology group rooms. Instead, the focus should be on creating a culture across the prison that supports and reinforces opportunities for people to change their lives. This approach encompasses everyday interactions, administrative processes and responses to transgressions, as well as providing work, education, training and other interventions. Many prisons are now adopting this approach and this article attempts to reinforce that commitment and offer concrete ideas about how this can be turned into reality. The article closes with hope and optimism, asserting that a 'cultural revolution' is taking place that can transform prisons into places of rehabilitation.

Other articles in this edition focus on the impact of imprisonment on minority groups. All large organisations are designed around dominant interests and client groups. Addressing this requires light to be cast upon the needs of groups that are sometimes hidden, giving voice to their experiences. In their article on the experiences of Black, Asian, Minority Ethnic (BAME), and Foreign National Prisoners (FNPs), Yulia Chistyakova, Bankole Cole, Jenny Johnstone describe that people in these communities can experience 'susceptibility to harm resulting from being unprotected from subtle and overt experiences of racism, to experiences of isolation and disempowerment'. This can vary from place to place, and the focus of the study in a Northern prison also brings out the particular local characteristics of the prison and community. The authors suggest that the experiences of these minority groups are best understood and responded to institutionally by focussing on vulnerability. This will not be an approach that everyone will agree with, but it is an important contribution. Vulnerability is also the focus of Dr. Maggie Leese's small scale study of a women's centre in a female prison. This article highlights the previous victimhood and complex needs of many women in prison. While prison can be painful, Leese acknowledges that many women experience this as a safe haven where they can work constructively to address problems they have experienced. The approach adopted by staff, Leese describes, is concerned with the emotional and social needs of the women rather than their offences. While this reflects an empathic outlook, it is a gap in addressing the needs of these women. Professor Amanda Kirby and Hayley Gibbon are concerned with the experiences of prisoners with learning disabilities and difficulties. In particular, they draw attention to the problems in offering consistent screening and needs assessment. They offer an IT based approach to better assessment and needs identification, but also argue that to be effective this needs to be situated in a supportive environment with well trained staff and imaginative approaches to meeting diverse needs.

Prison Service Journal aims to offer research and analysis that informs policy and professional practice. It is also a publication that engages with the values of imprisonment, having a concern with the lived experience of people in prison, ameliorating harms and promoting progressive practice.

What is a rehabilitative prison culture?

Dr Ruth Mann and *Flora Fitzalan Howard* work in the Evidence-Based Practice team and *Jenny Tew* works for Psychology Services, all within Her Majesty's Prison and Probation Service.

Introduction

The phrase 'Rehabilitative Culture' is being spoken with increasing frequency across Her Majesty's Prison and Probation Service (HMPSS). This is music to some people's ears as it provides high-level support to their preferred way of working. However, to others it is simply the latest buzzword, or worse, something that causes them serious concern. This article outlines the evidence for the importance of prison culture in reducing reoffending, the vision of what a rehabilitative culture would look like, why this has become a priority within HMPPS, and shares some of the practical ways that have been tested for developing rehabilitative cultures. This will hopefully dispel some myths and help turn talk into reality.

How can a prison reduce reoffending?

Imprisonment does not usually reduce reoffending, and in some research studies it has been shown to increase it.[1] Many aspects of imprisonment are in fact criminogenic — that is, they encourage people to commit crime, rather than discourage it. For instance, a prison sentence separates a person from his or her non-offending support network, reduces their employability, adds to a sense of stigma and alienation from law-abiding society, and forces people with convictions to mix with others who have also committed crime, some of whom are intent on continuing to do so.

The word 'rehabilitation' is usually used to mean processes and activities that encourage people who have committed crime to cease offending and embark on a law-abiding life. Rehabilitation in our context is about giving people the opportunity to change; addressing the reasons why they commit crime and helping them have a better way of living through thinking and acting differently. There are a number of areas that are relevant to offending and which our attitudes, behaviours and the physical environment can either help individuals address or unhelpfully reinforce. These areas include impulsivity, criminal attitudes, alcohol and drug misuse, family and social networks, employment and use of leisure time, debt and homelessness.[2] Rehabilitation is often spoken about as being the responsibility of a particular team or department, but in fact, everyone in prisons has a role in rehabilitation and the whole regime has the potential to support or undermine this outcome. For example, small or routine experiences, such as how a property application is answered or how a search is conducted, can reinforce or help challenge someone's attitudes towards authority.

Both academic and government publications confirm that prison is widely hoped, and indeed expected, to perform a rehabilitative function as well as a punitive one. Hence, in order to overcome the many obstacles to rehabilitation that prison produces, the way in which a prison runs needs to be carefully and thoughtfully designed, in ways which may mean quite large changes from traditional approaches to prison management.

Figure 1 shows an evidence-based model for how a prison could theoretically overcome its criminogenic aspects, and instead become a place that reduces reoffending. In this model, a rehabilitative prison must first and foremost be a safe, decent and procedurally fair place. If people do not feel safe, their 'headspace' is taken up with physical and emotional self-preservation. If they do not feel treated decently or fairly, they can easily develop a sense of grievance and alienation against the authorities, a state of mind which does not easily enable rehabilitation. But a prison that is safe, decent and fair is not automatically rehabilitative. Rehabilitative culture is found most strongly in the relationships between the staff of a prison and the people in their care. This underpins and supports further discrete rehabilitative work or activity, which when undertaken within a rehabilitative culture, may have a greater impact.[3] However, these levels can also be interlinked. For example, the culture of a prison can impact on 'if' and 'how' we complete tasks associated with safety and decency. One site that wanted a more rehabilitative culture decided it was necessary to start with a full lockdown search of the establishment to first increase safety. How staff communicated the reasons for this and went about completing it sent an important message

1. For example, Villettaz, P., Gillieron, G., & Killias, M. (2015). The effects on re-offending of custodial vs. non-custodial sanctions: An updated systematic review of the state of knowledge. *The Campbell Collaboration*, 1.
2. Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed). London: Routledge.
3. Cullen, F. T, Jonson, C. L., & Eck, J. E. (2012). The accountable prison. *Journal of Contemporary Criminal Justice, 28*, 77–95; Smith, P., & Schweitzer, M. (2012). The therapeutic prison. *Journal of Contemporary Criminal Justice, 28*, 7–22.

about how they valued being rehabilitative and why they saw this search as an important first step rather than it being a purely punitive or confrontational exercise.

Figure 1:
How can a prison reduce reoffending?

Rehabilitative Culture

Our culture is made up of our attitudes and ideas, our behaviours and the physical things we have around us.[4] It's 'the way we do things around here'. Culture is something that we create between us and so we all have responsibility for it, and it is something that can change over time as people change.

A rehabilitative culture is one where all the aspects of our culture support rehabilitation; they contribute to the prison being safe, decent, hopeful and supportive of change, progression and to helping someone desist from crime. The aim is for everyone to feel safe from physical and verbal violence and abuse, for prisons to be places of decency, where everyone treats each other with respect, and people's basic needs are understood and met. Research suggests that the following elements are important parts of a rehabilitative culture:[5]

- ❐ Staff have hope
- ❐ Staff encourage participation in rehabilitative activity
- ❐ Staff use reward and recognition rather than punishment
- ❐ Staff coach the people in their care to make good decisions, consider the consequences of their actions and understand other people's perspectives.
- ❐ People speak courteously to each other

- ❐ Everyday life offers considerable opportunity for people to assist and support each other
- ❐ Staff model and promote non-criminal values and identity

Working to develop a rehabilitative culture is not a distinct piece of work but a whole prison approach to, and understanding of, how we use every opportunity, large or small, to better achieve our goals of safety, security and better futures for the people in our care. It is how we do what we do, rather than simply what we do. Rehabilitative culture is certainly not about 'coddling' people, or never challenging poor behaviour, or allowing people to get away with breaching security rules. In fact, a rehabilitative culture should be a challenging place to live, involving establishing and maintaining clear boundaries, often having difficult conversations, and people dealing with the consequences of their choices.

Rehabilitative culture is different from interventions or offending behaviour programmes, substance misuse interventions, employment training, education, and assistance with resettlement. These activities should be part of a rehabilitative prison but they do not form its culture. When a culture is rehabilitative, interventions, programmes, education and resettlement have a greater chance of making a lasting difference in someone's life.

A word about hope

A rehabilitative culture requires that the members of the community share a belief that change is possible; a belief that the individuals in our care are capable of changing and that our prisons can change for the better. One description of hope is that it has two elements; 'the will' and 'the way'.[6] We need the willpower or energy to achieve our particular goal (the will), and an idea and the skills to go about achieving it (the way).

Hope is an important ingredient for successful change and to moving away from crime,[7] so a rehabilitative culture must be one that generates hope. The word hope is not often associated with prison. Prisons, for many, can be quite hopeless places; those in prison are often at crisis point or see little chance of being able to do something different in the future. Staff also can see familiar faces returning to prison, and sometimes perceive detrimental changes to be taking place in the service. These features of prisons makes it difficult, but all the more important, that there are

4. Spencer_Oatley Spencer-Oatey, H. (2012). *What is Culture?* A compilation of Quotations. GlobalPAD Core Concepts. GlobalPAD Open House http://go.warwick.ac.uk/globalpadintercultural

5. For example, Bennett, P. & Shuker, R. (2010). Improving prisoner-staff relationships: Exporting Grendon's good practice. *The Howard Journal, 49*, 491–502; Blagden, N., Winder, B., & Hames, C. (2014). "They Treat Us Like Human Beings"—Experiencing a therapeutic sex offenders Prison: Impact on prisoners and staff and implications for treatment. *International Journal of Offender Therapy and Comparative Criminology, 1–26*; Haigh, R. (2013). The quintessence of a therapeutic environment. *Therapeutic Communities: The International Journal of Therapeutic Communities, 34*, 6–15.

6. Snyder, C. R. (1995). Conceptualizing, measuring and nurturing hope. *Journal of Counselling and Development, 73*, 355–360.

7. Burnett, R., & Maruna, S. (2004). So 'Prison Works', does it? The criminal careers of 130 men released from prison under Home Secretary Michael Howard. *Howard Journal of Criminal Justice, 43*, 390–404.

conscious efforts to communicate hope in a rehabilitative culture. As well as being important for stopping offending,[8] hope helps people to perform better at work, be more successful in achieving our goals, be happier, less distressed, better at coping with difficulties and less likely to experience burnout.[9] Hope may be passed from person to person; we can probably all think of times when someone else's hope has helped us through a difficult period. As such, for prisons to be more hopeful places, the focus should first be on staff, with the expectation that their hope will, in turn, help prisoners to develop hope too.

One powerful way of spreading hope is to enable people to develop and implement their own ideas for making things better. In prisons, well-functioning and supported councils and consultancy groups, who generate and implement solutions to problems, could be a way to facilitate this. Other suggestions for increasing hope include: having realistic goals and focusing on what possible actions can be taken, developing skills and confidence to help us feel in control, receiving advice and support from others who have overcome similar things, and having mistakes managed without shame. For staff, training opportunities, support structures, how performance and sickness are managed, and how mistakes are handled may all be relevant to how hopeful staff feel.

Rehabilitative cultures are positive places to live *and* to work in

A rehabilitative culture has the potential to benefit everyone in prisons, not just those living in prison. If we are going to engage in developing a culture that is rehabilitative, then in addition to knowing what this is and how to achieve it, we need to know what the point and value of it is in order to achieve 'buy in' from staff and prisoners. In addition to helping reduce offending, a rehabilitative culture can help make our prisons safer.

Increased levels of support, respectful contact and opportunities for learning reduce the number of aggressive incidents in secure units.[10] A rehabilitative culture may therefore help to reduce prison violence, making prisons safer places for everyone.[11] There are also similarities between what makes a rehabilitative culture and what we believe reduces suicide and self-harm. Hopelessness, lack of personal control, poor staff—prisoner relationships and poor coping skills contribute to risk of suicide and self-harm.[12] Also, for prison officers, rehabilitative work has been found to be associated with a source of meaning, lower levels of stress and greater job satisfaction, than a more punitive culture.[13] Developing staff and prisoner relationships has also been related to increased job satisfaction.[14]

The starting point; Understanding a prison's existing culture

Working to develop a more rehabilitative culture involves understanding the current culture and then promoting those areas that support rehabilitation, while trying to change those areas that are working against or are not supporting it effectively. It is important that prisons consider their own approach to culture change, as all sites are unique — they have different populations, staffing and needs, and have different current cultures. One size does not fit all!

Cultural change is a not a quick or easy task. It can take years to accomplish genuine change, requiring engagement and hope from staff and prisoners, which in themselves take work to achieve. Engaging the most hopeful and driven people within a prison to help with this goal can be a useful starting point.

A culture web[15] is one way to begin understanding a prison's current culture. A culture web session considers the current culture in an establishment as well as how people would like the culture to be in the future. Staff and prisoners identify positive features of

8. LeBel, T. Burentt, R., Maruna, S., & Bushway, S. (2008). The 'Chicken and Egg' of subjective and social factors in desistance from crime. *European Journal of Criminology, 5,* 131–159.

9. Valle, M. F., Huebner, E. S., & Silo, S. M. (2006). An analysis of hope as a psychological strength. *Journal of School Psychology, 44,* 393–406.

10. Van der Helm, G. H. P., Stams, G. J. J. M., Van Genabeek, M., & Van der Lann, P. H. (2011). Group climate, personality and self-reported aggression in incarcerated male youth. *Journal of Forensic Psychiatry and Psychology, 1,* 23–39; Ros, N., Van der Helm, P., Wissink, I., Stams, J., & Schaftenaar, P. (2013). Institutional climate and aggression in a secure psychiatric setting. *The Journal of Forensic Psychiatry and Psychology, 24,* 713 727.

11. Byrne, J. M., & Hummer, D. (2007). Myths and realities of prison violence: A review of the evidence. *Victims and Offenders: An international Journal of evidence-based research, policy and practice, 2,* 77–99; Byrne, J. M., & Stowell, J. (2007). Examining the link between institutional and community violence: Towards a new cultural paradigm. *Aggression and Violent Behavior, 12,* 552–563.

12. Pope, L. (in press). Self-harm by adult men in prison: A rapid evidence assessment (REA). Minsitry of Justice Analytical Series, London; Ludlow, A., Schmidt, B., Akoensi, T., Liebling, A., Giacomantonio, C., & Sutherland, A. (2015). *Self-inflicted deaths in NOMS' custody amongst 18–24 year olds: Staff experience, knowledge and views.* Cambridge: RAND Europe.

13. Tait, S. (2011). A typology of prison officer approaches to care. *European Journal of Criminology, 8,* 440 454; Dowden, C., & Tellier, C. (2004). Predicting work related stress in correctional officers: A meta: analysis. *Journal of Criminal Justice, 32,* 31–47; Hepburn, J. R. & Knepper, P. (1993). Correctional officers as human service workers: the effect on job satisfaction. *Justice Quarterly, 10,* 315–335.

14. Tait, S. (2008), ''Care and the prison officer: beyond 'turnkeys' and 'care bears'''. *Prison Service Journal, 180,* 3–11; Kenny, T. & Webster, S. (2015). *Experiences of prison officers delivering Five Minute Interventions at HMP/YOI Portland.* National Offender Management Service Analytical Summary.

15. Johnson, G., Whittington, R., & Scholes, K. (2012). *Fundamentals of Strategy.* UK: Pearson Education.

the current culture, and articulate differences between the current and ideal cultures to inform plans for cultural change. Additionally, a culture web session can prompt conversations about culture in the prison, and raise awareness of its importance and of everyone's role in influencing it. For this type of activity to be useful there needs to be a plan for how the sessions and completed webs will be used, genuine engagement from staff and prisoners and an openness to learn from the findings.

Rehabilitative leadership

It can be tricky to balance clear leadership for staff, while also supporting individuals to take responsibility for, and be actively involved in, their workplace. People who actively engage with culture change are those who believe they have an influence and that there is value in them contributing. Safe opportunities for people to share ideas, raise issues or question decisions may be the first step. Rehabilitative leaders are those who encourage people to action their ideas, promote and celebrate success, alongside modelling the ability to admit and learn from mistakes. Councils and staff engagement events, coaching opportunities and general communications style are all relevant here. For example, in one prison, prisoners were constantly frustrated with how staff organised their cleaning rota. Staff (supported by their own managers) encouraged the prisoners to manage the rota themselves. This developed the prisoners' autonomy to be innovative, their understanding of the difficulty of the task and their empathy for staff, their trusting relationships with staff, and for prisoners to become more accepting of the rota that was finally agreed.

> A vital aspect of rehabilitative culture is that those who live and work in a place feel that they are treated fairly by the systems and processes that organise their lives.

Fair processes and systems

A vital aspect of a rehabilitative culture is that those who live and work in a place feel that they are treated fairly by the systems and processes that organise their lives. For processes to be perceived as fair, prisoners and staff need to have a voice in decision-making, feel respected and treated with courtesy, believe that decisions are made in a neutral rather than biased way, and that decision makers or authority figures have trustworthy motives, that they are sincere and care, and they are trying to do what is right for everyone involved.[16] There is good evidence that when people feel that processes are applied in a fair and just way ('procedural justice'), they are more likely to respect and comply or cooperate with authority figures and rules regardless of whether final decisions/outcomes are in their favour or not.[17] For prisoners, better perceptions of procedural justice are associated with less misconduct and violence in prison, better psychological well-being and lower rates of reoffending after release.[18] For staff, better perceptions of justice have been linked with less stress and burnout, greater life and job satisfaction, greater commitment at work, and greater support for rehabilitation and treatment (rather than punishment).[19] These are all goals of a rehabilitative prison culture.

As procedural justice relates to 'how' authority is used and decisions are made, and is not a separate intervention or programme, this offers exciting potential for prison staff to play a greater and more constant role in the rehabilitation of the people in their care, as well as keeping prisoners and colleagues safe and psychologically healthy. Using authority in a procedurally just way involves the four principles of voice, respect, neutrality and trustworthy motives. For

16. Tyler, T. R. (2008). Procedural justice and the courts. *Court Review, 44,* 26–31.
17. Lind, E. A., & Tyler, T. R. (1988). *The social psychology of procedural justice.* New York: Plenum Press; Tyler, T. R. (1990). *Why people obey the law.* New Haven: Yale University Press.
18. E.g. Beijersbergen, K. A., Dirkzwager, A. J. E., Eichelsheim, V. I., & Van der Lann, P. H. (2015a). Procedural justice, anger, and prisoners' misconduct. *Criminal Justice and Behavior, 42*(2), 196–218; Beijersbergen, K. A., Dirkzwager, A. J. E., Eichelsheim, V. I., Van der Lann, P. H., & Nieuwbeerta, P. (2014). Procedural justice and prisoners' mental health problems: a longitudinal study. *Criminal Behavior and Mental Health, 24,* 100–112; Beijersbergen, K. A., Dirkzwager, A. J. E., & Nieuwbeerta, P. (2016). Reoffending after release: does procedural justice during imprisonment matter? *Criminal Behavior and Mental Health, 43*(1), 63–82.
19. E.g. Colquitt, J. A., Conlon, D. E., Wesson, M. J., Porter, C. O. L. H., & Ng, K. Y. (2001). Justice at the millennium: A meta-analytic review of 25 years of organization justice research. *Journal of Applied Psychology, 86,* 425–445; Lambert, E. (2003). The impact of organizational justice on correctional staff. *Journal of criminal Justice, 31,* 155–168; Lambert, E. G., Altheimer, I., Hogan, N. L., & Barton-Bellessa, S. M. (2011). Correlates of correctional orientation in a treatment-oriented prison: A partial test of person-environment fit theory. *Criminal Justice and Behavior, 38,* 453–470; Lambert, E. G., & Hogan, N. L. (2013). The Association of Distributive and Procedural Justice with Organizational Citizenship Behavior. *The Prison Journal, 93,* 313–334; Matz, A. K., Woo, Y., & Kim, B. (2014). A meta-analysis of the correlates of turnover intent in criminal justice organizations: Does agency type matter? *Journal of Criminal Justice, 42,* 233–243.

example, explaining the purpose and value of processes (such as why their cell is being searched) demonstrates trustworthy motives, offering a chance to ask questions and challenge processes (such as why a complaint was not processed more quickly) gives people a voice, explaining decisions (such as why that sanction was given at adjudication, rather than another, according to the rules) communicates neutrality, and being respectful and courteous during interactions (such as calling prisoners by preferred names, and saying please and thank you) are important components of respect.

In prisons, authority is pervasive, exercised in minor and major acts, all of which are a chance to actively employ the principles of procedural justice, and in doing so hopefully improve the culture and outcomes for staff and prisoners. This could range, for example, from asking a resident to clear up a messy wing, to reviewing the privileges they receive, to cancelling an education class, to the speed and way the prison processes property. For staff, this could include formal performance evaluations, disciplinary investigations and daily decisions about roles and responsibilities within departments. These lists are potentially endless.

The use of reward and recognition in a rehabilitative culture

Reward and recognition processes are also an important part of rehabilitative culture. There is good evidence that punishment is an ineffective means of changing behaviour in the long-term, whereas reward and reinforcement have been found to be more effective.[20] Punishment may be required for the sake of fairness, but we should not expect this to help us reach our rehabilitative goals because it does not teach people what they should do differently. Praise and reinforcement, on the other hand, help a person to know what we want of them, and to repeat positive behaviours. And this doesn't mean giving out TVs or other material rewards; in fact, verbal reward seems to work best. In one prison, when prisoners explained what they would find rewarding or motivating, their responses included things like 'being listened to', 'being thanked', 'feeling cared about', 'being treated fairly' and

'mistakes being put into context'. Interestingly, when staff were asked the same question, their responses were very similar. Neither group mentioned material or monetary rewards.

In a rehabilitative culture, day-to-day opportunities to reinforce desired behaviours and progress are noticed and utilised effectively. Some top tips[21] for using reinforcement effectively include: praise coming from someone who is liked and respected by the recipient (making them more likely to take this on board), catching people being good (look for desired behaviours that perhaps we don't routinely notice), thinking small (perhaps someone cooperated with an instruction first time when they don't usually), making it immediate (don't wait till later on and rely on a NOMIS entry), making it frequent (recognise achievements four times as often as punishing poor behaviour), making it the first option, include a coaching element (such as explaining what skills the person used that are valuable), making it personal, warm and encouraging, making it earned (effective praise needs to be real and sincere) and being aware of unintentional punishment (praising someone publically might feel wonderful for one person, but painful for another!)

It is also the case that the content of our policies and procedures can support or hinder rehabilitation: do we encourage people to make their own choices, support relationship development, improve self-management skills and reward pro-social involvement where ever possible? Do we consult the people in our care to make our processes as effective and smooth as possible, and do we 'ask' rather than 'tell' people to cooperate? For example, one prison is currently giving serious thought to the Incentives and Earned Privileges (IEP) process, recognising that this can facilitate punishment much more easily than reward and recognition. Another site re-wrote all of their policies with procedural justice in mind, in order to be actively transparent, respectful and hopefully secure the willing and committed cooperation of staff and prisoners. Many prisons have established councils so that staff and prisoners can give feedback on a variety of issues more easily.

> Punishment may be required for the sake of fairness, but we should not expect this to help us reach our rehabilitative goals because it does not teach people what they should do differently.

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20. For a summary of this research see: Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed). London: Routledge.
21. Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed). London: Routledge.

Rehabilitative relationships: supportive and collaborative for all

The relationships between prison staff and the people in their care are the cornerstone of a rehabilitative culture. In a rehabilitative culture, staff have the skills and confidence to make every contact with prisoners matter. These skills, known as rehabilitative skills or 'core correctional practices', support and encourage reflection and learning, contributing ultimately to better outcomes for staff and prisoners.[22] Even very short interactions of this nature have been found to make a difference.[23] Rehabilitative culture capitalises on and promotes this. This was the foundation for the Five Minute Intervention (FMI) project conceived at HMP Portland, the training for which has been rolling out across HMPPS for some time, where staff are trained to use rehabilitative skills in all interactions, thus transforming each one into an opportunity for learning.[24]

Rehabilitative relationships between staff and prisoners are also characterised by the communication of hope and the belief that a positive future is possible. Developing and strengthening a pro-social identity, rather than criminal identity (i.e. seeing oneself as a person who has made a mistake rather than as being an 'offender'), believing you have something to give to others or society, feeling connected to a pro-social group and being believed in, all help people to move away from crime in the longer-term.[25] In a rehabilitative culture, focus is given to developing and maintaining a positive identity, developing positive relationships, to the future and one's potential and role within this.

Relationships between prisoners and their families are another central component of a rehabilitative culture, as there is good evidence that such relationships and contact can make a difference for future outcomes and conduct in prison.[26] A rehabilitative culture fosters and develops these, enabling good quality contact where possible. Some prisons have invested in making the environment for visits more comfortable and designing activities for children so that visits feel less intimidating. Improved technology, such as prison voicemail and in-cell telephones also likely improves family contact, and greater flexibility in when this occurs.

For staff, the support of their own family members is important. In one site, staff members' families were invited in to the prison to visit a wing that was closed for development, and listen to talks on working in prison. This was designed with the aim of helping further develop family support and understanding for staff and the difficult but important role that they have.

A physical environment that promotes safety, decency and hope

The physical environment of a prison has an important bearing on behaviour and culture.[27] Some environments might increase the likelihood of challenging behaviour. For example, environments with limited opportunities for social interaction, lack of choice and sensory input, or excessive noise, environments that are crowded, unresponsive or unpredictable. Spaces that are filled with sunlight, outside views, varied and interesting colour schemes and normalised materials, encourage participation, reduce stress, incidents and assaults and decrease staff absenteeism. The amount and type of light that enters rooms affects sleep, which in turn can affect mood and behaviour.[28]

Landscapes are important, ideally real ones, but where this is not possible there is evidence to support the value of artwork and photographs. Some prisons have made considerable efforts to display art work, including

22. Bonta, J., Bourgon, G., Rugge, T., Scotty, T-L., Yessine, A. K., Guttierrez, L., & Li, J. (2010). The Strategic *Training Initiative in Community Supervision: Risk-Need-Responsivity in the real world 2010–01*. ISBN No.: 978–1–100–15750–4; Chadwick, N., Dewolf, A., & Serin, R. (2015). Effectively training community supervision officers: a meta-analytic review of the impact on offender outcome. *Criminal Justice and Behavior, 42,* 977–989; Pearson, D. A. S., McDougall, C., Kanaan, M., Bowles, R. A., & Torgerson, D. J. (2011). Reducing criminal recidivism: evaluation of Citizenship, an evidence-based probation supervision process. *Journal of Experimental Criminology, 7,* 71–102; Pearson, D. A. S., McDougall, C., Kanaan, M., Torgerson, D. J., & Bowles, R. A. (2014). Evaluation of the Citizenship evidence-based probation supervision program using a stepped wedge cluster randomized controlled trial. *Crime & Delinquency,* 1–26. doi: 10.1177/0011128714530824; Taxman, F. (2008). No illusions: offender and organizational change in Maryland's proactive community supervision efforts. *Criminology and Public Policy, 7,* 275–302; Trotter, C. (1996). The impact of different supervision practices in community corrections: Cause for optimism. *Australian and New Zealand Journal of Criminology, 29*, 29–46.
23. Dau, W., Schmidt, A., Schmidt, A.F., Krug, T., Lappel, S.E., & Banger, M. (2011). Fünf Minuten täglich: Kompass—eine stationäre Kurzintervention für junge Cannabis-Partydrogenpatienten nach dem Bonner Modell—Junge Sucht. *Sucht, 57,* 203–214.
24. Kenny, T., & Webster, S. (2015). *Experiences of prison officers delivering Five Minute Interventions at HMP/YOI Portland*. London: NOMS.
25. Farrall, S. (2004). Social Capital and Offender Reintegration: Making Probation Desistance Focussed. In S. Maruna & R. Immarigeon (Eds.) *After Crime and Punishment: Pathways to Offender Reintegration* (pp.57–84). Cullompton: Willan Publishing; Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: APA Books; Rex, S. (1999). Desistance from Offending: Experiences of Probation. *Howard Journal of Criminal Justice, 36:* 366–83.
26. Duwe, G., & Clark, V. (2011). Blessed Be the Social Tie That Binds: The Effects of Prison Visitation on Offender Recidivism. *Criminal Justice Policy Review, 24*(3), 271–296; Brunton-Smith, I., & McCarthy, D. J. (2016). The effects of prison attachment to family on re-entry outcomes: A longitudinal assessment. *British Journal of Criminology*. doi:10.1093/bjc/azv129
27. Wener, R. E. (2012). *The Environmental Psychology of Prisons and Jails: Creating Humane Spaces in Secure Settings.* Cambridge University Press; Moran, D. (2015). *Carceral Geography: Spaces and Practices of Incarceration*. Ashgate Publishing.
28. Wener, R. E. (2012). *The Environmental Psychology of Prisons and Jails: Creating Humane Spaces in Secure Settings*. Cambridge University Press; Moran, D. (2015). *Carceral Geography: Spaces and Practices of Incarceration*. Ashgate Publishing.

covering full walls with pictures of vistas where staff and prisoners may not otherwise get to see these views. Outside areas also vary, with exercise yards sometimes feeling depressing. Some prisons have, after requests from prisoners, added picnic benches and commissioned prisoners to paint murals. Again, while the focus is often on the facilities and environment for those living in prison, staff facilities, such as break rooms, gym access and canteens, may also affect staff well-being and may send an important message about how they are valued.

Cleanliness is vital, first and foremost for health and decency, but also because a clean and pleasant environment signals that law-abiding behaviour is the norm and that the people who share this environment respect and care about each other. One rehabilitative prison began its cultural change journey by organising a system for staff and prisoners to volunteer to contribute to environmental improvement. Once improvements started to take hold, an increasing number of people signed up as volunteers and the sense of community expanded to include other forms of work for the community and its individual members, such as those who were aging, unwell, or simply frightened. This citizenship approach is wholly rehabilitative, enabling people to use their existing skills and discover new ones that they can use for the good of others. The underlying principle of 'Do Good Be Good' has a strong evidence base, confirming that working for the good of others is identity-changing.[29]

The importance of normality

The way the environment is designed and the regime that is run can influence how disconnected people can feel from the world outside prison. We are beginning to understand the harms of imprisonment better. Loss of liberty is the punishment bestowed by the courts, but how life in prison is experienced can make this a deeper experience, disconnecting people even further from society, which can impact on their transition back into the community. Life in prison is can be thought of as remarkably 'not normal', beyond the loss of liberty which is expected. For example, where a prisoner can be and when they can move is often strictly controlled, basic tasks (such as cooking and laundry) are often completed by others, and access to basic items (such as toilet paper) can require a specific request to be made. Even the language used in prisons further highlights the disconnect between prison and the community;

common language, for example, includes 'cell' rather than 'room', 'canteen' rather than 'shop', 'education' rather than 'college', and 'offender' rather than 'person'. If we can reduce this disconnect, and encourage and support prisoners in taking greater responsibility for themselves, we hope to contribute towards a more rehabilitative culture, and to a smoother and more effective transition back into the community. The use of in-cell telephones and computers is much more in keeping with life outside of prison for example, and some prisons have actively begun changing the language that they use. In one particular prison, senior staff paired up with prisoners to tour the prison to spot 'not normal' language and environmental features to change.

Conclusion

Rehabilitative cultures offer many advantages. While they require a platform of safety and decency, once in place they also contribute to safety and decency. This enables a more productive setting where both staff and prisoners feel free from threat of physical and emotional harm, and are therefore better able to focus on relationships and planning for the future. Rehabilitative cultures are respectful and hopeful environments, places where staff can experience greater job satisfaction and prisoners can experience support and encouragement to make personal and lifestyle changes. Rehabilitative cultures do require sufficient staff, but more important is the approach taken by staff in their dealings with prisoners.[30]

Rehabilitative cultures are, of course, not the entirety of the vision for more rehabilitative prisons: effective evidence-based interventions are also necessary to strengthen the skills needed for emotional regulation and overcoming substance misuse, as are education, vocational training, and services to assist with financial self-management, housing and enhanced supportive family ties.

There is no one way to develop a more rehabilitative culture in a prison, but the starting point should, it seems, be the people who live and work there, not practices and systems that are imposed by the central administration. In HMPPS, we are seeing something of a cultural revolution taking place, as prison leaders empower their staff and residents to contribute actively to cultural analysis and improvement. Where leaders dare to be different, and take their staff with them as they go, prisons can indeed become places of rehabilitation.

29. Wilson, T.D. (2011). *Redirect: The surprising new science of psychological change.* Allen Lane.
30. Franke, D., Bierie, D., & Mackenzie, D.L. (2010). Legitimacy in corrections: A randomized experiment comparing a boot camp with a prison. *Criminology and Public Policy, 9,* 89–117.

Diversity and vulnerability in Prisons in the context of the Equality Act 2010:

the experiences of Black, Asian, Minority Ethnic (BAME), and Foreign National Prisoners (FNPs) in a Northern Jail.

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Introduction

This article details findings from a pilot study that was funded by the universities of Newcastle, Northumbria and Liverpool John Moores. The study was undertaken in an English Northern prison by members of the North East Regional Race Crime and Justice Research Network (NERRCJRN) and was approved by the National Offender Management Service (NOMS). The study arose out of concerns by practitioner members of the NERRCJRN that following the passing of the Equality Act (2010) there had been a dilution of focus on 'race' equality. The Equality Act (2010) shifted the emphasis from an Equality Duty that was focused on distinct protected characteristics of race, disability, gender to one that is all inclusive. The concern was that the positive focus on 'race' which had been growing in recent years, particularly in prisons, would be compromised. The aims of the pilot project were to explore the experiences of BAME national and Foreign National Prisoners (FNPs) in this prison (which is a Category B adult male prison) to find out how the specific needs of these prisoners are being met and to explore how the prison is responding to and managing prisoner vulnerability in relation to 'race', post the 2010 Act. The research methods consisted of:

❑ *In-depth semi-structured interviews with a quota sample of prisoners.[1] These included 13 British BAME prisoners and 3 prisoners categorised by the prison as foreign national prisoners (FNPs). In terms of ethnicity, rather than prescribe a set of categories we asked prisoners to state their own ethnic categories. The British BAME prisoners included three Pakistanis, one Indian, two Black Africans, two Black Caribbean's, and five Travellers. Travellers are treated in this article as a distinct BAME category with specific needs and they included one Scottish traveller, two English travellers and two British Irish Travellers. The FNPs included one Libyan, one Bangladeshi and one prisoner from the Republic of Ireland. All the prisoners interviewed were able to speak English although options for interpreters were provided.*

❑ *In-depth semi-structured interviews with a purposive sample of prison staff including: uniformed prison officers; the deputy manager responsible for equality and diversity; education staff; the Prison Imam and Chaplain (9 in total).*

❑ *A focus group with three members of the Independent Monitoring Board.*

The interviews covered a variety of topics ranging from race relations in the prison; management of prisoners' complaints; experiences of racism or discriminatory behaviour;[2] perceptions of the prison experience; and the management of prisoner demands and vulnerabilities. The researchers complied with the ethical guidelines of Newcastle University and the Ministry of Justice/NOMS.

Context

Several studies have been published on race relations in prisons.[3] Many of these studies have

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1. As this was a pilot study we did not attempt to obtain a representative sample of prisoners at the prison. Prisoners were made aware of the research and we used snowball sampling to interview those who came forward. Although small, the sample consisted of a diverse range of ethnicities that are typically found in British prisons.
2. The examples cited in the article were obtained from inmate interviews. We did not investigate inmates to staff racist behaviour, because the primary aim of the research was to explore the experiences of prisoners. However, two members of staff mentioned an allegation of a racist comment made by an inmate against a female member of staff. This is an area for further research.
3. Genders, E. and Player, E. (1989) *Race Relations in Prison*. Oxford: Clarendon Press; Cheliotis, L.K. and Liebling, A. (2005) 'Race matters in British Prisons', *British Journal of Criminology*, 45, 1-32; Ellis, T., Tedstone, C. and Curry, D. (2004) *Improving race relations in prisons: what works?* Home Office Online Report 12/04. London: Home Office.

indicated that BAME prisoners are more likely than their white counterparts to explain their negative experiences of imprisonment as resulting from racism and that these 'allegations' are often justified.[4] The particular difficulties foreign national prisoners face in the UK prison system have also been reasonably well documented. Studies have shown that they share many of the common vulnerabilities that many prisoners face, but they are more vulnerable in terms of 'language barriers, difficulties in contacting families, accessing information and services, and the ever-present threat of deportation'.[5] Studies have shown that due to the above factors, FNPs are more at risk of psychiatric illnesses than other prisoners.[6] Borrill and Taylor also attributed the increase in self-inflicted deaths among FNPs in 2007 to these factors.[7]

Addressing race relations and racism in prisons has been one of the priorities of the prison service and NOMS for decades. Major revisions have occurred since the publication of the Macpherson report in 1999.[8] NACRO,[9] the Equality and Human Rights Commission,[10] Prison Reform Trust (PRT)[11] and the Ministry of Justice/NOMS[12] have published several reports that provided many guidelines on how race issues are to be addressed in British prisons. The 2008 Race Review provided a detailed report on progress that had been made in the prison service to address the recommendations in the 2003 Commission for Racial Equality (CRE) report and those made in Lord Keith's inquiry into the death of Zahid Mubarek[13] (including issues arising from the death of Shahid Aziz at Leeds in 2004). The Review noted that despite considerable investments that have been put into changes in procedure and management, the experience of BAME prisoners and staff has not been significantly transformed. For example, the report suggested that there is more to be done to make the complaints process suitable to handling covert forms of discrimination.[14]

Since 1996, the Prisons Ombudsman (now the Prison and Probation Ombudsman) has repeatedly reported on the plight of BAME and FNPs and highlighted complaints of these prisoners who had alleged that their experiences or treatments were discriminatory and/or racist. While available statistics show that racism is not high on the list of complaints by prisoners, the Ombudsman reports revealed that this was due, partly, to the fact that allegations of 'racism' were often undermined where prisoners' complaints could easily be placed under any of the other complaints categories such as adjudications, assaults (between inmates), properties, general conditions or even 'miscellaneous'.[15]

The concept of vulnerability has been used in prison literature more broadly, but generally to refer to notions of significant need, risk, susceptibility to harm or neglect; lacking durability or capability;[16] inability to cope with the prison environment, for example, vulnerability to suicide[17] due to poor mental health or the inability of the prison to provide adequate care and support.[18] Ricciardelli et al (2015) have differentiated between

4.   Young, Baroness Lola (ed) (2014) The Young Review: Improving outcomes for young black and/or Muslim men in the Criminal Justice System Final report. London: The Young Review; Liebling A, Arnold H and Straub C (2011) *An exploration of staff–prisoner relationships at HMP Whitemoor: 12 years on. Revised Final Report*. London: Ministry of Justice.

5.   Martynowicz, M. (2016) Not so multicultural prison: Polish prisoners in a transitional prison system, *Criminology & Criminal Justice*, Vol. 16(3): 337–349, pp. 337 – 338; Bhui H.S. (2004) *Going the Distance: Developing Effective Policy and Practice with Foreign National Prisoners*. London: Prison Reform Trust; Bhui H.S. (2007) Alien experience: foreign national prisoners after the deportation crisis, *Probation Journal* 54(4): 368–382; Bhui, H.S. (2016) 'The place of 'race' in understanding immigration control and the detention of foreign nationals', *Criminology & Criminal Justice*, Vol. 16(3) 267–285; HM Inspectorate of Prisons (2006) *Foreign National Prisoners: A Thematic Review*. London: HMCIP; HM Inspectorate of Prisons (2007) *Foreign National Prisoners: A Follow-Up Report*. London: HMIP; Prison Reform Trust (2004) Forgotten Prisoners: *The Plight of Foreign National Prisoners in England and Wales*. London: Prison Reform Trust; Prison Reform Trust (2012) *No way out: A briefing paper on foreign national women in prison in England and Wales*, January 2012. London: Prison Reform Trust.

6.   NACRO (2010) *NACRO Mental Health Briefing Paper 2010.Foreign National Offenders, Mental Health and Criminal Justice System*. London: NACRO; Barnoux, M and Wood, J. (2013) The specific needs of foreign national prisoners and the threat to their mental health from being imprisoned in a foreign country, *Aggression and Violent Behaviour*, 18, 240-246.

7.   Borrill, J. and Taylor, D. A. (2009) Suicides by foreign national prisoners in England and Wales 2007: mental health and cultural issues, *The Journal of Forensic Psychiatry & Psychology*, Vol. 20(6), 886–905.

8.   Ellis, T., Tedstone, C. and Curry, D. (2004) *op.cit*.

9.   NACRO (2000) *Race and Prisons: a snapshot survey*. London: NACRO.

10. Equality and Human Rights Commission (2016) *England's most disadvantaged groups: Gypsies, Travellers and Roma*, March 2016, available atwww.equalityhumanrights.com/IsEnglandFairer

11. Prison Reform Trust (2014) *Bromley Briefings Prison Fact file,* Autumn 2014. London: Prison Reform Trust; Prison Reform Trust (2015) *Prison: The facts. Bromley Briefings* Summer 2015. London: Prison Reform Trust.

12. Ministry of Justice/National Offender Management Service (NOMS) (2008) *Race Review 2008 Implementing Race Equality in Prisons—Five Years On*. London: MoJ/NOMS; Ministry of Justice/NOMS, *Promoting Equality in Prisons and Probation* (2008) *The National Offender Management Service Single Equality Scheme 2009–2012*; Ministry of Justice/NOMS (2011) *Ensuring Equality*.PSI 32/2011 London: NOMS Agency Board.

13. Keith, The Honourable Mr Justice (2006) *Report of the Zahid Mubarek Inquiry vols.1 and 2*. London: TSO.

14. See also Cheliotis and Liebling (2005) op.cit.

15. Prisons and Probation Ombudsman Annual Reports (1996 – 2015) *Prison Ombudsman reports*.

16. Mechanic, D and Tanner, J (2007) Vulnerable People, Groups, And Populations: Societal View, *Health Aff*September 2007 vol. 26 no. 5 1220-1230, Page 1221.

17. Liebling, A. (1995) Vulnerability and suicide, *British Journal of Criminology*, Vol 35 (2): 173-187.

18. Rickford, D. and Edgar K. (2004) *Troubled Inside: Responding to the Mental Health Needs of Men in Prison, a Prison Reform Trust report*.

different aspects of vulnerability, namely physical, administrative and emotional vulnerability.[19] Whereas many studies have exposed the vulnerability of several groups such as women,[20] older age prisoners,[21] disabled prisoners,[22] ex-military personnel or veterans,[23] traveller community[24] and LGBT prisoners;[25] and there is even a growing concern about vulnerability to radicalisation whilst in prison,[26] the concept of vulnerability in prison is not commonly associated with 'race'.

In what follows, we focus mainly on BAME and Foreign National prisoners' experiences of vulnerability resulting from racial discrimination, but also look briefly at a broader range of experiences and perceptions of vulnerability that became apparent in the course of this research.

1. Experiences of racist behaviour from other prisoners

All the BAME prisoners interviewed felt emotionally and/or physically vulnerable; they described the environment within the prison as 'rough and dangerous'; some said that they felt 'intimidated' and many talked about experiences of 'racial harassment', 'racist verbal abuse' and 'non-stop hustling'.[27] One prisoner commented: 'On F wing, on the pad on the wall, it says: "'All Pakis should be killed. All blacks should be killed"'''. Racism is more intimidating when it is covert. According to a black prisoner: '[Racism in prison is not done] to your face but when you are walking down the landing… You can feel [sense] it. They won't touch you because they will get booked for it'. Previous research suggests that the subtle forms of discrimination that ethnic minority prisoners are exposed to can amplify their vulnerability.[28]

> BAME prisoners saw all racist behaviour in prison as impacting seriously on their vulnerability both in terms of physical and emotional harm.

Some of the prison officers interviewed said that they were aware of instances of racist behaviour among prisoners such as name-calling and the writing of racist/far-right graffiti, but that such behaviour was always challenged by staff. A Diversity Officer added that it is sometimes difficult to find out who was responsible. According to a Custodian Manager, racist behaviour in prison was due mainly 'to ignorance'. Generally, staff at this prison did not see racist behaviour amongst prisoners as so much of an issue compared with the BAME prisoners who saw all racist behaviour in prison as impacting seriously on their vulnerability both in terms of physical and emotional harm.

2. Geographical location and vulnerability

The Prison Chaplain suggested that racism issues were partly due to the geographical location of the prison. According to him:

……Prisoners who are not from here often complain about racism, but this is not always the whole story… there are no black officers in this prison, but again that is due to the geographical location of the prison. You can't help geography. No matter what you do it still has a bearing. It would be stupid to say that it doesn't.

Thus, the Chaplain has highlighted the important issue of feeling vulnerable because one is not from the area where one's prison is located and do not see staff representative of different cultural or ethnic groups.

19. Ricciardelli, R., Maier, K., & Hannah-Moffat, K. (2015) Strategic masculinities: Vulnerabilities, risk and the production of prison masculinities, *Theoretical Criminology*, 1-23.
20. Home Office (2007) *The Corston Report: A report by Baroness Jean Corston of a Review of women with particular vulnerabilities in the Criminal Justice System*, London: Home Office; Women in Prison (2017) Corston + 10 The Corston Report 10 years on, London: Barrow Cadbury Trust.
21. Prison Reform Trust (2008) *Doing time: the experiences and needs of older people in prison, a Prison Reform Trust briefing*, London: Prison Reform Trust.
22. HM Inspectorate of Prisons (2009) *Disabled prisoners: a short thematic review on the care and support of prisoners with a disability*. London: HMIP.
23. Lyne, C. and Packham, D. (2014) *The needs of ex-service personnel in the criminal justice system: a rapid evidence assessment*, Ministry of Justice Analytical Series, Page 7.
24. Op cit (1) and (2)
25. Maschi, T., Rees, J., and Klein, E. (2016) "Coming Out" of Prison: An Exploratory Study of LGBT Elders in the Criminal Justice System, *Journal of Homosexuality*, Vol 63(9), 1277-1295.
26. Mulcahy, E., Merrington, S., and Bell, P. (2013) The Radicalisation of Prison Inmates: Exploring Recruitment, Religion and Prisoner Vulnerability, *Journal of Human Security*, Vol 9 (1), 4-14.
27. Burnett, R. and Farrell, G. (1994) *Reported and Unreported Racial Incidents in Prison*s. University of Oxford Centre for Criminological Research Occasional Paper No.14; Clements, J. (2002) Diversity and Equality: Moulding a new future around racial equality. *Prison Service News*, July/August 2002; Commission for Racial Equality (2003) cited in Cheliotis and Liebling (2005) op.cit.
28. *Race Review 2008*,op.cit;Chakraborti N. and Phillips C. (2013) Minority groups and the penal landscape: Challenges for research and policy, in Dockley A. and Loader I. (eds.) *The Penal Landscape: the Howard League Guide to Criminal Justice in England and Wales*, London: Routledge.

3. Uncertainties of the prison environment: access to services and facilities

Some BAME interviewees felt that there were no clear rules regarding access to services and facilities in the prison; they believed that there were 'different rules for different people'. Some of them said that they were being denied or given restricted access to visits, work, education, healthcare services and the gym and that this was because of their nationality or ethnicity.[29] These allegations were denied by prison officers. With regard to prison work, the officers argued that access to certain jobs was generally restricted to certain prisoners because of their disability or lack of skills required to perform specific tasks. Prisoners who could not read or write or those whose first language was not English had fewer opportunities because 'if they want a job as a cleaner they need to be able to read the cleaning detergents' (Custodian Manager). The prison staff also argued that the apparent unequal access to facilities in the prison was not race related, but due to other logistical factors such as staffing issues and inadequate knowledge of different cultural needs. However, the prisoners who described their experiences of being denied access to work or other facilities were not clear about why these decisions were made. Some felt that they were denied things others had access to. For example, an Irish Traveller pointed to the lack of help with literacy skills and felt that there was 'nothing for Irish prisoners', but 'Asians have access to these things'. The lack of help for those who could not read or write exacerbated the uncertainty of the prison environment experienced by these prisoners as they were unable to read notices on the Notice Board or understand the complaints procedure. This was particularly the case with Traveller and Romany prisoners.[30] An issue was also raised about the difficulties encountered by the prison in managing the expectations of BAME prisoners who claimed that they were being denied privileges that they enjoyed at their previous prisons and that this denial was racist.

> Some BAME Muslim prisoners we interviewed felt that they were being treated with less respect than British white prisoners because they were Muslim.

4. Respect

Some BAME Muslim prisoners we interviewed felt that they were being treated with less respect than British white prisoners because they were Muslim. One prisoner argued that the vulnerability of Muslim prisoners in this prison was exacerbated by the fact that there were 'few Muslim prisoners and no Muslim prison officer in this prison'. According to another prisoner, '[staff] need to know how to address Muslims'.

Muslim prisoners also felt that their faith-related needs were neglected by the prison which they saw as a blatant disrespect for their faith. These included food (e.g. no halal food or halal meat mixed with other meats); being forced to share cells with non-Muslims, not being allowed 'to wash private parts', not being able to take showers before prayer and no prayer mats available for Muslims. These faith-related complaints have been expressed by Muslim prisoners in several other prison studies.[31] Studies have also shown that perceptions of discrimination and disrespect often arise from Muslim prisoners where the prison's explanations of decisions taken are not clear or fully explained to the prisoners.[32] However, although Muslim inmates at this prison had some faith-related concerns, they were generally satisfied with the facilities provided by the prison for prayers and other Islamic activities.

Muslim prisoners also expressed their vulnerability in terms of being stereotyped as terrorists. At the time of conducting this research, the Paris attacks had just occurred (December 2015). One Muslim interviewee was concerned that this event could lead to Muslims being treated differently 'not because of attitudes of staff, but because of media attention and biased portrayal of Muslims'. In this context, the only authority-figure Muslim prisoners seemed to be able to rely upon for support at the prison was the prison Imam who was well respected by both prisoners and staff. Other studies have hailed the positive contributions of prison Imams as facilitators of good communication between prisoners and prison officers.[33] This Imam was noted as having played an important part in

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29.   *Race Review 2008* op.cit.;HM Chief Inspector of Prisons (HMCIP) (2015) *Annual Report 2014-15*.
30.   See also *Race Review 2008*op.cit.p 59, 148; HM Chief Inspector of Prisons (HMCIP) (2014) *People in prison: Gypsies, Romany and Travellers: A Findings Paper*, London: HM Inspectorate of Prisons.
31.   See Race *Review 2008*op. cit.,pp.50, 147.
32.   Cheliotis and Liebling (2005) op.cit.
33.   Liebling, Arnold and Straub (2011) op. cit.

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maintaining communication between prisoners and staff at the time of the Paris attacks.

Traveller prisoners also reported being treated with less respect than other prisoners simply because they were Travellers. According to one Traveller prisoner 'they [prisons] have behaved that way for years'. The Traveller community group felt that they could only trust someone from their own particular group to understand and know how to assist them. They resented the fact that there was no Traveller representative at the prison at the time of the research. Instead, the 'Traveller community' in the prison had 'informally' appointed one of them to be their representative and were in the process of asking the prison authorities to recognise that person as their representative.

5. Isolation and uncertainty (mainly by FNPs)

This study shows some similarities with findings of previous studies on the vulnerabilities of foreign nationals in British prisons in terms of: (1) overstay in prison beyond their prison sentence; (2) not knowing their release date and what is going to happen during and after completion of their sentence; (3) experiencing uncertainty and fear of deportation after their sentence; (4) mental health issues; (5) not being able to speak English which has led to other barriers such as not being able to get a job and not understanding how the prison system works; and (6) limited contact with families.[34] Prison staff mentioned the lack of background information on FNPs when they come to the prison. In spite of this, the prison had taken steps to ensure that these prisoners had access to legal advice, but translation services had been difficult to organise. It was noted that unlike other prisoners, there were no accredited offender behavioural programmes for FNPs in the prison. The Acting Deputy Governor said that the prison liaise with the Immigration Service, but was not aware of any other external organisations that could provide support for FNPs. Embassies were contacted on an ad-hoc basis, but the prison has encountered difficulties obtaining family contact phone numbers from some foreign countries. Two of the FNPs interviewed mentioned experiencing racial hatred mainly from fellow inmates, but not from staff. Their major concern was their vulnerability by virtue of being literally invisible, isolated and helpless, and uncertain about the future.

6. Disempowerment: complaints procedure

The issue of being disempowered was raised mostly in the context of the prisoner complaints system within the prison. A general lack of confidence in the complaints system and a sense of being unable to raise concerns or see positive outcomes when using the complaints system were evident in a number of interviews.[35] Problems mentioned by prisoners included complaints going missing or not being followed through; nothing done and staff putting pressure on prisoners not to make complaints. Some prisoners felt that it was not worth complaining. According to one prisoner: 'Nothing happens...Don't complain —— it's better if you don't. The less you complain the better it is'. Another interviewee commented:

Officers give you abuse for making complaints. When one Asian complains, they leave it and say, 'another Asian has complained; we'll deal with it when we get 80'. But there are no 80 Asians here. Officers are just taking the piss.

> A general lack of confidence in the complaints system and a sense of being unable to raise concerns or see positive outcomes when using the complaints system were evident in a number of interviews.

Other comments included; not wanting to 'go against a prison officer'; 'get on the wrong side of people'; or 'be seen as a "'grass"''. Accordingly, an interviewee said that he preferred to 'deal with' racist actions against himself in his own way. However, positive comments about the complaints system came from some of the prisoners who said that they were helped by the Imam and that some prison officers and Prisoner Information Desk (PID) workers were 'good' (helpful). This view was supported by the IMB members we interviewed who noted that since the introduction of PIDs the number of requests to see the IMB has dropped significantly.

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34. Bhui H.S. 2004 and 2007 op.cit. Bosworth M (2011) Deportation, detention and foreign national prisoners in England and Wales, *Citizenship Studies*, 15(5): 583–595; Warr, J. (2016) The deprivation of certitude, legitimacy and hope: Foreign national prisoners and the pains of imprisonment, *Criminology & Criminal Justice*, Vol. 16(3), 301–318.
35. See also *Race Review 2008*, p 62; HM Chief Inspector of Prisons (HMCIP) (2015) *Annual Report 2014-15*, p. 44.
36. See also Ombudsman reports op.cit., and *Race Review 2008* op. cit., p.62.

IMB members said that most of the prisoners' complaints were not race-related, but were about food, contacts with family, money and property.[36] Similarly, the prison staff either felt that racism was not an issue at the prison or that it was well managed and that the prison responded effectively to racist incidents between inmates. They also described the complaints procedure as open and transparent. However, an issue mentioned by staff was that of the difficulty to categorise complaints where allegations of racism were made. Studies have shown that the Macpherson definition of a racist incident[37] (that is, 'any incident which is perceived to be racist by the victim or any other person') is often difficult to apply where the alleged racism is covert or concealed within another complaint category such as assaults, access to facilities and food. The alleged racism must be upheld by sufficient evidence and on the basis of a balance of probabilities.[38] However, the complaints system remains the only avenue in prisons through which prisoners can challenge the sources of their vulnerabilities. Lack of confidence in the system is an indication of prisoner disempowerment. The senior managers in the prison were aware of the need to make the complaints system effective and claimed to be doing more to improve it. This was supported by members of the IMB who felt that they provide an easily accessible avenue for prisoners to raise complaints directly with them. The IMB members also noted that they tend to be proactive by making themselves more visible around the prison and that they are called in whenever there is a serious incident. However there was a tendency by prisoners to view the IMB as being part of the authorities of the prison. According to the Residential and Safety Manager 'sometimes it's hard to find out who is responsible, so, the perception is that nothing has been done'. This is an area for further research, along with the role of the IMB.

7. Democratic Participation

According to prison officers interviewed, there were several consultative and support mechanisms available in the prison to address discrimination, advance equality of opportunity and promote good relations between prisoners and staff. These included focus group meetings for BAME, disabled, and older prisoners where they could raise concerns; PID meetings; equality meetings; the Diversity Group; the User Voice Group and the Prison Council. Others included the use of faith leaders namely the Imam and Chaplain, the staging of cultural events (Black History month, Holocaust Memorial day, Open days); and the Governor going around the prison twice a week. A specific group had been established for ex-military personnel/veterans by a prison officer who himself was a veteran but there was no group set up for the LGBT prisoners because 'there were no takers'. Travellers also had no official representative group in the prison.

Many of these initiatives and mechanisms were mentioned by prisoners, indicating that these activities did not go unnoticed. However, some of the prisoners we interviewed felt that despite all of that they still had no voice in the prison system and that more needed to be done to improve communication between them and the prison authorities.[39] Challenges mentioned by staff in relation to the consultative groups include the difficulty in sustaining the level of engagement in consultation because of staff workloads. According to the Imam, 'lots of stuff does come out of the meetings but it is actioning that is the issue; staff do try and do things but staff just don't have the time to deal with all of it'.

8. Perceptions of vulnerability: staff and prisoners compared

Prison officers at this prison defined vulnerability mainly in terms of those who have specific needs or require special support and those in need of protection from harm, for example from other inmates. In particular, they mentioned prisoners with disabilities, older prisoners, sex offenders, LGBT community, ex-military personnel/veterans with specific emotional, mental health or drug abuse problems, and prisoners with mental health concerns more generally. Some prison officers said that older and disabled prisoners were most vulnerable because the prison did not have wheelchair access facilities.

In contrast, prisoners' perception of vulnerability was much wider in scope. Prisoners talked not only about who was vulnerable but also what makes people vulnerable. For some prisoners, being vulnerable simply

> Lack of confidence in the system is an indication of prisoner disempowerment.

37.   Macpherson, W. (1999).*The Stephen Lawrence Inquiry* at:
      https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf.
38.   Edgar, K. (2010) *A Fair response: developing responses to racist incidents that earn the confidence of black and minority ethnic prisoners*. A Prison reform Trust Briefing. London: Prison Reform Trust.
39.   *Race Review 2008* op.cit. p.139.

meant that the person was an easy target by other prisoners for various reasons. Those vulnerable in this regard were those who were susceptible to being harmed by other prisoners such as first time prisoners, prisoners with mental health issues, gang members and sex offenders. Some prisoners said that a prisoner can also be vulnerable due to being seen as 'different', not fitting in, or having no skills required in order to survive in prison. FNPs and BAME prisoners believed that their culture, religion, ethnicity and nationality had made them more vulnerable in prison than British white prisoners. However, according to a prisoner 'it doesn't matter who you are; it just depends on how you put yourself across. [There are] vulnerable prisoners but no particular groups'. One prisoner did not perceive that his race made him necessarily vulnerable. According to this prisoner, being able to work out how to 'survive' seemed to be crucial to someone's perceived vulnerability.

Discussion and conclusions

British prisons are multicultural and diverse institutions,[40] perhaps even more so than the wider society. How prisons are able to manage these diverse populations is now a key feature in the assessment of prison performance. This includes understanding and providing fair and equal treatment to persons of varying ethnicities, cultures, faith, nationality and vulnerabilities without diluting its core task of keeping safe and secure those that are serving prison sentences.

Whilst recognising the fact that there are many circumstances that can cause a person to be vulnerable in prison, this study has singled out the category of 'race' as the focus of its discussion of vulnerable prisoners. Studies have shown that most of the 'protected characteristics' are vulnerable when incarcerated and that their vulnerability is partly due to these characteristics. 'Race' is one of the least mentioned in this regard; gender reassignment and sexual orientation are two other obvious ones. Vulnerabilities accruing from 'race' range from susceptibility to harm resulting from being unprotected from subtle and overt experiences of racism, to experiences of isolation and disempowerment. This study found that prisoners can be vulnerable by virtue of being located in a Northern prison, not being provided with adequate mechanisms for voicing out their concerns and having little faith in the prison's complaints system. Although there was evidence that the authorities at this prison were concerned about race issues and steps had been taken to improve the conditions of BAME and FNPs, the study found that most of the concerns raised in the 2008 Race Review and subsequent reports and studies on FNPs still existed at the time of this research.

It is mandatory under the Equality Act (2010) that those subject to the general equality duty must have due regard of the need to:

❒ *Eliminate unlawful discrimination, harassment and victimisation*
❒ *Advance equality of opportunity between different groups*
❒ *Foster good relations between different groups.[41]*

How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty. Although public authorities are not required to set equality outcomes for each protected group, each public authority has flexibility to decide what the equality outcomes are and how many to set. Most importantly, it is required that public authorities must take reasonable steps to involve the relevant groups in the preparation of equality outcomes.

It could be argued that the 2010 Equality Act will not dilute attention to 'race' in prisons if 'protected characteristics' are seen as vulnerabilities, not 'diversity'. This means that prisons need to go further in terms of understanding what makes someone vulnerable in the prison, how prisoners express or perceive their vulnerabilities and how the specific needs accruing form these vulnerabilities can be met. This study supports Ricciardelli et al's[42] definition of prisoner vulnerabilities as administrative, physical and emotional. Most of the vulnerabilities identified by BAME and FNPs in this study emanate mainly from institutional structures, practices and decision-making. Accordingly, it is imperative that prisons recognise that some demands by prisoners are/could be expressions of vulnerabilities and therefore, set standards in terms of institutional ways of responding to them. This, perhaps, calls for the demise of the use of the term 'diversity' in prisons as it does not, in itself imply anything concrete in terms of policy and performance; and its replacement with 'vulnerability' as an all embracing and flexible term that the prison system uses to respond to prisoner needs and concerns.

40. Phillips, C. (2012) *The Multicultural Prison*. Oxford: Clarendon Studies in Criminology. Oxford University Press.
41. Equality Act (2010) s. 1.
42. Ricciardelli, R., Maier, K., & Hannah-Moffat, K. (2015) op.cit.

Vulnerable Women:

Meeting the needs of female offenders within a gender-specific service.

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Introduction

More than a decade ago, the Corston Report (2007)[1] suggested that custody should only be used for those women who have committed serious and/or violent crimes; striking a balance between 'retributive justice' and the inherent vulnerabilities including past abuse and mental illness, prevalent amongst this group. Consequently, there has been a move to promote alternatives to custody for women, recognising that they have different needs to their male counterparts.[2] Despite this acknowledgement, female incarceration rates remain high, with women more likely than men to receive a custodial sentence for their first offence.[3] The increasing numbers of women given a custodial sentence can be linked to harsher sentencing and a reduction in community disposals, with 84 per cent of women in prison serving custodial sentences for non-violent offences.[4] Almost half of women in prison have been convicted of theft but despite a 4 per cent reduction in convictions for theft between 2009–2013, the number of women given a custodial sentence increased by 17 per cent.[5]

However, female offenders represent a small minority of prisoners and therefore they are 'easily overlooked in policy, planning, and the provision of support services'.[6] That being said, when comparing female to male offenders, the reoffending rates following a sentence of 12 months or less, are similar.[7]

This paper uses the perspective of views of female prison workers to argue that the impact of custody on women is disproportionate to that of their male counterparts, as result of these different needs and experiences prior to and during custody. Female offenders differ in a number of important ways from their male counterparts, with the majority convicted for non-violent crimes,[8] but despite this, women are more likely to receive a custodial sentence for a first offence.[9] Studies suggest that women who offend have frequently experienced domestic and sexual violence,[10] past abuse, loss and addiction.[11] This is supported by data from a Ministry of Justice study that highlighted that 53 per cent of female prisoners had experienced some form of trauma, compared with 27 per cent of male prisoners, and were twice as likely to be suffering from a mental illness, alcohol and substance abuse.[12]

A custodial sentence can also lead to the traumatic loss of their children;[13,14] as well as making it very difficult for them to regain full care of their children on release.[15] Furthermore, due to the smaller number of female prisons, women are often serving their sentence some distance from home, impacting

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1. Corston, J. (2007) *The corston report.* London: Home Office.
2. Gelsthorpe, L. (2007) 'Sentencing and gender.' In Sheehan, R., McIvor, G. and Trotter, C. (eds.) *What works with women offenders*. Cullompton: Willan Publishing, pp. 40–60.
3. Prison Reform Trust (2017) Why focus on reducing women's imprisonment? Prison Reform Trust Briefing. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Women/whywomen.pdf.x
4. Women in Prison (2017) Key Facts: A round-up and latest key statistics regarding women affected by the criminal justice system. [Online] [Accessed on 1 November 2017] http://www.womeninprison.org.uk/research/key-facts.php>
5. Ibid, 4.
6. Ibid, 3.
7. Ministry of Justice (2016) *Statistics on Women and the Criminal Justice System 2015 A Ministry of Justice publication under Section 95 of the Criminal Justice Act 1991*. London: Ministry of Justice.
8. Michalsen, V., Flavin, J. and Krupat, T. (2010) 'More than visiting hours: maintaining ties between incarcerated mothers and their children.' *Sociology Compass,* 4(8) pp. 576–591.
9. Ibid, 3.
10. Robinson, A. (2011) *Foundations for offender management: Theory, law and policy for contemporary practice*. Bristol: Policy Press.
11. Lempert, L. B. (2016) *Women doing life: gender, punishment and the struggle for identity*. New York: New York University Press.
12. Ibid, 3.
13. Light, M., Grant, E. and Hopkins, K. (2013) *Gender differences in substance misuse and mental health amongst prisoners: Result from the surveying prisoners' crime reduction (SPCR) longitudinal cohort study of prisoners*. Ministry of Justice, [Online] [Accessed on 28th May 2017] http://www.justiceacademy.org/iShare/Library-UK/gender-substance-misuse-mental-health-prisoners.pdf
14. Cummins, I. (2016) *Mental health and the criminal justice system: A social work perspective*. Northwich: Critical Publishing Ltd.
15. Ibid, 3.

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on their ability to maintain family and social ties.[16] Despite these clear differences, gender has frequently been ignored in discussions about the impact of prison on women.[17]

Women's experience of custodial sentences needs to be contextualised because 'issues such as power, control and trust have different meanings for female prisoners'.[18] Staff working in a gender-specific service need to build therapeutic relationships within the secure environment,[19] in order to support women to deal with past victimisation, abusive relationships and mental health concerns.[20] Despite the provision of gender-specific services within prisons[21] and the Equality Act (2010) requires that women are provided with 'female-only' services,[22] these have not always been fully evaluated.[23]

Previous research has suggested that the support offered to women needs to address both psychological and social factors by taking a strength-based recovery model, that seeks to build the women's resilience and autonomy[24] by engaging with their mental health needs, addictions and past trauma.[25] However, the provision of gender-specific support has not gone unchallenged, with some suggesting that these services are based on stereotypical assumptions about female roles[26] and female offending, potentially denying the woman's agency.[27]

This Study

This small case study has been designed to explore the views of workers in a gender-specific service within a women's prison in the north of England. While acknowledging that the sample is limited to five members of staff within the service, the findings could inform future research. This study took a social constructivist approach to understand how the support workers 'construct and make sense of…'[28] their work with female offenders. The study is a case study based on a qualitative methodology, offering the opportunity to examine the subjective experiences of the workers.[29] The study utilised semi-structured interviews which were designed to be face-to-face, however, for some participants this was difficult, therefore telephone interviews became necessary.

The service studied is located in a women's centre within the prison, with the remit to provide gender-specific services. The role of each study participant differed, however, to preserve confidentiality, it was agreed that a person's specific role would not be identified. The participants included people in leadership roles, specialist domestic violence workers, sex worker support staff and advocates. Each interviewee (n=5) was provided with an information sheet and a consent form before participating in the study.

Participants were given the opportunity to withdraw from the study at any point by emailing or telephoning the researcher prior to data analysis. The interviews were both telephone and face-to-face and lasted between 30-60 minutes. The data sets were coded using NVIVO software to perform a thematic analysis as a method to identify and then analyse patterns within, and across the interview data.[30] The analysis included deductive coding with initial codes that were drawn from the literature, and inductive coding enabled the formation of new codes that were data-driven. This process then led to the identification and naming of four themes across the data set. These themes included, the identification of prisoners as 'victims', offending behaviour seen as a response to 'need', the suggestion that for some, prison represents a 'safe haven' and finally the need to support women to 'move forward' with their lives.

16. Rodermond, E., Kruttschnitt, C., Slotboom, A. M. and Bijleveld, C. C. (2016) 'Female desistance: A review of the literature.' *European Journal of Criminology,* 13(1) pp. 3–28.
17. Crewe, B., Hulley, S. and Wright, S. (2017) 'The Gendered Pains of Life Imprisonment.' *British Journal of Criminology,* 2017 (azw088) https://doi.org/10.1093/bjc/azw088.
18. bid, 15, p.17.
19. Goldhill, R. (2016) 'Reflection on working with vulnerable women: Connecting cans of worms, closure and coping.' *British Journal of Social Work*, 46(5) pp. 1336–1353.
20. Holtfreter, K. and Wattanaporn, K. (2014) 'The transition from prison to community initiatives: An examination of gender responsiveness for female offender reentry.' *Criminal Justice & Behavior*, 41(1) pp. 41–57.
21. Ibid, 2.
22. Ibid, 3.
23. Bartlett, A., Jhanji, E., White, S., Harty, M. A., Scammell, J. and Allen, S. (2015) 'Interventions with women offenders: a systematic review and meta-analysis of mental health gain.' *Journal of Forensic Psychiatry & Psychology,* 26(2) pp. 133–165.
24. Ibid, 19.
25. Golder, S., Engstrom, M., Hall, M. T., Higgins, G. E. and Logan, T. K. (2015) 'Psychological distress among victimized women on probation and parole: A latent class analysis.' *The American journal of orthopsychiatry*, 85(4) pp. 382–91.
26. Elfleet, H. (2017) 'Empowering to be resilient: Neo-liberal penal rhetoric and the Corston report (2007).' *Prison Service Journal,* Issue 230, March 2017 pp. 33–38.
27. Robinson, A. (2011) *Foundations for offender management: Theory, law and policy for contemporary practice.* Bristol: Policy Press.
28. Robson, C. and McCartan, K. (2016) *Real world research: A resource for users of social research methods in applied settings.* 4th ed., Chichester: John Wiley & Sons Ltd.
29. Yin, R. K. (2016) *Qualitative research from start to finish.* 2nd ed., New York: The Guildford Press.
30. Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology.' *Qualitative Research in Psychology,* 3 pp. 77–101.

Prisoners as 'victims'

Within this theme there was recognition that women have often faced a range of adverse experiences prior to receiving a custodial sentence, supporting the earlier observation about women in custody having a history of domestic and sexual violence,[31] past abuse[32] and mental illness, drug and alcohol addictions:[33]

I would say that around 85 per cent of women in prison have been abused either as a child or as an adult (Participant 1).

Women are more complex and they have more things going on for them like domestic violence and sex work (Participant 3).

They have often had more trauma, either in early life or just prior to the offence… including sexual violence (Participant 4).

There was a consensus that female offending is frequently linked to past trauma, and participants suggested that this requires a [therapeutic/treatment] approach that is trauma-informed. The workers were reluctant to discuss the women's' offending because they viewed it as a 'symptom' of their past experiences. The view that women were first and foremost victims was a recurring theme across all of the interviews:

The women that find themselves in custody often have low self-esteem because of the things that they have been through, including domestic violence, child abuse, and sexual violence while working in the sex industry (Participant 1).

Participants suggested that the women's experience of trauma can be on going and therefore continue to impact on them while serving a custodial sentence:

If it is sexual abuse they might want to make a report [to the police] but the problem is the lack of evidence (Participant 5).

A lot of the women are really paranoid and some feel that the world is out to get them…

> The view that women were first and foremost victims was a recurring theme across all of the interviews.

because things have always gone negatively for them that is what they expect (Participant 4).

The workers emphasised the importance of recognising the women they work with as 'victims' of their past experience. This view appears to be appropriate given what is known about women who offend, but it is important to remember that not all victims of abuse go on to commit offences. The identification of women as victims can ensure that they are offered the appropriate support but it also has the potential to deny her the opportunity to make necessary changes in her life.

Offending as a response to 'need'

Another recurring theme was the link between the women's offending behaviour and their social circumstances, with participants suggesting that women often commit crime because they feel they have been left with no other choice:

A woman might be here because they have been caught shoplifting, but she might be in a relationship where the perpetrator has full control over her, everything in the house, including the money…she might have stolen food for herself or her children (Participant 5).

The women have been subject to abuse, control…homelessness, that forces them to stay with people who are engaged in crime including drug use'(Participant 3).

Within this theme, there was also the suggestion that women often lack agency and that they are simply committing crime to meet the needs of their children, or because they had been coerced by a male partner. Participants highlighted the influence of drugs and alcohol addiction as a common factor in the women's narrative, but argued that this is frequently a symptom of their past, rather than the cause of their offending:

When you talk to women you find out they are just using drugs or alcohol to cope with what is happening to them …or forget what they have experienced in the past (Participant 4).

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31. Ibid, 25.
32. Lempert, L. B. (2016) *Women doing life: gender, punishment and the struggle for identity*. New York: New York University Press.
33. Ibid, 3.

They get to the point where they are just not able to cope …within the relationship there is so much violence and then they lash out (Participant 4).

The participants noted the way that a custodial sentence impacts negatively on the woman's social situation, supporting the argument that it can be difficult to maintain family ties[34] and lead to the loss of contact with their children:[35]

When a woman goes into prison, a whole family breaks down (whereas when a man goes into prison nothing much at home changes) the house can be lost, the children can be put into care, family ties can break down and in a lot of cases the woman is actually the breadwinner of the household, so that money goes, she's the recipient of benefits, so that gets messed up (Participant 2).

Despite concern about custody, there was an acknowledgement that for many of the women receiving a custodial sentence allows them to engage with appropriate support. There was a suggestion by some participants that offending behaviour can be a coping mechanism, and despite concerns that custody is problematic, for some women, they described it as a 'safety net'.

Prison as a 'safe haven'

The participants discussed how some of the women they work with have been living very chaotic lives and therefore a custodial sentence can represent a much-needed break from their difficult lives. One participant noted that when a woman comes into custody, it can be the only time where she engages with support because on the outside her life is so chaotic:

…if I haven't managed to track them down outside they will [often] speak to me and engage while they are in custody (Participant 3).

All participants suggested that the provision of gender-specific services for women was essential because their needs are very different to that of their male counterparts.

All participants discussed engaging with the women in positive ways and they suggested that for some women, custody represents a break from their daily troubles. All of the participants agreed that custody can

present an opportunity to engage the women in support but they noted that it could take time to build trust:

You need to tell them what we can offer… you have to start building a relationship by spending time with them one-to-one, following through on what they have asked you to do (Participant 3).

…because we are a gender-specific service, we always have empathy for the women, we consider if they have children …and wider things like if they have been a sex worker (Participant 4).

The participants all noted the importance of support with addiction and mental health concerns and one participant noted how for some, custody is the best way to offer them the stability that they need. They suggested that this includes appropriate support, a strict routine, regular sleep and three meals a day:

'..some tell us that this is the first time in their life they haven't had to look over their shoulder (Participant 5).

They feel that they can relax and their anxiety levels have dropped because they don't feel like everyone is watching all of the time…and reporting back what they've done. (Participant 5).

While discussion the positive impact of feeling safe in custody, the participants expressed concern that some women can feel reluctant to return to their previous life on release. The Together Women Project work with the prisoners to consider what changes they want to make, and link them with a women's centre in the community that can offer them both emotional and practical support on release. The participants noted that despite the appropriate support offered in the community some women could find these changes difficult to maintain:

…for the first time [they] have to make choices, these women can have been isolated for years and he could've had full control over the money, control over where to go…the women often don't have any family or friends to talk to …they might have some but they might all believe him as well …it's a quite scary place to be (Participant 5).

Despite the suggestion that for some women the prison can represent a 'safe haven', a place where they

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34.   Ibid, 14.
35.   Ibid, 11.

can deal with the difficulties in their life, the participants also identified how the risk of self-harm can increase. Participants suggested that women can hit 'rock bottom' and can struggle to deal with their emotions:

> I think they experience crisis differently…they have a lot more self-harm and suicide because they internalise a lot more things than men …[the] temperature can be higher in a female prison (Participant 2).

> They often say, 'I'm not really ready to talk about it' …and that's obviously completely fine, but if that never gets addressed, to what extent is it affecting that woman in her cell at the end of the day (Participant 3).

The participants noted that it can be difficult for women to be completely honest about their experiences within the prison environment, but over time they started to build relationships with the Women's Centre staff. Participants also noted that when the women do engage with support, they can feel overwhelmed with the reality of their situation when they understand what needs to change and this can be a major challenge for some.

Moving forward

The Women's Centre works with the women to plan for their release and for some, this includes a period of time working within a social enterprise organisation where they receive training in business administration as part of their education, training and employment pathway:

> We try and help them gain employment at the end of their time there… it doesn't always work because sometimes they're not at the end of their sentence when they leave us so they go on to community work (Participant 2).

The participants noted changes under the *Transforming Rehabilitation* agenda led to generic resettlement services being located on the prison site, with a responsibility to undertake resettlement services, including initial custody screening and a more in-depth screening, 72 hours after being detained. Through this process, a woman can be referred to the Women's Centre, where there is an identified need and both services will co-work. While acknowledging the strengths of this approach one participant suggested that the generic service ends on release, while the focus of the Women's Centre is to identify on-going support in the community:

> We recognise that the women need to trust the person that they will be engaging within the community and so in their best interests, we will arrange for them to meet while the person is still in custody (Participant 1).

The release from prison was noted as a critical turning point where women have to make a decision about their future. Participants noted that making changes can be particularly difficult for some women who have not experienced positive relationships in their past:

> Often, they will stay [in a] relationships because they think it is good for the kids. It is hard for them to hear that actually, it is not good for their children because if he is stopping her from being the best mum that [she] can be… (Participant 5).

> They need help with practical things like getting some food or some clothes if they are not going home (Participant 3).

> The thing is, you can do all the practical stuff, for example, helping them to find housing [but] what you really need to deal with is their mental health. This is the only way that they will be able to deal with their demons (Participant 1).

Where there has been a history of domestic abuse, the Women's Centre makes the community support services aware that she is due for release, especially where there is concern about on-going risk:

> Workers would engage with the women while they were in custody and would then introduce them to workers who would be supporting them after their release'(Participant 1).

> We work with other agencies to make sure that there is support there and if there is going to be a prosecution we would work with the police to support them with the case'(Participant 5).

> The release from prison was noted as a critical turning point where women have to make a decision about their future.

However, as one participant noted, some women come into custody because of a violent offence against their partner. While recognising that this is frequently in response to provocation, the participant explained that the woman needs to be given appropriate skills through training courses to cope if things get difficult after her release:

> We talk about what they could do instead of lashing out, talk about how they can calm themselves down (Participant 4).

Having the support in place was identified as a crucial for women on release from prison because the first day can be very stressful. The Women's Centre works with community workers to meet the women at the gate and get her to the appointments that she needs to attend that day:

> They might have to go to housing options and sit there all day …they are not going to do it but they might have more chance if they have someone with them to advocate for them (Participant 3).

Where women have a history of non-engagement they can be linked with specialist support staff called 'navigators' in the community:

> We link them up with 'navigators' who will come in and meet them while they are in custody to build a supportive relationship (Participant 3).

Despite these efforts, the participants noted that the woman's willingness and motivation to engage in support is higher whilst in custody, and that frequently when the women are released into the community, the positive intentions can be forgotten, especially where there are issues with alcohol and drug addiction.

Discussion

While acknowledging that this is a small-scale study the findings have supported the previous literature in a number of ways. The workers all identified the vulnerability of female offenders and their history of abuse and trauma.[36,37] The participants noted the negative impact of custodial sentences but there was also an interesting discussion about the positive aspects of imprisonment for vulnerable women. From the data, it appears that the workers focused on meeting the emotional and social needs of the women who received custodial sentences, but they were very reluctant to discuss the offences that had led to the women's imprisonment.

The service provided was based on a strength-based approach as advocated by Bartlett et al.[38] but it could be argued that a failure to engage with the woman's offending, could deny her the opportunity to address all areas of concern and make necessary changes. There is a danger in labelling female offenders as victims,[39,40] because it fails to challenge the women about their offending behaviour. While this is appropriate in some instances, treating all female offenders as a homogenous group[41,42] of 'victims, could lead to missed opportunities to support women in addressing their offending. Participants explained that the 'uniformed staff'' (prison officers), have responsibility for the regime and discipline, leaving them to deal with the women's individual needs. As the women's offending was often linked to addiction, it is crucial that staff in the Women's Centre engage with these issues.

The strengths of the service appear to be that the women viewed the workers as 'different to the prison officers', encouraging a supportive and positive atmosphere within the Women's Centre. The provision of 'through the gate' services ensure that women are offered the appropriate level of support on release, having already established a relationship with a community worker or advocate while in custody. Despite this, the participants acknowledged that some women fail to engage with support when released and this, perhaps explains why some participants felt a custodial sentence could be positive step, offering the women access to the support they need.

The work of the gender-specific service in the prison where the study took place did attempt to build therapeutic relationships with women however, the degree to which this work contributes to longer-term desistance was not clear. While the findings support the previous literature, they also open up other areas for further research. In particular, further research could examine the women's journey from custody to the community to understand what barriers can exist that prevents their longer-term engagement with support and their desistance from crime.

36. Ibid, 21.
37. Ibid, 30.
38. Ibid, 19.
39. Ibid, 8.
40. Ibid, 38.
41. Ibid, 24.
42. Sharpe, G. (2016) 'Re-imaging justice for girls: A new agenda for research.' Youth Justice, 16(1) pp. 3–17.

Rationale and use of computer screening tools in prisons for people with learning difficulties and disabilities

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Introduction

A number of documents in the past ten years have described a clear need to support individuals with learning difficulties and disabilities at all stages of the criminal justice pathway. This includes, for example, the recent *Unlocking Potential Review of Education in Prison*,[1] as well as the *Valuing People Strategy for Learning Disability*,[2] *Valuing people Three Year Strategy*,[3] *The Bradley Review*[4] and a series of *No-One Knows* reports by the Prison Reform Trust.[5,6,7,8,9,10,11] In the *No one knows report* by Loucks[12] specifically, it is estimated that between 20 per cent to 30 per cent of prisoners have learning difficulties *or* learning disabilities that interfere with their ability to cope within the Criminal Justice System (CJS).

While welcoming the increased awareness relating to learning disability and learning difficulties, a number of challenges remain in implementing any support required, especially with the likely numbers being identified. One challenge has been the inconsistent and variable use of terms describing the conditions. A second challenge is the lack of means for screening prisoners consistently and effectively. And then if identified, the processes to support each person according to their needs identified given the variability of presentation and challenges.

This paper is the first of a series aiming to discuss some of these challenges, and examines how a person-centred approach can be enacted. It describes how using technology can be a means of delivering an equitable and robust needs assessment aligning with the *Definition of Disability under the Equality Act 2010*,[13] and presents some over-arching results using the system.

The two key aspects in this paper are:

❑ Firstly, why it is difficult to practically screen people for learning difficulties and disabilities in a prison setting
❑ Secondly, how using technology can help to deliver a person centred approach and support staff understanding around the individual and their needs

Why is screening people for learning difficulties and disabilities in a prison setting difficult to do?

The first part of answering this question is that impairment is not a stable phenomenon but may

1. Coates, op. cit.
2. Department of Health. (2001). *Valuing People: A New Strategy for Learning Disability for the 21st Century*. London: Department of Health.
3. Department of Health. (2009). *Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities*. London: Department of Health.
4. The Rt Hon Lord Bradley. (2009). *Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System*. London: Department of Health.
5. Loucks, N. (2007). *No One Knows: Offenders with Learning Difficulties and Learning Disabilities: Review of Prevalence and Associated Needs*. Prison Reform Trust.
6. Loucks, N., & Talbot, J. (2007). *No One Knows: Identifying and Supporting Prisoners with Learning Difficulties and Learning Disabilities: The Views of the Prison Staff in England and Wales*. Prison Reform Trust.
7. Loucks, N., & Talbot, J. (2007). *No One Knows: Identifying and Supporting Prisoners with Learning Difficulties and Learning Disabilities: The Views of the Prison Staff in Scotland*. Prison Reform Trust.
8. Talbot, J. (2008). *No one knows: Prisoners' Voices: Experiences of the criminal justice system by prisoners with learning disabilities and difficulties*. Prison Reform Trust.
9. Loucks, N., & Talbot, J. (2008). *No One Knows: Identifying and Supporting Prisoners with Learning Difficulties and Learning Disabilities: The Views of the Prison Staff in Northern Ireland*. Prison Reform Trust.
10. Jacobson, J. (2008) *No One Knows: Police Response to Suspects Learning Disabilities and Learning Difficulties: A Review of Policy and Practice*. Prison Reform Trust.
11. Jacobson, K., & Talbot, J. (2009). *No One Knows: Vulnerable Defendants in the Criminal Courts: A Review of Provision for Adults and Children*. Prison Reform Trust.
12. Loucks, op. cit.
13. Available at https://www.gov.uk/definition-of-disability-under-equality-act-2010

change depending on the context, the task, or activity the person is being asked to do. This is sometimes referred to as the ecology of the person (i.e. a person may be impaired in one setting but not in another). Also, the impact of external factors can result in different responses in different people depending on their internal strengths and challenges. This can result in cumulative adversity. For example, an individual may be able to cope with communication difficulties, but could lose their home as a result, and consequently become less able to manage and function well. In some ways this sets the impairment outside the person, meaning that if the environment (and also the individual's behavioral response) was to change, so would the likely impact on that person both positively and negatively. This is particularly important in the context of the CJS. A new and unfamiliar setting may be challenging for all, but for someone with a learning difficulty or disability it may have a far greater impact on their ability to cope. If they cannot read or understand the prison rules this can immediately be a problem for them. However, the specific difficulties may vary greatly from person to person. In the report *Prisoners Voices*, Talbot[14] highlights this: 'People with learning disabilities are not a homogeneous group…they are all individuals with a wide range of life experiences, strengths, weaknesses and support needs. However, many will share common characteristics which might make them especially vulnerable as they enter and travel through the criminal justice system' (p.3).

Government documents in 2014 and 2015 highlighted both the need for clarification over definitions and the need to develop reliable systems and better processes to screen consistently. For example, in the 2014 *Joint Inspection of the Treatment of Offenders with Learning Disabilities within the Criminal Justice System (phase one)* report[15] it states: 'An accurate estimate of the number of people with

learning disabilities within the criminal justice system is impossible because of poor interpretations, about what constitutes a learning disability and a failure to properly identify and record this issue by all the key agencies at all points in the criminal justice process. The specific findings of this inspection are to a great extent a manifestation of these problems of definition and identification' (p.4). Both points were again highlighted in the 2015 *Joint Inspection (phase two)* report,[16] underlining the challenges in operationalizing support: '…we found that no clear definition or agreement existed across criminal justice, health and social care organisations about what constitutes learning disabilities or difficulties' (p.6).

> People with learning disabilities are not a homogeneous group…they are all individuals with a wide range of life experiences, strengths, weaknesses and support needs.

Is it realistic to agree on definitions or is this an impossible task for health, education, and probation to use common terminology?

The challenge in many ways has not been in identifying those who are 'severe' cases where difficulties are usually more obvious or they have been identified at an early stages of their lives by mainstream services, but in those where there is some doubt and defining what is a margin and where lines are drawn. In the study by McCarthy et al.,[17] which screened offenders for learning disabilities and difficulties, nearly all the offenders who had a learning disability had already been diagnosed with some difficulties already. However, those with Attention Deficit/Hyperactivity Disorder (AD/HD) 'traits' had been missed much more. It is those at the edges of diagnosis, or those who might have multiple reasons for their challenges (such as a lack of education or being a looked after child and moving around the system), whom may never have had their needs fully considered, or perhaps for some had challenges misinterpreted. Those who are 'subthreshold' may still be as vulnerable despite no formal diagnosis. The question then is, how do we support them?

14. Talbot, op. cit.
15. HM Inspectorate of Probation, HMI Constabulary, HM Crown Prosecution & the Care Quality Commission. (2014). *A Joint Inspection of the Treatment of Offenders with Learning Disabilities within the Criminal Justice System—phase one from arrest to sentence.* London: Criminal Justice Joint Inspection.
16. HM Inspectorate of Probation & HMI Prisons. (2015). *A Joint Inspection of the Treatment of Offenders with Learning Disabilities within the Criminal Justice System—phase two in custody and the community.* London: Criminal Justice Joint Inspection.
17. McCarthy, J., Chaplin, E., Underwood, L., Forrester, A., Hayward, H., Sabet, J., Young, S., Asherson, P., Mills, R., & Murphy, D. (2015). Screening and diagnostic assessment of neurodevelopmental disorders in a male prison. *Journal of Intellectual Disabilities and Offending Behaviour,* 6(2), 102 – 111.

We may need to be aware that humans love groupings and sorting people; as Foucault[18] said, the groups that we create ''systematically form the objects of which they speak'' (p.54). This has been called a looping effect. We create the box and then fit people within it. Two classification systems in place, such as those used in the medical world, are the *American Psychiatric Association (APA) Diagnostic and Statistical Manual (DSM-V)*,[19] first outlined in 1952, and the *World Health Organisation (WHO) International Statistical Classification of Diseases and Related Health Problems*.[20] Such categorization systems have been said to act as a 'rough and ready classification that brings some order to chaos'.[21] Interestingly, both the above systems do not use the terms learning difficulties or disabilities, but rather describe this group of 'disorders' as, for example, 'Neurodevelopmental Disorders'.[22] This means that there is another set of boxes which is different from the 'learning difficulties and disabilities' box described in documents within the CJS.

The 'subthreshold' person that doesn't quite fit or get identified may also be because the person has difficulties in more than one area, at a level that the screening doesn't result in flagging them up enough in one box or another, but nevertheless cumulatively impacts on their life. In reality, learning difficulties and disability conditions are actually on a continuum, and not in categorical neat boxes separate and discrete from each other. Indeed, the authors of the *Diagnostic and Statistical Manual of Mental Disorders*[23] state: 'Neurodevelopmental disorders [which encompass learning disability and difficulties] frequently co-occur; for example, individuals with Autism Spectrum Disorder often have Intellectual Disability (intellectual developmental disorder), and many children with attention-deficit/hyperactivity disorder also have a specific learning disorder' (p.31).

> In reality, learning difficulties and disability conditions are actually on a continuum, and not in categorical neat boxes separate and discrete from each other.

This means that someone can, in reality, have 'bits' of one diagnosis and 'bits' of another (e.g. some reading difficulties and difficulties with communication). This may not mean they fit into a single box but still require support. Even when two people have the same diagnosis it also does not mean they have exactly the same difficulties, as it is not necessary to meet *every* symptom and sign to gain a diagnosis. The terms really mean that there are a group of symptoms and signs and you need to meet some (but not all) of them in order to gain the diagnosis. To add to this complexity, each person will also have had very different lives and educational experiences before reaching the CJS. This may also impact on how they present and what help and support they require.

So can we agree on definitions?

The term 'learning disability' has been variably described, including the WHO definition.[24] In some countries the term Intellectual Disability (ID) or Intellectual Developmental Disorder (IDD) is used to describe this. To add to the confusion, learning disability can have different meanings in different countries. In the United States for example, the term is usually associated with reading difficulties. According to England's *Strategy for Learning Disability*,[25] the Northern Ireland *Review of Mental Health and Learning Disability*,[26] the Scottish *Same As You* Government consultation[27] and Wales's *Fulfilling the Promises* policy,[28] learning disability is defined as:

1. a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
2. a reduced ability to cope independently (impaired social functioning);
3. which started before adulthood, with a lasting effect on development.

18. Foucault, M. (1972). *The Archaeology of Knowledge*. New York, NY: Harper and Row.
19. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th Ed.). Washington: American Psychiatric Association.
20. World Health Organization. (2016). T*he ICD-10 International Statistical Classification of Diseases and Related Health Problems (5th Ed.)*. Geneva: World Health Organization.
21. Paris, J. (2013). DSM-5: Handle With Care. [Web log post]. Retrieved December 6th, 2016, from http://www.neuropsychotherapist.com/dsm-5-handle-with-care/
22. American Psychiatric Association, op. cit.
23. American Psychiatric Association, op. cit.
24. World Health Organization, op. cit.
25. Department of Health. (2001). *Valuing People: A New Strategy for Learning Disability for the 21st Century*. London: Department of Health.
26. Bamford, op. cit.
27. Scottish Executive. (2000). *The same as you? A review of services for people with learning disabilities*. Edinburgh: The Stationary Office.
28. National Assembly for Wales. (2001). *Fulfilling the promises: Proposals for a Framework for Services for People with Learning Disabilities*. Cardiff: National Assembly for Wales.

This definition does not include a specific cut off score or test for 'impaired intelligence' which results in variable interpretation. But, Intelligence Quotients (IQ) as an absolute measure has been challenged as there had been a tendency to be over confident using it as a single means of diagnosing learning disability and then deciding on support and access to services by using it as a means of cutting off service provision (i.e., if you are below one defined score you get support, and if you are above it then you do not). The authors of the DSM-V[29] made the very important point that 'IQ test scores are an approximation of conceptual functioning but may be insufficient to assess reasoning in real-life situations and mastery of practical tasks' (p.37). Likewise, authors of the *Positive Practice Positive Outcomes* report[30] stated that an 'IQ score alone is not a sufficient indicator. Social factors must always be considered' (p.5).

In the DSM-V it is also noted that tools used should be 'normed for the individual's sociocultural background and native language' [31] (p.8). The authors go on to state that 'co-occurring disorders may affect communication, language and / or motor or sensory function may affect test scores' (p.8). It is not difficult to see that someone undertaking an assessment in English, whilst their first language is Polish for example, may score 'poorly' on the task, but not because the person lacks ability, but rather because they do not understand the content of the questions being asked.

What about Learning Difficulties?

The term 'learning difficulties' has also been used to encompass a number of conditions. Other terms have been used, and include: Specific Learning Difficulties, Learning Differences, Developmental Disorders, Neurodevelopmental Disorders, Hidden Impairments, Non-Visible Conditions and Neurodiversity. Under the umbrella term 'Neurodiversity' Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, Dyslexia, Dyscalculia, Developmental Coordination Disorder, and Specific Language Impairment have been included. Autism Spectrum Disorder (ASD) is sometimes, but not always, included in this grouping. What is

included in learning difficulties varies, and is another reason why operationalizing this is consistently problematic, as described in *The Bradley Review*:[32]

'Learning difficulties can be even harder to define; the Education Act 1996 sets out the following:

'A child has a 'learning difficulty' if:

- ❐ he has a significantly greater difficulty in learning than the majority of children of his age,
- ❐ he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local education authority...' (p.19).

The term 'specific learning difficulty' is used in the Department of Health Positive Practice, *Positive Outcomes*[33] document: 'A specific learning difficulty is defined by specific problems processing certain types of information. It does not affect overall intelligence of a person. It is common to have more than one specific learning difficulty and /or other conditions' (p.7). Again alluding to the need for recognition of overlapping patterns of presentation.

This was also highlighted in the more recent *Coates report*,[34] the concept of a continuum was reiterated: 'It is not unusual for multiple learning difficulties to be present in an individual. SpLDs affect adults and children across the full range of IQ categories' (p.35).

> It is not unusual for multiple learning difficulties to be present in an individual.

So how many people have learning difficulties and disabilities in the CJS?

The challenge is that much of the data on the number of prisoners with learning difficulties and/or disabilities varies greatly because of how it is collected and the tools being used to do so. In contrast to the general population, it is very difficult to be absolutely confident of the prevalence rates of any condition within the offending and judicial systems because of lack of routine, consistent screening, and recording systems. Many individuals will have had fewer opportunities for formal assessments or intervention. The individual excluded from school would have not been routinely screened for learning difficulties.[35]

29. American Psychiatric Association, op. cit.
30. Department of Health. (2011). *Positive Practice Positive Outcomes: A Handbook for Professionals in the Criminal Justice System working with Offenders with Learning Disabilities.* London: Department of Health.
31. American Psychiatric Association, op. cit.
32. The Rt Hon Lord Bradley, op. cit.
33. Department of Health, op. cit.
34. Coates, op. cit.
35. Mottram, P. & Lancaster, R. (2006). *HMPs Liverpool, Styal and Hindley YOI: Preliminary Results*. Cumbria and Lancashire: NHS Specialised Services Commissioning Team.

This means that they can often arrive in prison without a diagnosis, or may not have had anyone consider a more complete profile. Over focus on a specific diagnosis may not yield good results as some specialists have stated that it is, in reality, hard to differentiate Dyslexia from other causes of reading difficulties in adults.[36] Prevalence rates of Dyslexia within prisons has been cited anywhere from 4 per cent to 56 per cent.[37,38,39] With such a wide range of prevalence rates cited, this reiterates the difficultly in defining neat categories.

Macdonald[40] questions whether it is really possible to unravel the social and educational aspects of literacy in an offending population which are so intertwined. Lack of education or lack of school attendance may influence the ability to learn to read. Alternatively, high levels of inattention and impulsivity (relating to potential ADHD or Traumatic Brain Injury) may lead to exclusion from school, resulting in lost teaching time and consequences for reading ability. There is good evidence that early life experiences, such as having low Socio-Economic Status (SES), are likely to impact reading outcomes, with parents shown to read less to their children than those with higher SES.[41] Tuominen et al.[42] encourage the use of the term 'functional illiteracy' as a better descriptor rather than differentiating between those with Dyslexia or poor reading difficulties within the offending population.

Prevalence rates for other conditions also varies. A meta-analysis of 42 international studies reported that 30 per cent and 26 per cent of the youth and adult prison populations, respectively, had clinically diagnosed ADHD.[43] Ginsberg, Hirvikoski and Lindefors[44] estimated the prevalence of adult ADHD among longer-term inmates to be 40 per cent. For Autism Spectrum Disorder (ASD), Robinson et al.[45] reported, in a Scottish prison population study, that ASD was no more common than in the mainstream population. However, in a US prison study, a rate of 4.4 per cent was reported.[46]

The difficulties often with these prevalence rates is that the 'other' learning difficulties are not always considered alongside the one being reported on through lack of tools and lack of awareness of common conditions such as Developmental Co-ordination Disorder (DCD), also known as Dyspraxia. In reality, is the support you get for those with reading difficulties or Dyslexia any different in prison, and is it ethical that a prisoner with Dyslexia gets more support than those who have not had such an opportunity to learn? If we take a person-centred approach, we can end up supporting those in most need regardless of whether they meet a tight set of criteria.

People on a continuum

There is extensive evidence now that learning difficulties commonly overlap with one another, and that someone with only one area of difficulty is uncommon (e.g.,[47]). Many researchers are concluding that the umbrella of conditions are far from being categorical and should be seen as dimensional.[48] This dimensional view was noted by McCarthy et al.[49] describing the 'characteristics of prisoners with neurodevelopmental

36. Singleton, C., Horne, J., & Simmons, F. (2009). Computerised screening for dyslexia in adults. *Journal of Research in Reading, 32*(1), 137–152.
37. Kirk, J., & Reid, G. (2001). An examination of the relationship between dyslexia and offending in young people and the implications for the training system. *Dyslexia, 7*(2), 77–84.
38. Lindgren, M., Jensen, J., Dalteg. A., Wirsén-Meurling, A., & Ingvar. D. H. (2002). Dyslexia and AD/HD among Swedish prison inmates. *Journal of Scandinavian Studies in Criminology and Crime Prevention, 3*, 84–95.
39. Talbot, op. cit.
40. Macdonald, S. J. (2012). Biographical pathways into criminality: understanding the relationship between dyslexia and educational disengagement. *Disability & Society, 27*(3), 427–440.
41. Ready, D. (2010). Socioeconomic Disadvantage, School Attendance, and Early Cognitive Development: The Differential Effects of School Exposure. *Sociology of Education, 83*(4), 271–286.
42. Tuominen, T., Korhonen, T., Hämäläinen, H., Temonen, S., Salo, H., Katajisto, J., & Lauerma, H. (2014). Functional illiteracy and neurocognitive deficits among male prisoners: implications for rehabilitation. *Journal of Forensic Practice, 16*(4), 268–280.
43. Young, S., Moss, D., Sedgwick, O., Fridman, M., Hodgkins, P. (2014). A meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations. *Psychological Medicine 45*, 247–258.
44. Ginsberg, Y., Hirvikoski, T., & Lindefors, N. (2010). Attention Deficit Hyperactivity Disorder (ADHD) among longer-term prison inmates is a prevalent, persistent and disabling disorder. *BioMed Central Psychiatry, 22*(10), 1–13.
45. Robinson L., Spencer M. D., Lindsay D. G., Stanfield A. C., Owens D. G. C., Hall, J., & Johnstone, E. (2012). Evaluation of a screening instrument for autism spectrum disorders in prisoners. *PLoS ONE, 7*(5), e36078.
46. Fazio, R.L., Pietz, C.A., & Denney, R.L. (2012). An estimate of the prevalence of autism-spectrum disorders in an incarcerated population. *Open Access Journal of Forensic Psychology, 4*, 69–80.
47. Kaplan, B., Wilson, B., Dewey, D., & Crawford, S. (1998). DCD may not be a discrete disorder. *Human Movement Science, 17*(4–5), 471–490.
48. Coghill, D., & Sonuga-Barke, E. J. S. (2014). Annual research review: categories versus dimensions in the classification and conceptualisation of child and adolescent mental disorders—implications of recent empirical study. *Journal of Child Psychology and Psychiatry, 53*(5), 469–489.
49. McCarthy, J., Chaplin, E., Underwood, L., Forrester, A., Hayward, H., Sabet, J., Young, S., Asherson, P., Mills, R., & Murphy, D. (2016). Characteristics of prisoners with neurodevelopmental disorders and difficulties. *Journal of Intellectual Disability Research, 60*(3), 201–206.

disorders and difficulties' (p.201). Many examples come from mainstream populations and many years of research: DCD and ADHD;[50] ADHD and ASD;[51] ADHD and reading difficulties;[52] ADHD, Dyslexia and mathematic difficulties;[53] Language disorders and Dyslexia;[54] and Language disorders and DCD.[55] Much of this research in the past came from childhood studies but additional research in the past 10 years has highlighted the same patterns not surprisingly in adults. For example, Young et al.[56] reported high level of co-occurrence with ADHD and other conditions, and came to an important conclusion that the learning difficulties may be misdiagnosed:

'Co-morbid presentation of offenders with ADHD and the findings have implications for clinical intervention and for criminal justice policy. Clinical symptoms of ADHD in youth and adult offenders are often missed or misdiagnosed and it seems that for youth offenders, ADHD is most likely to be misdiagnosed as mood/affective disorders' (p. 2508).

In a study of adults with learning disabilities in an offending setting, 15 per cent had ADHD and 10 per cent of individuals had ASD as well.[57] This means that excluding or including some symptoms and signs under the umbrella of learning difficulties and disabilities may not be a valid approach, and more importantly, may miss out on vital information that could inform support or intervention for the individual. To add to this complexity, learning difficulties often co-occur with mental health disorders. White, Oswald, Ollendick and Scahill[58] found, for example, adults with ADHD were five time more likely to develop a mood disorder, were four times more likely to develop an anxiety disorder, and were three times more likely to develop a substance misuse disorder. The diagnostic boxes we speak of are clearly not neat.

Is equal actually equal?

As Orwell in Animal Farm[59] said 'All animals are equal but some animals are more equal than others'. Do some diagnoses confer greater support for individuals than others? Awareness and availability of professionals and services may influence who you are seen by and what diagnosis you get. One example of this was shown relating to young people with a language impairment but not a diagnosis of ASD.[60] Specifically, they found that individuals with ASD were less likely to have had assistance despite the impact of their difficulties in life being similar. Differences in awareness may also stem from the fact that until recently, developmental disorders were thought of as childhood conditions that individuals would 'grow out of'; only in the last 20 years or so has there been increasing understanding of the lifelong nature of these conditions. Some conditions may be perceived by some to be more or less significant or important than others. This can be related to level of knowledge and also some common public misconceptions. Mainstream press may show Dyslexia more favourably than ADHD. The language used and famous people cited (for an example see 'Achievers with the Gift of Dyslexia' website)[61] may have a role altering views. Gaining a diagnosis for conditions other than Dyslexia (such as ADHD or ASD) is harder for adults. Does this result in us favouring support those with Dyslexia (because we can), and do less for those with, for example, ADHD traits?

A holistic person-centred approach to support requires the need to gain information on past and present functioning. An example of this is when differentiating between ADHD traits and/or those seen in Traumatic Brain Injury (TBI); which may present very

50. Rasmussen, P., & Gillberg, C. (2000). Natural outcome of ADHD with developmental coordination disorder at age 22 years: a controlled, longitudinal, community-based study. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*(11), 1424–1431.
51. Sinzig, J, Walter, D., & Doepfner, M. (2009). Attention deficit/hyperactivity disorder in children and adolescents with autism spectrum disorder: symptom or syndrome? *Journal of Attention Disorder, 13*(2), 117–26.
52. Kadejso, B., & Gillberg, C. (2001). The comorbidity of ADHD in the general population of Swedish school-age children. *Journal of Child Psychology and Psychiatry, 42*(4), 487–492.
53. Mayes, S. D., & Calhoun, S. L. (2006). Frequency of reading, math and writing disabilities in children with clinical disorders. *Learning and Individual Differences, 16*(2), 145–157.
54. Snowling, M., Bishop, D., & Stothard, S. (2000). Is Preschool Language Impairment a Risk Factor for Dyslexia in Adolescence? *Journal of Child Psychology and Psychiatry, 41*(5), 587–600.
55. Hill, E.L. (1998). A dyspraxic deficit in specific language impairment and developmental coordination disorder? Evidence from hand and arm movements. *Developmental Medicine and Child Neurology, 40*(6), 388–395.
56. Young, S., Sedgwick, O., Fridman, M., Gudjonsson, G., Hodgkins, P., Lantigua, M., & González, R. (2015). Co-morbid psychiatric disorders among incarcerated ADHD populations: a meta-analysis. *Psychological Medicine, 45*(12), 2499–2510.
57. O'Brien, G., Taylor, J., Lindsay, W., Holland, A., Carson, D., Steptoe, L., Price, K., Middleton, C., & Wheeler, J. (2010). A multi-centre study of adults with learning disabilities referred to services for antisocial or offending behaviour: Demographic, individual, offending and service characteristics. *Journal of Learning Disabilities and Offending Behaviour, 1*(2), 5–15.
58. White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review, 29*(3), 216–229.
59. Orwell, G. (1946). Animal Farm. New York: Harcourt, Brace & Company.
     Paris, J. (2013). DSM-5: Handle With Care. [Web log post]. Retrieved December 6th, 2016, from http://www.neuropsychotherapist.com/dsm-5-handle-with-care/
60. Dockrell, J., Ricketts, J., Palikara, O., Charman, T., & Lindsay, G. (2012). *Profiles of need and provision for children with language impairments and autism spectrum disorders in mainstream schools: A prospective study*. Department for Education.
61. Available at https://www.dyslexia.com/about-dyslexia/dyslexic-achievers/)

similarly. Lack of focus and concentration may be seen in both ADHD and TBI. Individuals with ADHD have more accidents, drive faster and are impulsive, and this may result in TBI. Both ADHD and TBI have been noted to be more prevalent in offending populations than the general population.[62] Of course, some offenders will have TBI *and* ADHD. However, if we don't ask questions specifically relating to this, then head injury as a reason for lack of focus could be missed.

Taking a whole prison approach

So is the role of the prison system to diagnose learning difficulties and disabilities or to support those who are most vulnerable? Practically, can specific provision be made for up to one third of the prison population? How does one decide who is the most in need of support? As the total impact for one person may be the sum of a number of factors, some residing within the individual (such as if they have several areas of difficulties including learning and mental health challenges), and also some relating to their external factors (e.g. homelessness, lack of education, lack of family support, financial difficulties), there is a clear need for screening processes. However, in order to deliver the system of support, it also requires staff to have some knowledge about learning difficulties and disabilities, including how they present, and have practical strategies at their fingertips which they can use to ensure communication is effective and appropriate.

McCarthy et al.[63] looked at Learning Disability and Learning Difficulties (referred to as 'NeuroDevelopmental Disorders' or 'NDD') in the context of offending settings, and made a pertinent point that 'screening is not sufficient without training of prison staff to recognise signs of NDD and know how to respond effectively to people with NDD' (p.107).

Staff training can result in an environment where anticipatory adjustments are put in place. It can mean that:

❒ Staff are able to confidently ask individuals how their disability impacts on them, allowing for a more open dialogue.

> ...in order to deliver the system of support, it also requires staff to have some knowledge about learning difficulties and disabilities...

❒ Provision of practical tips (Five Minute Interventions); see *'Do-It Profiler and Offending Settings'* website[64] for free download guide with easy to use strategies.

❒ Consideration is made to ensure accessibility of written materials for example is not an after-thought. It is quite easy to run a readability check on materials as a starting point. This is built into Microsoft Word and there are web-based programmes to do this also; see *'Readability of the Materials'* website by Kirby.[65]

❒ 'Champions' such as peer mentors (and staff) are present in the CJS to encourage individuals to see that it is OK to disclose and creates a more positive view.

❒ Information sharing systems and referral systems are developed to clarify what help is available and by whom.

❒ Peer mentoring systems are in place to support those with learning challenges especially at times of transition.

How can technology help with person centred approaches?

In this paper we have highlighted a range of inconsistencies in definitions and operations, along with the challenge of pulling information together in order to gain a better understanding of an offender's challenges in the context of their lives both past and present. Until recently, it would have been impossible to integrate this information and be able to provide instant and person-centred guidance.

A computer based modular and accessible screening and assessment system has been developed over a ten-year period working with prisons firstly using paper based versions of the tools, and then translating them into accessible multi-module online formats. The system was then trialed to ensure the content was valid, accessible and delivered person-centred resources which were contextually appropriate for the prison sector.

Do-IT Profiler[66] takes a bio-psychosocial approach system and has been trialed in 16 prisons in the UK. It is a modular system with the means of providing screening for traits of learning difficulties and

62. Schofield, P. W., Butler, T. G., Hollis, S. J., Smith, N. E., Lee, S. J., & Kelso, W. M. (2006). Neuropsychiatric correlates of traumatic brain injury (TBI) among Australian prison entrants. *Brain Injury, 20*(13–14), 1409–1418.
63. McCarthy, op. cit.
64. Available at http://doitprofiler.com/offenders/
65. Available at https://www.linkedin.com/pulse/readability-materials-what-does-accessibility-really-mean-kirby?published=u)
66. Available at www.doitprofiler.com

disabilities. Assessment, tools and resources also can be on the system relating to literacy, numeracy, wellbeing and for training for work skills and resettlement.

The system has been developed to be accessible which means that it is potentially translatable, with options for an offender to choose their preferred language (e.g. Welsh, Polish, Arabic, or Spanish), while at the 'back end' of the management system the information remains in English for staff to access. The integration and analysis of information is undertaken through the management information platform which provides instant person-centred feedback for the individual, as well as guidance for staff. This staff guidance also can help to upskill staff, thus raising their confidence.

In this paper we introduce the Profiler System but in subsequent papers the authors aim to describe more specific findings from some of the data captured. It is starting to demonstrate the complexity of the offenders' profiles in determining a single diagnostic label and showing the need to encompass the varying factors in each person's lives, as described above, to ensure we gain a more complete picture. In a snapshot of data from one sample of 2405 male offenders across two prisons, we have found that they reported the following:

The challenges of using a computer system

Delivering a 'closed' system on an intranet, which is accessible and robust, has taken some development and has not happened overnight. Developing guidance that is contextually appropriate has been done by working in collaboration with the prisons. Additional information and training on learning difficulties and disabilities has been placed within the system also for staff to access. Recent development of more advanced analytical tools in the system means that not only can we tell how many offenders have difficulties with learning in the past, but how these are impacting on their mental wellbeing now and who they are, allowing more targeted support. When the system was first used in prisons laptops were used and data was up and downloaded from USB sticks. This was time consuming and put another layer of work into the system. Now the potential to have prison intranet systems with tablets in prison cells means that gathering information and delivering personalised support is a very different proposition. IT skills among prisoners and staff have also changed during this time. The data is instant, live, analysed and available, meaning that the person coming into prison can be supported more effectively and service planning can be done much quicker.

Educational factors

56% of offenders had been excluded from school more than once. Of those excluded, 48% reported having been excluded more than four times.

45% reported not being at school more than 50% of the time, with 22% not present at all or less than 25% of the time.

19% had been told by someone they had a learning difficulty.

27% reported leaving school before the age of 14 years.

21% reported receiving support in school.

7.8% reported being in contact with Learning Disability Services.

Health factors

16% of the total offenders reported having a head or face injury.

With 63.5% of this group reporting a loss of consciousness, and 38% reporting it affected their concentration or vision. 86% of this group also reported seeing

a doctor or went to hospital because of the injury.

40% reported being depressed and 32% reported being anxious.

25.8% reported currently having or had substance misuse problems, such as with alcohol or drugs (legal and illegal).

External factors

12.5% of individuals reported being homeless before entering the CJS, with 15.5% homeless when coming into the initial short 'stay' prison. While this data does not demonstrate causal mechanisms, and thus we cannot make inferences, further exploration will examine the interactions between the external factors and the degree and pattern of learning difficulties and disabilities. What it does show is that there are significant 'other' factors at play, as well as learning difficulties and learning disabilities and so this information cannot be considered in isolation.

Conclusions

It seems that when at least one third of the prison population have increased vulnerabilities caused by multiple factors, some of which are related to barriers to learning, there is a need for cost effective and pragmatic solutions. Identification of an individual's needs is one part of the solution to providing tailored but practical support, which can also be used by that person when they leave the prison setting. Another part to this equation must be skilling staff in understanding different behaviours and being confident of using some practical strategies. A third part is creating an environment that is anticipating that these numbers exist and ensuring needs are considered at a service design stage (e.g., If one in three have difficulties reading information, then written materials need to be in accessible in the appropriate reading level). We believe this means more than a knee jerk response to provide 'easy read' materials but requires alternative offerings such as videos, photos, and sound recordings. The result of a person- centred approach is that we move not only to support the 30 per cent moving through the CJS, but the other 70 per cent. This surely has to be a cost effective solution and means that the few that require further expert care can be provided with this, as more people accessing help will be able to use self-managed resources. The alternative is to continue to try to squeeze people into boxes, reducing the assistance to the few. With services stretched, this will mean potentially no assistance given to some that were missed by education before.

Implementation of a Cognitive Behaviour Therapy programme in Primary Care Mental Health—an Outcomes Study

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Over recent years there has been an increasing drive to provide more psychological interventions in primary mental health care in prisons. Prisons in Devon and Dorset have employed assistant psychologists under supervision from clinical and forensic psychologists to develop and implement a session limited CBT (Cognitive Behavioural Therapy) based programme for low level anxiety and mood disorders. This article reports on the initial set of data exploring the effectiveness of that intervention.

Mental healthcare in prisons

Historically, all health care in prisons was provided by HM Prison staff.[1] HM Inspectorate of Prisons[2] reported the urgent need for increased provision for those with mental health problems. As such, in 2001 funding was made available[3] to implement the National Service Framework standards[4] found within the Care Programme Approach (CPA) in the prison population. At the time, this was considered to be the much needed 'cavalry… marching over the hills and into prisons' to address the overwhelming problem of mental disorder in prisons.[5]

However the scale of un-met need found was larger than expected, with the proportion of those in prisons with complex and enduring mental health needs being higher than would be found in the general population.[6] In response to this, the focus was predominantly on those conditions that have been treated primarily with medication in line with the medical model,[7] leaving a notable and significant lack of talking therapies or other biopsychosocial therapeutic interventions available for those with a primary mental health need.[8]

Five years on from the initial introduction of Mental Health In-Reach Teams (MHIRTs), a report[9] found that of those reporting a psychiatric history on arrival to prison, less than 50 per cent went on to have a further secondary mental health screen. Furthermore, less than 30 per cent were subsequently referred to MHIRTs, which was limited to clinical activity focused on assessment and liaison/ support. There was little opportunity for face to face intervention,[10] signifying the continued gap in provision for those with mental health problems.

Improving Access to Psychological Therapies (IAPT) was introduced in 2007 following recommendations by Lord Layard and David Clark[11] to improve community mental health services. This had a focus on increased, equal and timely access to psychological therapies to all. Following successful preliminary reports,[12] IAPT began to widen and adapt its programme to ensure diverse, socially excluded and under-represented groups within society were also able to access timely and appropriate, evidence-based talking therapies.[13]

1. National Offender Management Service (2014). *Health care for offenders*. Prison Service Instructions 23, 2014.
2. HM Inspectorate of Prisons (1996). *Patient or Prisoner? A New Strategy for Health Care in Prisons*. London: Home Office.
3. Reed. J. (2003). *Mental health care in prisons*. The British Journal of Psychiatry, 182, 287–288.
4. Tyrer, P. (1999). *The national service framework: a scaffold for mental health.* British Medical Journal, 319, 1017.
5. Narey, M. (2002). *Lecture: A good prison lets inmates challenge the system*. British Institute of Human Rights, Kings College London.
6. HM Inspectorate of prisons. (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. London.
7. World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.
8. MIND (2013). *We still need to talk: a report on access to talking therapies.* London.
9. HM Inspectorate of prisons. (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. London.
10. Shaw, J., Senior, J., Lowthian, C., Foster, K., Clayton, R., Coxon, N., & Hassan, L. (2009). *A national evaluation of prison mental health in-reach services.* Offender Health Research Network.
11. Layard, R. (2006). *The depression report: A new deal for depression and anxiety disorders (No. 15)*. Centre for Economic Performance, LSE.
12. Cohen. A. (2008). *IAPT: A brief history.* Healthcare Counselling & Psychotherapy Journal, 11, 8–10.
13. Department of health (2011) *No health Without Mental Health: A Cross-Government Outcomes Strategy.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf [accessed 23rd May 2017]

Over the years it has become increasingly recognised that there is also a higher psychiatric morbidity within the prison population than the general population,[14] with up to 90 per cent of prisoners likely to have a mental health problem. A significant proportion of these experience common mental health difficulties, such as mild to moderate depression or anxiety.[15] The Howard League[16] produced a report to highlight the marked prevalence of self-harm and suicide in prisons, which continues to rise, signifying a crucial need for further intervention.

It is therefore essential to have psychological interventions in custodial environments to cater for the high demand of challenging and vulnerable patients. HM Inspectorate of Prisons[17] and the Department of Health[18] suggested an increase in primary mental health services for offenders with depression and anxiety.

CBT is widely implemented in both the community and the prison service; however when implemented in custodial environments, interventions must be tailored to the prison population.[19,20] On average prisoners have a lower level of education than the general population,[21] are more likely to engage in inappropriate behaviour[22] and have fewer opportunities to access activities which can enhance feelings of well-being. Despite these barriers, there is significant research suggesting CBT is effective with offenders.[23,24,25]

Category C prisons in Dorset (Guys Marsh and Portland) and Devon (Channings Wood and Dartmoor) house male offenders that are often nearing the end of their sentence or assessed as a lower risk. Accessing CBT based interventions for depression and anxiety, and so addressing the mental health inequalities of offenders, is an important component for successful resettlement in to the community and for reducing recidivism.[26,27]

'Six session' structured interventions were developed for both anxiety and low mood. These were delivered by the assistant psychologists at four Cat C prisons in the South West of England: HMPs Guys Marsh, Portland, Channings Wood and Dartmoor, from February 2016- February 2017. It was delivered on a 1:1 basis with additional hand-outs and homework tasks.

This study aims to evaluate the outcomes of the CBT based interventions service provided by assistant psychologists.

Research question

Are CBT-based interventions for reducing anxiety and low mood within a prison environment effective, and how do they compare to community IAPT recovery rate guidelines?

Methodology

For the purpose of this report terms such as 'offenders', 'prisoners' and 'patients' will be used interchangeably, but will all refer to those incarcerated for a criminal offence and who are in need of psychological intervention.

Participants

Participants were from across the 4 Category C establishments referred into primary care mental health services. All were male adults. They receive a triage assessment by a mental health nurse and are then allocated to the appropriate intervention in the multi-disciplinary team meeting. Once allocated for CBT, a further assessment took place between the assistant psychologist and the patient, to assess suitability and motivation to engage.

The reasons for unsuitability are divided into five subcategories. The subcategory of 'detox' relates to those on a detox from opiates or alcohol; 'settled' refers to patients who did not meet the symptom criteria for

14. Singleton. N., Meltzer. H., Gatward. R., Coid. J. & Deasy. D.. (1998). *Psychiatric morbidity among prisoners: Summary report*. London: Government Statistical Service.
15. Parsonage, M. (2009). *Diversion: A better way for criminal justice and mental health*. Sainsbury Centre for Mental Health.
16. The Howard League for Penal Reform. (2016). *Preventing Prison Suicide*. London.
17. HM Inspectorate of prisons. (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. London.
18. Department of Health (2009). *Improving Access to Psychological Therapies: Offenders—Positive practice guide*. London: The Stationery Office.
19. Feucht, T., & Holt, T. (2016). *Does Cognitive Behavioral Therapy Work in Criminal Justice? A New Analysis From CrimeSolutions. gov*. National Institue of Justice Journal, 277.
20. National Institute for Health and Care Excellence. *Mental health of adults in contact with the criminal justice system (NICE guideline 66)*. London, NICE; 2017.
21. Department of Health (2009). *Improving Access to Psychological Therapies: Offenders—Positive practice guide*. London: The Stationery Office.
22. HM Inspectorate of prisons. (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. London.
23. Clark, P. (2010). *Preventing future crime with cognitive behavioural therapy*. National Institute of Justice Journal, 265, 22–25.
24. Pearson, F. S., Lipton, D. S., Cleland, C. M., & Yee, D. S. (2002). *The effects of behavioral/cognitive-behavioral programs on recidivism*. Crime & Delinquency, 48, 476–496.
25. Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). *Effects of cognitive-behavioral programs for criminal offenders*. Campbell systematic reviews, 6, 27.
26. *National Offender Management Service (2008). Strategic plan for reducing re-offending 2008–11*. London.
27. HM Government (2006). *A Five Year strategy for protecting the public and reducing reoffending*. London: The Stationary Office.

Table 1. Number and suitability of referrals received from 1st February 2016 to 20th February 2017							
Establishment	No. of referrals	Suitable for CBT	Not Suitable				
			Detox	Settled	Refused	Challenging behaviour	Transferred/ released
Guys Marsh	60	45	4	1	3	1	4
Portland	42	35	1	1	0	0	5
Channings Wood	30	23	5	0	2	0	0
Dartmoor	33	21	3	3	3	0	3

sessions; 'refused' are those patients who declined to engage; 'challenging behaviour' describes those who would not benefit from such an intervention at that time because of violent or disruptive behaviour; and 'transferred/released' are those patients who moved on prior to commencement of CBT. Patients with a diagnosis of a severe and enduring mental illness would also be unsuitable for the intervention if this was their primary problem. However, patients are initially risk assessed by a qualified mental health nurse and this process reduces inappropriate referrals.

A prisoner would be considered suitable for receiving the CBT intervention if they are identified as experiencing symptoms of anxiety or depression, whether through self-report, a structured assessment or the use of psychometric measures and if they express willingness to engage in the required weekly face-to-face sessions and homework activities.

Measures

Consent forms are signed by the patient at the beginning of the intervention.

Data was collected through administration of the Patient Health Questionnaire (PHQ 9) and Generalised Anxiety Disorder (GAD 7). These are standardised measures, routinely used in community IAPT services and are used to monitor clinical outcomes. They are designed to recognise depression and anxiety disorders respectively[28] and have been significantly evidenced as an effective tool for identifying anxiety and low mood in services in the community.[29] The scoring for both measures help professionals to ascertain the severity of the presenting difficulty. On the PHQ 9, scores of 5 to 10 denote mild depression, 10 to 14 moderate depression, 15 to 19 moderately severe depression, 20 to 27 severe and scores of 10 or above indicate 'caseness' for clinical depression.[30] Anxiety symptoms are measured using the GAD 7 measure. Scores of 5 to 9 indicate mild anxiety, 10 to 14 indicate

moderate anxiety, 15 to 21 severe anxiety, and scores of 8 or more indicate 'caseness' for an anxiety disorder.[31]

On commencement and after completing the CBT intervention for anxiety or depression, patients were asked to complete a PHQ 9 and GAD 7. A total of 44 patients participated in CBT for 6 sessions. A before and after measurement of anxiety and depression of each participant was taken on a scale, where a problem was subjectively rated according to frequency, 0= not at all to 3= nearly every day.

Analysis

A paired sample t-test or non-parametric equivalent was carried out using SPSS to test the significance of the intervention by comparing the results of the pre and post PHQ 9 and GAD 7 test.

Assumptions for normality were not met with the PHQ 9 or GAD 7 post CBT results, perhaps due to some participants completing a slightly higher or lower number of sessions than the average. As the assumptions for a parametric t-test were not met, a nonparametric equivalent to a dependent samples t-test was used.

Results

Between 1st February 2016- 20th February 2017, 44 individuals have completed the CBT intervention across the four prisons. Included below is descriptive and statistical analysis of the currently available data.

Graph 1 shows that the average number of sessions across all four prisons was 5.8. A proportion of those who ended treatment within fewer sessions may have done so because their symptoms improved (table 2). Those whose treatment continued past 6 sessions required additional support to consolidate the skills learnt within the intervention.
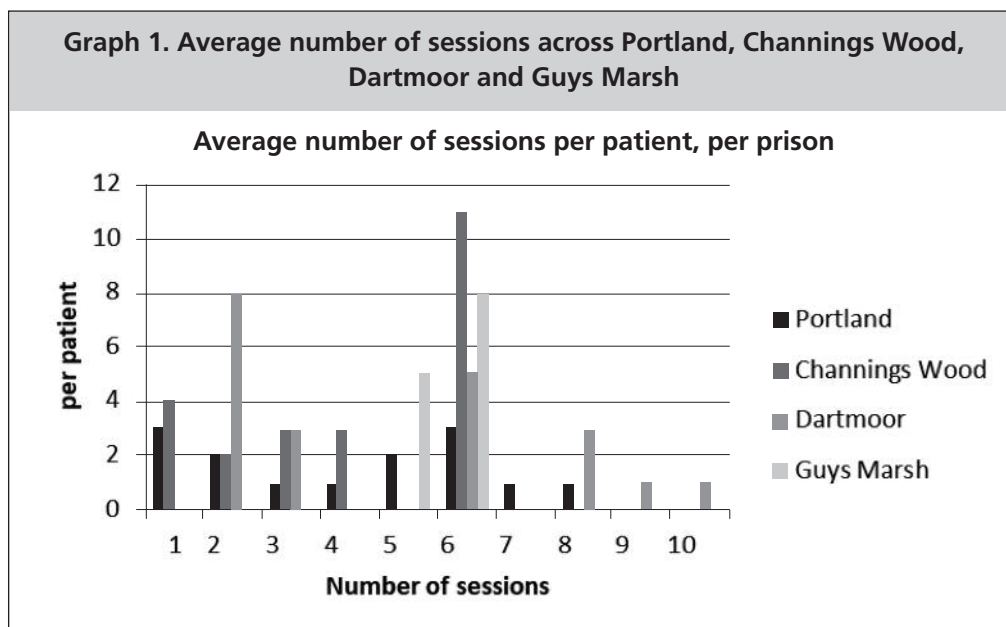
A Wilcoxon signed rank test was conducted to examine both depression and anxiety as measured by the

28. Spitzer R.L., Kroenke K., Williams J.B.W., Lo B. *A brief measure for assessing generalized anxiety disorder*. Response. 2006;166:1092–1097.
29. National Institute for Health and Care Excellence. *Mental health of adults in contact with the criminal justice system (NICE guideline 66)*. London, NICE; 2017.
30. Spitzer R.L., Kroenke K., Williams J.B.W., Lo B. *A brief measure for assessing generalized anxiety disorder*. Response. 2006;166:1092–1097.
31. Spitzer R.L., Kroenke K., Williams J.B.W., Lo B. *A brief measure for assessing generalized anxiety disorder*. Response. 2006;166:1092–1097.

Graph 1. Average number of sessions across Portland, Channings Wood, Dartmoor and Guys Marsh

PHQ 9 and GAD 7 in pre CBT and post CBT conditions. The results indicate that after the CBT intervention, measurements show a decrease in anxiety/depression (average rank of pre GAD 14.68 vs. average rank of post GAD 8.18, average rank of pre PHQ 14.89 vs. average rank of post PHQ 8.75). The Wilcoxon signed rank test shows that the observed difference between both measurements is significant (GAD 7 z (43) = -5.376, p < .001; PHQ 9 z (43) = -4.351, p < .001); this is also shown in table 2.

As both samples are shown to be from the same population, the data indicates good evidence that the CBT intervention caused a significant decrease in anxiety and depression scores.

The differences between the prisons were dependent on the stage at which the individual assistants were in experience and training. Individual prisons also had different regimes impacting on the participant's capability of attending the regular scheduled appointments. These different attendance rates will impact on the overall completion and success rates. This highlights the importance of using well supported and trained staff, and having regimes that allow participants to attend the allotted appointments on a regular basis.

Given that the CBT intervention offered within Dorset and Devon prisons has been modelled on Step 2 provisions within community IAPT services, individual rates of recovery and reliable improvement per patient have also been calculated, based on the IAPT reporting guidelines.[32] This will additionally provide the basis for future comparison of therapeutic outcomes between the service offered within the prisons and those found in the community.

Recovery in this instance refers to those who move from above 'caseness' on the PHQ9 and/or GAD7 at baseline, to below 'caseness' on both measures at the final session. Recovery rates for the total number of patients who received two or more 'treatment' contacts

Table 2. Improvement for patients who have completed treatment (two or more contacts) between 1st February 2016–20th February 2017 across Devon and Dorset Cat C Prisons

Improvement	Channings Wood (n= 15)	Dartmoor (n= 10)	Guys marsh (n= 12)	Portland (n= 7)	Total (n = 44)
Pre-treatment					
PHQ-9 (mean/SD)	12 (3.5)	15.3 (1.4)	12.9 (10.6)	18 (2.8)	14.5 (5.1)
Post-treatment					
PHQ-9 (mean/SD)	9.3 (2.8)	6.3 (2.1)	6.4 (1.4)	15.1 (4.9)	9.3 (6.4)
Pre-treatment					
GAD-7 (mean/SD)	14.8 (4.2)	14.2 (9.9)	13.4 (2.8)	17.3 (2.1)	14.9 (4.2)
Post-treatment					
GAD-7 (mean/SD)	9.4 (1.4)	4.5 (2.1)	6 (3.5)	14.1 (4.2)	8.5 (5.2)

32.   Department of Health (2011). *The IAPT data handbook. Version 2.0.1*. Available at www.iapt.nhs.uk

Table 3. Improvement rates against community IAPT reporting guidelines					
IIAPT recovery rate (%/n)					
	Channings Wood (n= 15)	**Dartmoor (n= 10)**	**Guys marsh (n= 12)**	**Portland (n= 7)**	**Total (n = 44)**
'Caseness' at assessment	100% (15/15)	100% (10/10)	100% (12/12)	100% (7/7)	100% (44/44)
Recovery rate	40% (6/15)	80% (8/10)	58% (7/12)	14% (1/7)	50% (22/44)
Reliable improvement	80% (12/15)	80% (8/10)	92% (11/12)	29% (2/7)	75% (33/44)
Reliable deterioration	7% (1/15)	10% (1/10)	0% (0/12)	0% (0/7)	5% (2/44)

from all four prisons between 1st February 2016 and 20th February 2017 were 50 per cent, as shown in table 3.

Reliable improvement is calculated by examining whether a patient has shown a decrease in one or both assessment measure scores (PHQ 9 and GAD 7) that surpass the measurement error of that questionnaire, where correspondingly neither score has shown an increase beyond the measurement error. For the PHQ 9 the decrease must be 6 or greater and for the GAD 7 the decrease must be 4 or greater.[33] Of all referrals that ended in 2014/2015 received by national IAPT services, 60.8 per cent had reliably improved. This is comparable to 75 per cent of those completing the intervention in the four prisons between 2016 and 2017.

Reliable deterioration refers to where a patient has shown an increase in one or both assessment measure scores (PHQ 9 and GAD 7) that surpass the measurement error of that questionnaire (as above), where neither score has shown a decrease beyond the measurement error. For all four prisons, only 5 per cent (n= 2/44) of patients indicated a reliable deterioration within the time period indicated. These patients completed 6 and 8 sessions respectively.

Discussion

The results demonstrate that the CBT interventions have been successful at offering a session based intervention to the population sample. There is a statistically significant reduction in pre and post-measures for anxiety and low mood.

Of note is that these interventions were internally developed and delivered by assistant psychologists new in to post. The interventions can be further refined and delivered with more confidence as experience and knowledge increase. The efficacy of the service will be discovered further and can be disseminated in order to reveal to the wider population the benefits of CBT for anxiety and depression within prisons.

Dartmoor, Channings Wood and Guys Marsh are male Adult only prisons, whilst Portland is a male Adult/ Young Offenders institution and the results therefore reflect these populations only. Similarly, the prisons covered in this report are all Category C, therefore the results from this report are specific to this classification of prisoners. Psychological interventions within prisons for females are encouraged to be similarly based around the IAPT model, as stated in the NICE guidelines and from the clinical evidence base.[34,35,36,37,38]

The encouraging results direct the service to refine and continue to deliver the interventions and widen the availability to self-referral and workshops. Consideration will also be given to the involvement of other health staff and services and develop the involvement of prison officers through training and engagement in delivery.

Limitations and recommendations to improve services

i. Increase offer of services and improve self-referral process

33. Patient Case Management Information System (2015). *IAPT: Key Performance Indicators 2015 Estimates*. University of York.
34. DeRubeis, R. J., & Crits-Christoph, P. (1998). *Empirically supported individual and group psychological treatments for adult mental disorders*. Journal of Consulting and Clinical Psychology, 66, 37.
35. Chambless, D. L., & Ollendick, T. H. (2001). *Empirically supported psychological interventions: Controversies and evidence*. Annual review of psychology, 52, 685–716.
36. Layard, R. (2006). *The depression report: A new deal for depression and anxiety disorders (No. 15).* Centre for Economic Performance, LSE.
37. Lipsey, M. W., Landenberger, N. A., & Wilson, S. J. (2007). *Effects of cognitive-behavioral programs for criminal offenders*. Campbell systematic reviews, 6, 27.
38. Clark, D. M. (2011). *Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: the IAPT experience*. International Review of Psychiatry, 23, 375–384.

One of the barriers to services, recognised in a DoH review, was that they were simply not available or not offered.[39] Increasing awareness of the services that are offered and the process of self-referral can empower patients and increase uptake of services. An improved screening may also be achieved through increasing mental health knowledge and awareness of staff who conduct initial assessments.[40]

ii. Engage in collaborative work with the GPs and Primary healthcare regarding those on long term medication for anxiety and mood and with long term health conditions

Predominantly, patients on medications are being identified through mental health referrals and initial assessments where information regarding CBT is offered. However, this requires further development and systematisation alongside the service delivery as a whole so that patients prescribed medications can be identified and assessed on entrance to the prison. This aims to improve overall wellbeing and the efficacy of medication. Further possibilities include reviewing the possibility of collaborative work with primary health care for those with long-term health conditions, which would be in line with developments within IAPT.

iii. Continue to explore effectiveness of the intervention using the PHQ and GAD and goal based outcome.

As the data presented in this report is in its infancy, it is proposed that data collection continues over a longer time scale to improve the validity and generalisability of the results.

iv. Expand the intervention to include Groups

In each of the prions there is the potential to facilitate joint group working with the integrated substance misuse service (ISMS).

v. Environment

Unfortunately at times sessions are missed due to limited prison officer staffing or the prison regime. This means that patients are unable to be escorted to attend their sessions. This reduces the consistency of the intervention, as it may not be possible to deliver weekly sessions. Interruptions to CBT can reduce efficacy and also decrease patient motivation to continue to attend sessions.[41]

vi. Address challenges to increasing access to the service

Awareness training on the early signs and symptoms of anxiety and depression for prison staff could help to reduce barriers to access and improve the referral process.

Summary and conclusions

The purpose of this outcomes study is to evaluate the efficiency of the CBT interventions provided. The results of this evaluation were consistent with previous findings that CBT is effective with offenders.[42] The CBT based intervention was collectively successful across the four prisons in Devon and Dorset with recovery rates being consistent with the government target (50 per cent) and reliable improvement being 75 per cent, exceeding the government target of 60.8 per cent.[43] Furthermore, statistics revealed a significant difference between pre and post intervention, suggesting clinical efficacy.

Collaborative working with health care professionals and prison staff to identify signs of depression and anxiety, and recognise the importance of early intervention may help overcome barriers to access. Amending the referral process, to both include patients prescribed medication for depression and anxiety and through awareness training of staff, would also be advisable to ensure prisoners with mental health needs are identified and appropriately supported.

Overall research has shown that common mental health problems, such as depression and anxiety, are experienced by around half of the prison population[44, 45,46,47]. This intervention has been statistically significant in reducing symptoms of depression and anxiety, as well as in keeping with national government guidelines and expectations.

39. Department of Health (2009). *Improving Access to Psychological Therapies: Offenders—Positive practice guide.* London: The Stationery Office.
40. Bradley, K. (2009). T*he Bradley Report. Lord Bradley's Review of People* with Mental Health Problems or L*earning Disabilities in the Criminal Justice System*. London, Department of Health.
41. Thomas-Peter, B. (2006). *The modern context of psychology in corrections: Influences, limitations and values of 'what works'. In G. Towl (Ed.) Psychological research in prisons*. London: Wiley.
42. Department of Health (2009). *Improving Access to Psychological Therapies: Offenders—Positive practice guide*. London: The Stationery Office.
43. Department of Health. (2008). *IAPT implementation plan: National guidelines for regional delivery*.www.iapt.nhs.uk Available at.
44. Bradley, K. (2009). *The Bradley Report. Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System*. London, Department of Health.
45. HM Inspectorate of prisons. (2007). *The mental health of prisoners: A thematic review of the care and support of prisoners with mental health needs*. London.
46. Department of Health (2009). *Improving Access to Psychological Therapies: Offenders—Positive practice guide*. London: The Stationery Office.
47. Liebling, A. & Krarup, H. (1993). *Suicide attempts and self-injury in male prisons: a report commissioned by the Home Office Research and Planning Unit for the Prison Service.* London: Home Office.

Reviews

Neoliberalism is a term that is used widely in academic literature and indeed increasingly in the broadsheet press. As described by William Davies, Reader in political economy at Goldsmith's, University of London, this term describes the transformation that has taken place in public life and has seen the elevation of market-based principles and techniques of evaluation to the level of state-endorsed norms (p.xiv). It is a process that has seen 'economic calculation…spread into all walks of life' and has involved 'the disenchantment of politics by economics' (p.xiv). In others words economic rationality has become such a powerful way of thinking about the world that it has displaced more value-based approaches. This has certainly been seen in prisons and other public sector organisations, where the rise of managerialism, with the focus on targets, audits and budgets has come to dominate.

In his book, *The limits of neoliberalism*, Davies argues that neoliberalism has gained an intense hold on public policy since the 1980s. He argues that this has come to be accepted as the norm by all political parties and major social organisations: 'The powerlessness of political or moral authorities to shape and direct society differently demonstrates how far the neoliberal critique of economic planning has permeated' (p.5). This domination, he argues has been so powerful that he draws upon the work of sociologist Luc Boltanski to describe this as creating a 'regime of violence' where there is no space to offer alternative visions and contest the domination of neoliberalism. From this perspective, it has become taken for granted as a foundation for public policy and practice. Despite this spine-chilling description of the ideological hold of neoliberalism, Davies, nevertheless argues that the grip is beginning to loosen. He suggests that the economic crisis in 2008 and the subsequent period of austerity has undermined the legitimacy of neoliberalism, the formerly taken for granted position is now contingent, and a space is opening up for contest and challenge.

It is within this context that it is worth considering two recent books that address prison management in America. The first is by Stephen McGuinn, an assistant professor of criminal justice at Quinnipiac University. His book *Prison management, prison workers and prison theory* is a report of a quantitative study drawing upon data from the Federal Bureau of Prisons Annual Prison Social Climate Survey, conducted on staff between 2006 and 2010. The study illustrates that organisations that deploy softer forms of power, such as legitimate, expert and referent power generate greater levels of employee commitment, rather than those that deploy coercive or reward power. Coercive power, however, does not have a detrimental impact upon efficacy according to this study. In other words, bosses that crack the whip can still get good outcomes, albeit at the cost of worker commitment and engagement. The study is also concerned with worker alienation, which this study shows leads to reduced efficacy and emotional hardening. It could be suggested that such results are unsurprising, but nevertheless, there is some value in providing this empirical evidence. It is also to be applauded that the premise of this study is that correctional employees are worthy of this attention.

The weakness of this study is that it is derived solely from quantitative data and does not involve any closer engagement with those who work in prisons. In the UK there is a strong recent

history of qualitative and ethnographic research on prison officers,[1] prison managers[2] and other staff working in prisons.[3] This has revealed in rich detail the complex and sometimes messy realities of prison work. The solutions proposed in McGuinn's book, in contrast appear simplistic and unrealistic. For example, he argues:

'Throughout this book, I largely contend that civil society should clearly define prison intention and prison philosophy *and* that prison will be successful if it consistently and fairly meets those definitions' (p.34, italics in original)

There have been many attempts to define the purpose and philosophy of prisons. This has never settled matters as the purpose of the prison is continually contested so that it shifts and evolves over time and between places. The simplicity with which McGuinn presents this argument comes across as callow. Similarly in relation to the use of discretion by prison staff, McGuinn argues that all rules should be codified with the area of discretion prescribed and officers made accountable by recording in detail any deviations or uses of discretion (p.14-17). This view that people operate with perfect knowledge, strictly in conformity with published rules and generating complete documentation, seems to be speculation on the potential of advanced artificial intelligence rather than a description of the realities of the fallible, contested and crafted ways in which prison staff negotiate order and exercise discretion on the ground. There is a concern that in producing such

remote and mechanistic analysis, McGuinn is legitimising the use of neoliberal governance, in particular managerial techniques such as making prison work auditable so as to intensify control, and the deployment of human resource management so as to enlist the subjective capacities of workers, recreating them as self-managing corporate citizens.

In contrast, Professor Jeffrey Ross from University of Baltimore, offers a more critical perspective. Ross is one of the founders of the 'convict criminology' movement, which is concerned with ensuring that the voice and experience of prisoners is incorporated into academic discourse. This book is broad rather than narrow, attempting to offer an overview of the experience of prison for prisoners, but also the challenges for staff and administrators. It is primarily intended for an undergraduate audience but could usefully be read by professionals. The book draws upon a wide range of research, and other evidence including legal cases, personal testimony and popular culture. In doing so, it takes a consistently sceptical perspective on prisons, presenting uncomfortable findings and posing awkward questions. Ross concludes by acknowledging: 'I do not expect every reader to agree with the evidence I marshalled or my interpretation and conclusions…'. This is one of the most significant and welcomed aspects of the book. Ross recognises that prisons are shaped by contested values and that academia is one of the fields in which this struggle is enacted.

Research, analysis and teaching are not politically neutral activities, but are saturated with meaning and contribute to the power struggle.

As William Davies noted, neoliberalism is in the ascendancy, but is coming under closer scrutiny and challenge. The books by McGuinn and Ross illustrate that this is the case in prison management as much as in other fields, where polarised views are being adopted and values contested. Together these books set out the field of struggle, and also invite readers to engage with the question: whose side are you on?

Dr Jamie Bennett is Governor of HMP Grendon and Springhill.

Book Review
An introduction to green criminology and environmental justice
By Angus Nurse
Publisher: Sage (2016)
ISBN: 978-1-47390-809-3 (hardback) 978-1-47390-810-9 (paperback)
Price: £79.00 (hardback) £27.99 (paperback)

The scale of the environmental challenge facing the world has been starkly outlined by the United Nations, who have stated that:

Climate change is now affecting every country on every continent. It is disrupting national economies and affecting lives, costing people, communities and countries dearly today and even more tomorrow.[1]

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1. For example see Crawley, E. (2004) Doing Prison Work: The Public and Private Lives of Prison Officers Cullompton: Willan; Liebling, A., Price, D. and Shefer, G. (2011) The Prison Officer Second edition Abingdon: Willan.
2. For example see Bryans, S. (2007) Prison Governors: Managing prisons in a time of change Cullompton: Willan; Bennett J (2015) The working lives of prison managers: Global change, local culture and individual agency in the late modern prison Basingstoke: Palgrave Macmillan.
3. For example see Bennett, J. Crewe, B. and Wahidin, A. (eds) (2008) Understanding Prison Staff Cullompton: Willan.

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1. Available at http://www.un.org/sustainabledevelopment/climate-change-2/ accessed on 27 May 2017

Despite this challenge, solutions have proven elusive. In 2015, Pope Francis authored an encyclical letter, Laudato si, which addressed the global environmental problems. This letter garnered wider attention in May 2017 when Pope Francis presented a copy to US President Donald Trump on an official visit to the Vatican. The lengthy letter confronts readers with their own individual responsibility as well as that of governments and powerful organisations:

Regrettably, many efforts to seek concrete solutions to the environmental crisis have proved ineffective, not only because of powerful opposition but also because of a more general lack of interest. Obstructionist attitudes, even on the part of believers, can range from denial of the problem to indifference, nonchalant resignation or blind confidence in technical solutions. We require a new and universal solidarity.[2]

The situation is not hopeless. There have been global inter-governmental agreements to take action. The most recent, the Paris Agreement of 2015, commits signatories to attempt to limit climate change below two degrees Celsius. There have also been active and committed non-governmental organisations, such as Greenpeace, whose pioneering work was celebrated in the documentary *How to change the world* (2015). A political movement has also grown up around the world, with Green parties being represented in many nations at local and national level. An international network of these parties, Global Greens, has involvement from over 100 countries. Individuals are also making personal choices that reflect their concerns, using consumer power to shape the market. This includes responding to concerns about the industrialisation of food production, the treatment of animals, exploitation of natural resources and climate change.

Against this background, Angus Nurse, a senior lecturer in criminology at Middlesex University School of Law, has produced an introductory text on green criminology and environmental justice. Nurse explains that the concept of 'Green criminology' is not easy to define and is contested, but proposes that it is, 'an umbrella term for a criminology concerned with the general neglect of ecological issues within criminology' (p.4). He goes on to say that this field of study 'extends beyond pure definitions of 'crime' to consider the nature and extent of environmental harm and the negative impact of human action on the environment' (p.9).

The book has sections which cover specific issues. This includes a focus on animal welfare, drawing out the links between animal abuse and inter-personal violence, and environmental crimes such as pollution. Such matters are marginal in the field of criminology and are generally under-policed and dealt with relative leniency compared with the harm that can be caused. It is this gap between the formal law and environmental impact that is particularly important to positioning 'Green criminology' as a branch of critical criminology.

This idea is explored in more depth throughout the book. This includes the challenges of globalisation such as cross border impacts, and differential regimes of regulation and enforcement. As is highlighted in this book, such differences can intensify the gap in power and inequality. This is illustrated by the high profile response to the Gulf Oil spill of 2010 in America, contrasted with the long-term harm inflicted upon the Ogoni people in Nigeria who have experienced the loss of economic, social and political rights as well as suffering chronic health problems.

Although the UN have highlighted the global challenge of climate change, Nurse argues that there is weak regulation and enforcement in this area. There is greater hope invested in non-governmental organisations who undertake public campaigning, support law enforcement action and engage in political lobbying.

This book is a helpful overview of 'Green criminology and environmental justice'. It particularly positions this within a wider critical criminology field. It highlights the marginalisation of environmental issues within criminology and the ways that criminal law entrenches and reinforces certain power interests including those of corporations, political elites as well as broader social inequalities regarding race and gender.

For readers within the prison system, it does not specifically address what can be done within policy and practice to respond to the challenges of environmental justice. There are certainly issues about the architecture of prisons and the incorporation of green technology and the natural environment including trees and plants. Also there are aspects of the regime that can be enhanced, including incorporating the care of plant and animal life. Just as with any other organisation, prisons have a role in promoting environmental awareness and action, the notion of citizenship in the 21st century encompasses this responsibility.

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2.   Cited at http://www.newsweek.com/pope-francis-donald-trump-climate-change-encyclical-614724

This book is a welcome introduction to the important area of Green criminology. Although in some ways it is a bleak assessment, it does provoke the idea that change is not only possible, but is necessary.

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Book Review
Prison life in popular culture: From The Big House to Orange is the New Black
By Dawn Cecil
Publisher: Lynne Rienner Publishers (2015)
ISBN: 978-1-62637-279-5 (Hardback)
Price: £58.50 (Hardback)

Carceral fantasies: Cinema and prison in early twentieth-century America
By Alison Griffiths
Publisher: Columbia University Press (2016)
ISBN: 978-0-23116-106-0 (Hardback)
Price: £32.95 (Hardback)

Recent years have seen a growth in academic interest in the representation of crime and imprisonment in the media. Many scholarly books and articles have been produced and there is even a journal, *Crime media culture*, dedicated to this topic. This work is concerned not only with examining the content of texts, such as films, documentaries and TV shows, but pays particular attention to the relationship between media, representation and society. From this perspective, the media does not simply reflect public attitudes and values, or current political orthodoxy, but also has a role in creating or constituting these attitudes, values and orthodoxies. The diverse range of media representations and the ways in which viewers engage with and consume these is a form of discourse in which different ideas are articulated, considered and tested. This body of academic work takes seriously the role of prison films and TV shows as one of the sites in which public policy and practice is contested and formed.

Dawn Cecil, an associate professor of criminology at the University of South Florida St. Petersburg, has produced an excellent overview of the primary forms of media representation including news, films, documentary and TV shows. She adopts a social constructionist perspective, drawing heavily upon the distinguished work of Ray Surette.[1] This perspective asserts that people construct their view of reality by drawing upon a range of sources, including direct experience, the experience of influential friends or relatives, political campaigning, and media consumption. In relation to prisons, as most people do not have direct personal experience of the criminal justice system, they rely more heavily upon media representation in order to shape their view of reality. Many media criminologists have argued that images of prisons have embedded within them values and judgments about who is in prison, the conditions in which they are held, and the legitimacy and necessity of that institution. Cecil argues that these values are often distorted, but their repetition has a cumulative effect. She argues that: 'Limited personal experience mixed with a reliance on imprecise or incomplete information is a dangerous combination, particularly in a nation in which imprisonment plays such a large role.' (p.3).

This book provides an overview of different forms of representation and is a useful primer, but in its analysis of feature films and documentaries, it is particularly strong and Cecil makes some provocative and powerful arguments. Cecil acknowledges that cinematic images of imprisonment have been iconic and memorable but is sceptical about the ongoing significance of prison films: 'for many, the silver screen provided their first glimpse at prison life. Given the availability of prison films and their enduring quality, for generations these films played a pivotal role in shaping views of prison. In today's media landscape, however, one might question whether prison films remain influential' (p.29). She argues that the prison film genre has become tired and predictable, losing its impact and financial viability. In addition, she argues that the changing media landscape has reduced the novelty of prison imagery. All of this leads Cecil to lament that 'For the most part, these films have become relics of the past' (p.47). There is no doubt that this is an important provocation. For many people, myself included, the significance of prison films has been taken for granted. Cecil shakes that complacency. That is not to say that I agree with Cecil's gloomy assessment. Films remain an important source of information about imprisonment, its practice and values. Although much media production and consumption today is instantaneous, prison films are often viewed in a more considered way with greater attention, they have a prestige that means they carry weight and credibility, they also have a wider geographical reach and remain in circulation for a longer period than other media forms. They do not, therefore, entirely conform to the

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1.   Surette, R. (2014) *Media, Crime, and Criminal Justice: Images, realities, and policies* Belmont, CA: Wadsworth.

model of disposable consumption. I would also challenge the assertion that prison films have run out of steam. Some recent prison films from the UK have had a lot to add: *Everyday* (2012) on the experiences of the families of prisoners, *Screwed* (2011) on prison staff culture, *Bronson* (2008) on masculinity and media representation, and *Starred up* (2013) on violence, life histories and psychotherapy. The big Hollywood blockbuster may be in hibernation after *The Shawshank redemption* (1994) but that does not mean that meaningful and influential prison films are extinct.

Cecil goes on to argue that it is prison documentaries that have come to replace films as the dominant and influential media form. She rightly draws attention to the commodification of prison documentaries through series such as *Lockup* (2005-17), which has run to over 200 episodes. Such documentaries do not attempt to offer an educative or overtly political perspective, but instead focus on extreme institutions, unusual and particularly violent people and incidents. Rightly, Cecil asserts that these representations are partial and inaccurate: 'This non-fiction imagery is not actuality, it is a representation. The prison world is reflected through a fun house mirror of sorts since it is impossible to transfer the physical world to a visual image. There is always a certain amount of distortion' (p.191). By focussing on particular individuals and behaviours, these films serve to legitimise imprisonment, and obscure the impact, including those on minority groups. In contrast, there is a vibrant market for independent documentary that is often critical of current approaches, highlighting the negative effects and attempting to humanise those in prison.[2] Although these documentaries are less prominent, they nevertheless are often a more effective vehicle for alternative voices and perspectives than academic texts.

Cecil essential posits that there is a symbiotic relationship between popular culture and American mass imprisonment, that these institutions are deeply entangled. In the media as in American society, the dominant images are those that support and legitimise the use of imprisonment, while critical voices maintain a more marginal space.

A very different approach is taken in the second book discussed here, *Carceral Fantasies* by Alison Griffiths, professor of film and media studies at New York Graduate Centre. Griffiths has a long standing interest in representations of prisons in early cinema. Here she again uncovers long forgotten but essential illustrations of the power of the media. In particular, Thomas Edison's use of film to legitimise the use of electrocution as a means of execution. His dramatised short, *The execution of Czogosz, with panorama of Auburn prison* (1901) used the still relatively novel medium of film in order to reassure audiences about the humanity and effectiveness of the electric chair.

The main concern of this book is to examine how prison and film directly intersected. This includes prisons as a subject of film, but also as a location of screening and viewing. The consumption of media in prisons has become an area of greater research interest with greater access to in-cell television,[3] but Griffiths shows that this is not a new phenomenon.

The screening of films in prisons expanded during the first two decades of the 20th century. There were a variety of reasons for this. Griffiths argues that although it is often assumed that this was used as a means of control, through incentivising, occupying and observing prisoners, there were other motivations that were more pressing at the time. The first was that getting men out of their cells in prisons such as Sing Sing, improved their health by giving them time away from damp and insanitary cells. Films also had a moral ambition. In prisons and out, early cinema played a role in promoting a hegemonic set of values, 'instilling in its captives the national myths of rugged individualism, consumerism, and the American dream' (p.284). In addition, it was considered by some prison managers that films offered prisoners an education in sentiment, feeling and emotion. There were therefore some progressive reasons for the development of film screenings in prisons. Of course, this was not universally welcomed by all, and then, just as now, some criticised this as pampering prisoners.

Films were often provided by distributors and film production companies as part of a commercial exchange, where they were given access to prisons in order to make films, both fiction and non-fiction. These film could, as with Edison's film mentioned above, be used to justify current practices but others also humanised prisoners, and promoted rehabilitative ideals. Griffiths rightly points out that this access, and the filming of prisoners, was not only a prurient act of voyeurism, but that this could be a disconcerting exchange between subject and viewer: '...the

2.   Bennett, J. (2017) *Documentaries about crime and criminal justice* in *Oxford Research Encyclopaedia on Crime, media and popular culture* available at http://criminology.oxfordre.com/view/10.1093/acrefore/9780190264079.001.0001/acrefore-9780190264079-e-52?rskey=iRr1U2&result=1 accessed on 09 October, 2017
3.   Jewkes, Y. (2002) *Captive audience: Media, Masculinity and Power in Prisons* Cullompton: Willan; Knight, K. (2016) *Remote control: Television in prisons* Basingstoke: Palgrave Macmillan.

prisoner returning our gaze reminds us that witnessing is never just about seeing, but is bound up with questions of power, access, accountability, pleasure and guilt' (p. 107).

Griffiths's work uncovers hidden and rarely considered aspects of penal practice, media consumption and film history. It reveals the contested values that are at play in penal practice and how the media is both a reflection of this and a means through which the institution is understood and made acceptable.

The intersection of the media and prisons is a contested and lively field. These two books offer very different approaches, focussing on different eras. Cecil offers an overview of the contemporary media landscape. Her book is an excellent primer but also offers some novel arguments, emphasis and takes some provocative positions. This all makes it a good read. Griffiths's work has less broad appeal, but for those with an interest in prisons and the media, it is a significant contribution. It opens up an under-researched area, takes

an innovative methodological and analytical approach, and all together is a dazzling achievement. Together these publications show the breadth and depth of this field. They also reinforce that our media choices are not simply meaningless entertainment, but are both the outcome and one of the constituents of the social world we inhabit: we are what we watch.

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OBITUARY
William (Bill) Arthur Francis Brister CB,
Prison Governor and Deputy Director General of Prisons

From the end of the Second World War to 1985, the Prison Service in England and Wales faced exceptional challenges and pressures. The population rose from around 15,000 to 50,000 causing serious overcrowding of cells and deplorable conditions for both prisoners and staff. During the 1960s, high profile escapes especially that of the spy, George Blake, from Wormwood Scrubs Prison, forced the Government to set up the Mountbatten inquiry — the resulting critical report requiring major changes to the service. From 1969, destructive riots by prisoners and industrial action by the Prison Officers Association added to the miseries within prisons.

Against this challenging background, Bill — as he was known across the Prison Service — Brister built an exceptional career first as an operational Prison Governor and then in senior posts within Prisons Headquarters. Brister was a person of great integrity, a practicing Roman Catholic throughout his life. He demonstrated a determination to achieve improvements for staff and prisoners whether working in establishments or as part of the Headquarters team. He was exceptionally good at working with a very wide range of people — from prisoners and prison staff — including specialists such as doctors and chaplains — to politicians and civil servants. His briefings on complex issues were accurate and balanced; his judgements on what action was required was grounded on his considerable experience of prison operations,

Ashford Remand Centre, West London, an establishment with acute industrial relationships problems, was probably his most challenging post as an operational Governor. Brister showed great skill in confronting unreasonable demands from staff while at the same time doing all he could to improve both the living conditions for prisoners and the working conditions of staff.

He attracted loyalty from staff at many levels because of his integrity, his genuine interest in them and their families and his readiness to support those facing

severe difficulties. His commitment to the Prison Dog Service continued long after his retirement through his support for the annual Dog Trials, including awarding a Trophy.

In 1969, Brister was one of the first Governors to be brought into Headquarters to apply operational experience to designing and building new establishments. This rather tentative experimental move became a normal part of the career of many Governors because of the success Brister and his other pioneering colleagues achieved at Headquarters.

The 'troubles' in Northern Ireland required a Governor to be seconded to advise Ministers on how to manage extremely difficult and challenging prison problems. Brister was selected and his ability to balance operational experience and the different and wider demands at Headquarters enabled him to provide effective support and leadership to the Northern Ireland Prison Service for two very difficult years.

On returning to Prisons Headquarters in London, Brister headed up the Security and Control Division, charged with reducing escapes and more effectively handling disturbances and hostage incidents. He brought order and proper training to meet these challenges, gradually achieving improvements.

In some ways, the next phase of his career was the most challenging. It began early in 1979 when he was promoted to Chief Inspector with a place on the Prison Board. But Mr Justice May's Inquiry, set up by the Government in response to growing industrial disputes with the Prison Service, published its report in October 1979 — recommending many changes. This included the setting up of a new independent Inspectorate, effectively abolishing Brister's post.

After great controversy within the Home Office during 1980 about the wisdom and practicality of setting up an independent inspectorate able to publicly criticise the service, the Home Secretary, Willie Whitelaw, took the bold decision to implement. From 1981 a new

independent prisons inspectorate was to be created with the power to make unannounced inspections and entitled to publish reports into the state of the prisons. This decision was part of the process leading to today's normal practice — that very many public services — not just the prisons — are subject to independent inspection with reports available to the public.

The new independent Chief Inspector was to be a complete 'outsider'. The first appointment was Mr W Pearce, former head of the London Probation Service. Brister was asked to take on the role of Deputy Chief Inspector and help establish the new organisation. Some might have refused an apparent step down, but Brister undertook the task with distinction. It was complicated by the new Chief Inspector quickly became terminally ill, leaving Brister to cover his duties until a further appointment was made. Thus much of the success of establishing the Independent Inspectorate was due to Brister's work.

An important part of the 1980 reorganisation of Prisons HQ following the May Report was to create a new post of Deputy Director General, in effect the operational head of the service. The first incumbent, Gordon Fowler had to medically retire in 1981 and Brister was appointed as Deputy Director General in 1982, a post he held until his own retirement in 1985. Thus he completed his career as the senior operational person in the service, a fitting tribute to his ability and dedication.

William Brister was born in in Cairo on 10th February 1925, only child of Group Captain AJ Brister OBE and Velda Maria Brister. He was educated by the Benedictines at Douai School near Reading. He studied law at Brasenose College Oxford from 1942 — with a break for war service — completing his BA and MA in 1949. He served in the Intelligence Corps from 1943 to 1947 in Abbottabad, Delhi and Singapore.

He joined the Prison Service in 1949 at Lowdham Grange Borstal in Nottinghamshire as an Assistant Governor Class 2. This was also the year that he married Mary Speakman, who had been an undergraduate at Oxford with him. After service at the Imperial Training School, Wakefield, as a Tutor, he was posted to Parkhurst Prison on the Isle of Wight. In 1957, he was promoted to Assistant Governor Class One and posted to Camp Hill Prison — also on the Isle of Wight — as Deputy Governor.

Further promotion to Governor Class Three followed in 1960 with a move to Manchester Strangeways Prison as Deputy Governor. In 1962 he was given his first command as Governor of Morton Hall open Borstal in Lincolnshire. About this time, he was awarded a Council of Europe Fellowship to Switzerland and Italy to study prisons and in 1966 a Nuffield International Fellowship to Canada and Mexico to study the treatment of prisoners addicted to alcohol and drugs.

In 1967 he was promoted to Governor Class Two and took charge of Dover Borstal and in 1969 was transferred to Headquarters to P1 (Buildings) Division. In 1971 he took charge of Ashford Remand Centre. His secondment to Northern Ireland followed from 1973 to 1975 with the title of Prisons Adviser to the Northern Ireland Minister.

In 1975 he was promoted to Assistant Controller in charge of P5 Division of HQ, a post he held until his appointment as Chief Inspector in 1979 when he also became a member of the Prisons Board. The move to the independent inspectorate followed in 1980 with the title of Deputy Chief Inspector. His final promotion was to Deputy Director General from 1982 to 1985.

He was awarded the CB in 1984.

After retirement, he worked for the Parole Board and with the Butler Trust, the organisation set up to recognise positive work by prison staff. He also contributed too many local organisations around Godalming, Surrey to which he had retired.

He leaves a son, Anthony, and a daughter, Anne — Marie, and three grandsons… His wife Mary pre deceased him in 2012 as did both his elder son David, in a climbing accident in the Himalayas with the Army in 1975, and a further grandson in 2009.

**William Brister was born on 10th February 1925.
He died on 4th July 2017**

Purpose and editorial arrangements

The *Prison Service Journal* is a peer reviewed journal published by HM Prison Service of England and Wales. Its purpose is to promote discussion on issues related to the work of the Prison Service, the wider criminal justice system and associated fields. It aims to present reliable information and a range of views about these issues.

The editor is responsible for the style and content of each edition, and for managing production and the Journal's budget. The editor is supported by an editorial board — a body of volunteers all of whom have worked for the Prison Service in various capacities. The editorial board considers all articles submitted and decides the outline and composition of each edition, although the editor retains an over-riding discretion in deciding which articles are published and their precise length and language.

From May 2011 each edition is available electronically from the website of the Centre for Crime and Justice Studies. This is available at http://www.crimeandjustice.org.uk/psj.html

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Six editions of the Journal, printed at HMP Leyhill, are published each year with a circulation of approximately 6,500 per edition. The editor welcomes articles which should be up to c.4,000 words and submitted by email to **jamie.bennett@hmps.gsi.gov.uk** or as hard copy and on disk to *Prison Service Journal*, c/o Print Shop Manager, HMP Leyhill, Wotton-under-Edge, Gloucestershire, GL12 8HL. All other correspondence may also be sent to the Editor at this address or to **jamie.bennett@hmps.gsi.gov.uk**.

Footnotes are preferred to endnotes, which must be kept to a minimum. All articles are subject to peer review and may be altered in accordance with house style. No payments are made for articles.

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