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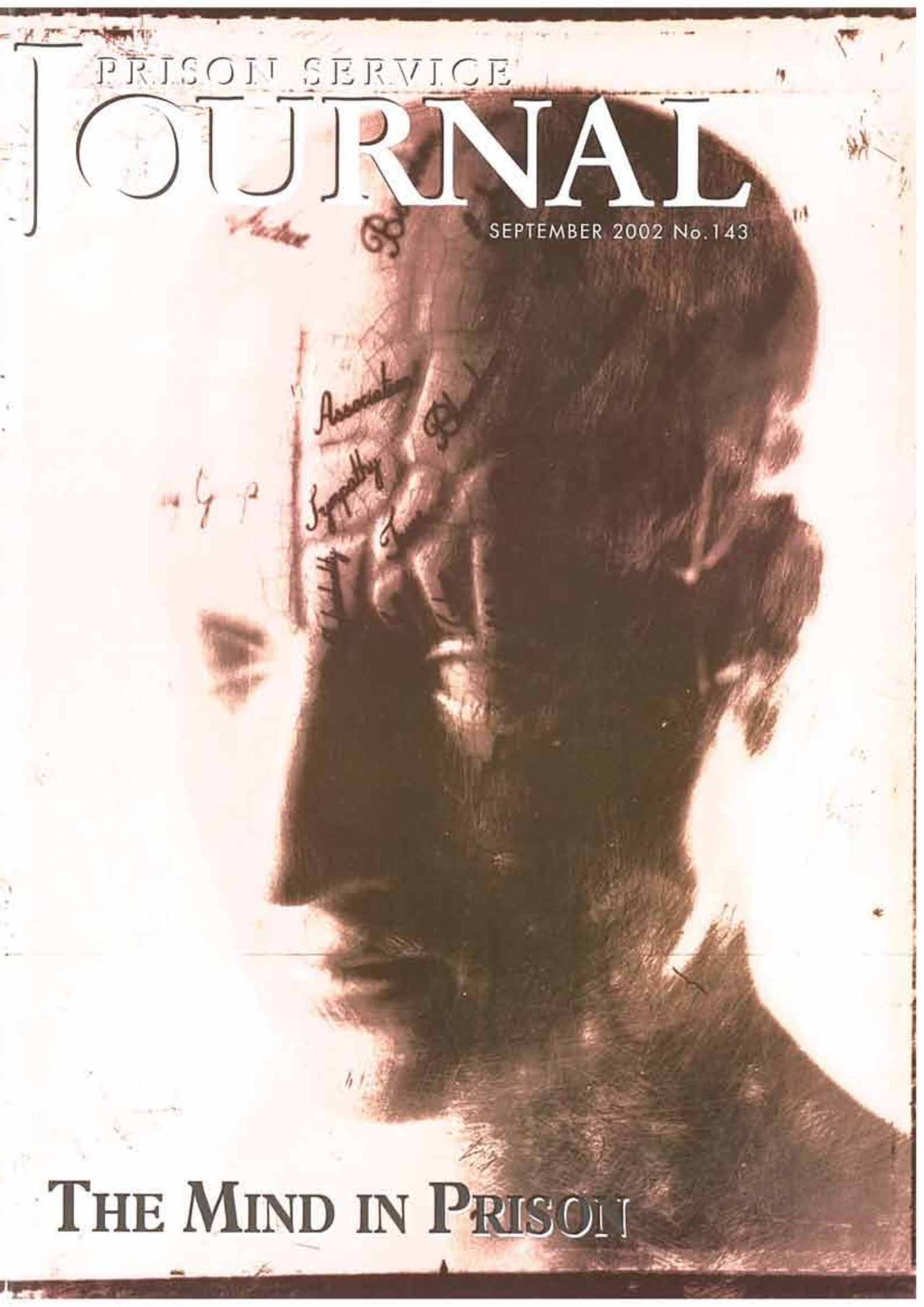

THE MIND IN PRISON

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Content

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COMMENT

The Mind in Prison

Proposals to reform the Mental Health Act, which were published in June, could result in far-reaching changes. These include the forcible detention or treatment of someone "with a disability or disorder of the mind or brain which results in an impairment or disturbance of mental functioning". Behind these proposals are the concerns raised by a number of offences committed by those whom the authorities knew had a mental illness. Some of those deeply tragic offences attracted media attention. In 1996 Lin and Megan Russell were murdered and Josie Russell horrifically attacked by Michael Stone, who was diagnosed as suffering from a severe personality disorder. In 1992 Jonathan Zito was murdered by Christopher Clunis who was also diagnosed as suffering from a mental illness.

Not everyone has welcomed the proposed changes to the Mental Health Act. The Schizophrenia Association of Great Britain has expressed its concern that those "with a diagnosis of schizophrenia could easily have their diagnosis switched to personality disorder (PD) as is already happening. It would be but a short step to have it switched just a little bit further from PD to DSPD and for them to be given an indeterminate prison sentence without having committed a crime." The Royal College of Psychiatrists has expressed its concern that, if implemented, the Bill could result in a large number of people being detained unnecessarily, although the Bill will also set up a new Mental Health Tribunal to regulate the use of compulsory powers for more than 28 days and to consider appeals against compulsory treatment orders.

While it is acknowledged that most people with mental health problems are not a risk to themselves or to others, a great many prisoners do suffer from a mental illness: 90 per cent of prisoners suffer from one of the five main categories of mental disorder — psychosis, neurosis, personality disorder, drug dependency or alcohol dependency; and about 300 prisoners are awaiting tranfer to psychiatric hospital. This edition of the Journal contains various articles explaining the nature of some of the forms of mental illness, including the work with DSPD at Whitemoor. But DSPD is at the extreme end of mental illness which can take many forms, and the insights offered by Ross Gordon (a Life Sentence prisoner who has Asperger Syndrome) in his article are illuminating. Similarly, Dick Frak's article provides a much needed straightforward description of schizophrenia.

Prisoners with mental illnesses present the Prison Service with many challenges. We do need to understand better what mental illnesses mean: even if those with the most severe mental illnesses are transferred to psychiatric hospitals, we will have a great many prisoners with less severe illnesses. We must learn how best we can perform both our custodial function and our rehabilitative purpose. Fortunately, unlike the prevailing penal climate of 15 and more years ago, we now have a self-belief and a growing credibility in being able to do more than contain. While this confidence stems from the development of offending behaviour programmes, it should also give us confidence in developing new regimes which are therapeutic in the widest sense.

The most therapeutic regimes or interventions recognise that prisoners are more than the perpetrators of the offence(s) for which they have been committed and sentenced. Thus a man or a woman who commits a burglary is not only a burglar. With prisoners who suffer from some form of mental illness we must look far beyond their criminality if the rehabilitative purpose is to stand any chance of being fulfilled. But this is risky because it can seem as though we are excusing the offending or forgetting about it. It is timely to paraphrase Archbishop William Temple, who remarked that 'No one in prison is a criminal and nothing else.'

Asperger Syndrome: One Prisoner's Experience

Ross Gordon, *Lifer at Leyhill prison.*

My background

I had what others describe as a traumatic childhood during which I was abused physically, emotionally and sexually. I had no understanding of what was going on and could make little sense of the world around me. I was told I was intelligent but I just did what I did because I was happy in my own world. I did not speak until I was about five years old or at least not the way others spoke. I had my own language and only my elder sister could understand it. She used to act as an interpreter for me, and my parents and teachers often had to call on her services. I could shut myself away in my own world for as long as I chose and during such periods it was as if nobody else existed. My memory was always very good in the sense that I could hear a conversation or watch a television programme or read a comic and weeks or months later could recall everything virtually word for word. It was not a conscious effort but now and again something would trigger me off and the words just seemed to come back. This led others to think I was intelligent and they had expectations of me, which I could not always live up to. I found it very difficult to make friends and could not communicate in social settings.

The world was just a mass of confusion, which I was trying to make sense of. I was very disruptive at school and home and I was frightened most of the time because I wanted to fit in and be normal but I also realised at a very early age that I was different from others. I had no idea what was wrong with me just that something was not right. I saw a speech therapist who taught me how to shape my mouth to make various sounds and I quickly learned to speak. However, this was awkward at first and other children laughed and bullied me until I learned to fight back. I also learned I could make friends by being disruptive and abusive to teachers and adults in general. As a result of this I saw a child psychologist who said I had Attention Deficit Disorder but none of the treatment seemed to work.

Almost inevitably I drank, took drugs and turned to a life of petty crime to finance my 'using'. I knew that life was much easier for me when I was drunk or stoned because it did not seem to matter that I was different and people blamed my 'using' for my lack in social and communication skills. This lifestyle led to me being given a life sentence for murder in 1977 when I was eighteen years old. There were no tariffs in those days but the judge recommended I serve a minimum of ten years. Almost 25 years later I am still in prison.

Prison

Surviving in prison has not been easy. I had to force myself to maintain eye contact with people because I soon learned that lack of eye contact was seen as a weakness and I would become an easy target. I have trouble reading body language and take things literally. I often felt threatened for no reason. For instance, if I heard a con shouting out of the window at another con and he said 'I'll rip your head off in the morning' then I expected him to do it. I was always confused by such language and had to get used to it but this meant I never understood when my behaviour was genuinely upsetting people and I was putting myself in danger. It was very confusing for me trying to understand the difference between situations and my mind constantly worked overtime analysing every interaction in an effort to find some sort of pattern or structure to work to.

Interviews always confused me but I soon learned from the other cons what was being looked for and tried to behave appropriately. I was often misinterpreted as unemotional and never knew how to change this except by observing and mimicking others. Needless to say I got into trouble whenever I ventured out of my 'safe world' for any length of time but I realised I had to from time to time because staff were starting to call me antisocial. I could never explain how much I enjoyed 'bang-up' and how I found time in the block to be a much needed holiday. The isolation was heaven for me and I resented it if I was forced to go out on exercise for an hour. However, there was always a longing inside me to be normal and to have friends so I would plan how I was going to make things work when I was returned to the wing.

To Cat D and back again

I first got to Cat D in 1988 and scraped through to the PRES hostel despite drinking heavily and using drugs. There was no MDT in those days and I was fortunate to get into trouble for being drunk only once. However, the hostel meant more social interaction and my 'using' got heavier. I managed to find myself a well-paid job and had no trouble working in a structured

environment but the problems started after work when the structure disappeared. I was returned to closed conditions, misdiagnosed as having an Antisocial Personality Disorder and eventually put on psychotropic medication.

I was placed in a prison hospital after a further misdiagnosis of schizophrenia, which led to a medical board recommending I be sent to a Regional Secure Unit. However, when I saw a doctor from the unit he said I was not mentally ill. I had problems but it was not necessary to place me in a Regional Secure Unit. I was weaned off medication and returned to the wing. From there I was sent to a Cat C and after an overdose was put on a detoxification programme and have now been clean for almost seven years.

Diagnosis

In 1999 an outside psychiatrist was brought in to do lifer parole reviews and fortunately I was one of the lifers she saw. After reading my history and speaking to me she discussed the possibility that I had Asperger Syndrome. I agreed to be tested and the initial diagnosis was shown to be correct. I am fortunate in the sense that I am High Functioning and capable of learning if the right lessons are delivered.

Being aware of what is wrong with me, and understanding that I am not alone, has enabled me to make tremendous steps forward. There is now light at the end of the tunnel and it also helps that I am now able to make others aware of my condition and receive support and understanding rather than being punished for my behaviour. I have been able to venture out of my safe world of mathematics and start to plan a future for myself, with the help of specialists. I studied mathematics in order to stay out of trouble. I enjoyed the subject because of its structure, lack of ambiguity and universal nature. I have the option to start part B of a doctorate in 2003 and others tell me how well I have done but I was just in my safe world taking advantage of a gift I have. Now I am aware of my condition I will probably not complete my doctorate but study how best to survive in the real world and help others with Asperger Syndrome.

I agreed to write this article in the hope that prison staff may recognise some of the symptoms in prisoners they deal with and may possibly persuade such prisoners to be tested for Asperger Syndrome. In hindsight, it is difficult to know how else the prison system could have coped with me since it is a hidden disability, which needs specialist diagnosis. What follows is a brief description of Asperger Syndrome based on notes from a Staff Awareness Session held in my current prison and delivered by Andrew Powell, Project Officer of The National Autistic Society.

Autism

Asperger Syndrome is an Autistic Spectrum Disorder that affects the thinking and behaviour of individuals. Autism was first identified in 1943 by Leo Kanner who provided this definition:

'Autistic individuals have come into the world with an innate inability to form the usual biologically provided affective contact with people' (Kanner, 1943, p250).

It is an invisible, life-long disability which affects how people relate to others around them and from which more men than women suffer. It can affect people with severe learning disabilities as well as those in MENSA! There are genetic and other causes and there is no 'cure'. Sight, hearing, taste, smell, touch are the five senses and Autism has been likened to a missing 'sixth sense' — Social Intuition. People with autism are sometimes described as living in a world of their own:

'I really did not know there were people until I was seven years old. I then suddenly realised that there were people. But not like you do ... I could never have a friend. I really do not know what to do with other people' (Donald Cohen, 1980, p388).

Autism is a complex developmental disability, which affects the way a person makes sense of the world around them.

'Reality to an autistic person is a confusing interacting mass of events, people, places, sounds and sights ... a large part of my life is spent just trying to work out the pattern behind everything' (Jim Sinclair).

Autism is defined by the 'triad of impairments'. All people with autism (regardless of IQ etc.) have impairments in: Social Communication, Social Interaction and Social Imagination.

Asperger Syndrome

Asperger Syndrome was first described by Hans Asperger in 1944 and the term was first used by doctor Lorna Wing in 1981. It is usually used to describe people with autism who have relatively good language skills, and an IQ above 70. It affects more males than females and approximately one person in 300. However, with the right support people with Asperger Syndrome are often able to live quite independent lives. Without support they can be prone to depression, anxiety and social isolation. The single best support is a person who has knowledge of Asperger Syndrome.

As soon as we meet a person, we make all sorts of judgements. Just by looking we can often guess their age and status, and by the expression on their face what emotions they are feeling. This enables us to judge what to say, and how to say it. We intuitively adapt to the other person, without much 'thought'. To someone with Asperger Syndrome this does not come intuitively.

This is the central difficulty for someone with Asperger Syndrome.

Asperger Syndrome and the 'triad of impairment'

Someone with Asperger Syndrome may have a number of difficulties with *social communication.* They may, for example, struggle to know what to say to other people; use odd or inappropriate language; have difficulty in understanding what others say and in processing the meaning of what is said; and, either miss altogether or misinterpret non-verbal communication. Consequently, the person with Asperger Syndrome may understand what is said literally, misunderstand jokes and be unable to sustain conversation.

Similarly, the *social interaction* difficulties experienced by someone with Asperger Syndrome can also isolate them from a range of everyday activities which are fundamental to living with other people. People with Asperger Syndrome often do not know what to do when with other people; do not make friends easily and misunderstand unwritten rules of behaviour. Consequently they may appear odd, or indifferent to others' attempts to engage them and may become socially vulnerable.

The third aspect of the triad of impairment associated with Asperger Syndrome are the difficulties with the *social imagination.* These can include problems with imagining what others are thinking and feeling; not understanding the consequences of actions; imagining 'choices'; and flexibility of thought. This inability to understand others' thoughts and feelings comes from a poor concept of self, of what it means to be a social being. Dr Simon Baron Cohen (1996) calls this 'mind-blindness'.

'I live behind a glass screen.'
(person with Asperger Syndrome)

Because of their difficulties with social imagination, the person may:

- Appear 'cold' to others feelings.
- Not think about the impact of what they say.
- Not see the 'bigger picture', and focus on 'trivia'.
- Become socially vulnerable.
- Be unable to sequence events.
- Resist change.
- Need to know everything.
- Not get jokes.

Other characteristics

In addition to the triad of impairment the person with Asperger Syndrome may also experience hypo- or hyper-sensitivity in the five senses.

'A defect in the systems which process incoming sensory information causes the child to over-react to some stimuli and under-react to others'
(Temple Grandin, 1986, p9).

'I learned to lose myself in anything I desired — the patterns on the wall paper or the carpet, the sound of something over and over again, the repetitive hollow sounds I'd get from tapping my chin …'
(Donna Williams, 1992, P9)

As a consequence people with Asperger Syndrome are at greater risk of suffering from mental health problems. This can be linked to many factors including increases in insight, perceived threats and stress, as well as organic factors. It can be difficult to separate autism from other problems — depression being the most common mental health problem. People can also develop obsessions, compulsions, panic attacks, paranoia and delusions, etc. Other health problems, such as epilepsy, attention deficit, tics and movement disorders, can also occur.

Practical Responses to Asperger Syndrome

Every person with Asperger Syndrome is an individual. Each person requires a tailored response. Asperger Syndrome is the start of the assessment — it is a signpost to help you know which direction to take. Asperger Syndrome is a complex mixture of strengths and weaknesses, expect the unexpected! The National Autistic Society uses 'SPELL' as a framework or philosophy to underpin work with individuals who have autism. SPELL is an acronym: Structure, Positive, Empathy, Low arousal and Links

Together the aspects of the SPELL framework to Asperger Syndrome provide a basis for working with and relating to people with Asperger Syndrome. The following summarises how you can respond in practical ways to people with Asperger Syndrome.

- Take time to get to know the individual.
- Be flexible whenever possible.
- Take pressure off — AS = Anxiety / Stress.
- Clear, calm, consistent support.
- Written or visual prompts, can be useful to back up verbal information.
- Read about Asperger Syndrome — try to see the world through the eyes of someone with Asperger syndrome.
- Show empathy.
- Do not expect quick permanent changes — long-term support is often necessary.

Useful contacts: Autism Helpline — 0870 600 8585 for parents; Information centre for professionals — 020 7903 3599; Parent to Parent — 0800 9520 520; Training — 0115 911 3363; .Website 'www.nas.org.uk'

Mental Health and Prison: Responding to Need

Nick O' Shea, *Research and Evaluation Co-ordinator, Revolving Doors Agency.*

Mental health needs among prisoners are at epidemic levels. The Prison Service states that up to 90 per cent of prisoners have a mental health problem or substance dependency. This equates to 63,834 people.[1] Forty per cent of male prisoners and 63 per cent of female prisoners had a neurotic disorder — more than three times the rate observed among the general population.[2] One in five female prisoners had spent time as an in-patient in a mental hospital or psychiatric ward.[3] In addition, 95 per cent of young offenders showed evidence of a mental disorder with 80 per cent having multiple mental health problems.[4] The statistics make for depressing reading.

In addition to their mental illness, prisoners have a range of additional needs. There are high rates of drug dependency with 32,000 prisoners completing a detoxification programme during 2001/2 — already exceeding the 2004 target of 27,000 programme places.[5] One in five were self-harming and 13 per cent were considered a suicide risk. There are also high rates of homelessness — 49 per cent of prisoners with a mental health problem leave prison with nowhere to live.[6]

The Government has responded to these problems with the Prison Mental Health Policy, which is designed to improve the care that prisoners receive whilst on sentence. All prisoners with a severe and enduring mental health problem will be given a care co-ordinator and a care plan which clearly sets out the help and support that they will receive pre- and post-release. This aims to ensure that prisoners receive the same level of treatment in prison as they would in the community.

However, the partnership between the prison service and the NHS means that the 300 extra staff who are being hired to complete this task will provide care for 5,000 prisoners at any one time. Whilst their services will be more comprehensive than those received by people treated on the wing, this leaves 58,834 prisoners at any one time who require mental health services but will not be given this improved help. This group of people who slip through the net of services — both within the prison and without — have mental health needs that are less severe, 'sub-clinical' illnesses. However, while their illness may be less severe, it is far more prevalent among the prison population and there is no policy being developed to help the people in this group.

This group persistently and consistently fall through the net of services. Research has shown that among prisoners with a mental health problem, 45 per cent have never had a mental health diagnosis and only 58 per cent had ever had any contact with community mental health services. Instead they self-medicate with drugs, take prescription drugs or receive no treatment at all.

The result is that this group fail to engage with services, lead chaotic lives, experience homelessness and damaging drug misuse, and are three times more likely to be arrested than to have an appointment with a social worker. Consequently, their lives become a cycle of offending, going to prison, being released and soon re-offending.

In response to these problems the Revolving Doors Agency has set up four experimental Link Worker schemes, based in police stations and prisons in four areas: Ealing (HMP Wormwood Scrubs), Islington and Tower Hamlets (HMP Pentonville and HMP Holloway) and southern Buckinghamshire (HMP Woodhill). The majority of referrals come from prison. Within prison, referrals are made by Healthcare, officers, bail information/probation, the Arrest Referral Team and a sizeable proportion by

1. 63, 834 people is 90 per cent of the prison population in the UK on 12 June 2002.
2. N. Singleton et al. Psychiatric Morbidity among Prisoners ONS, 1998.
3. A. Maden, M. Swinton and J. Gunn, 'A Criminological and Psychiatric Survey of Women Serving a Prison Sentence' 1994.
4. N. Singleton et al. Psychiatric Morbidity among Prisoners ONS, 1998.
5. HM Prison Annual Report 2001.
6. Revolving Doors Agency, Statistical Bulletin, 2002.

prisoners themselves. Agencies who refer people to us do so for a variety of reasons. Many clients are referred due to their alcohol and/or drug use, combined with concerns about their mental health. This does not have to be as explicit as a diagnosis from a psychiatrist, but may involve a prison officer noticing that prisoner where 'something is not quite right'. Many clients are referred because they are distressed or confused, or are judged to be having particular difficulty coping with their situation. Others may cause concern because of self-harming behaviour, signs of paranoia, withdrawal or because they are considered a suicide risk.

The schemes have offices in all four prisons and all prisoners referred to the schemes are either on remand or on a sentence of less than twelve months. Between October 2000 and May 2002, the four teams received 1,442 referrals.

What the Agency does

There are a wide variety of services available to prisoners with mental health problems, particularly in the community. However, the majority of our clients have had little or no contact with them. Their illness, substance dependencies, multiple needs and chaotic lifestyles mean that procedures such as filling in benefit applications, applying for a detoxification programme or registering with a GP act as barriers to them engaging with the services that they require. Link Workers offer practical support to identify the needs of the client and help them gain access to services. As the teams are multi-disciplinary and have worked with a wide range of agencies, they are able to offer a range of support. This includes:

- Housing and Utilities
- Benefit applications
- GP registration and use of community mental health services
- Advocacy
- Legal and Court Report
- Solicitor Liaison
- Appropriate Adults
- Treatment for substance misuse

The composition of our Link Worker teams recognises this diversity of need, comprising social workers, probation officers, nurses, counsellors, dual diagnosis workers and housing officers, among others.

This diverse group of staff work together in a model known as the 'team approach'. This means that clients do not have individual key workers, but instead benefit from support from all members of the link worker team, giving them access to the wide range of skills present. They work in partnership with the police, health, housing, probation and social services to improve the access of this very vulnerable group to support in the community. This may range from helping someone to fill in a form for Housing Benefit to accompanying them to an appointment to register with a GP.

A prisoner does not have to have seen a psychologist or psychiatrist to use our services. In fact, many people's mental health problems do not boil down to a single diagnosis, so they may not fit comfortably into established services. Our link workers conduct an assessment of every client referred, and routinely find mental health problems that were previously masked by a client's chaotic, seemingly uncooperative behaviour. It is worth noting here that many of these clients end up with a diagnosis of personality disorder — argued by some not to be a diagnosis at all. Whatever the arguments in this area, this shows that understanding these individuals' mental health problems is far from straightforward. In fact, mental health professionals often do not agree amongst themselves about the diagnoses offered. This obviously does not help staff on a wing, but Revolving Doors Agency can work specifically with this type of prisoner even when a clear diagnosis is not offered.

Our research

Revolving Doors has always researched the needs of offenders before responding with the development of a service. When the schemes were extended to the prisons in 2000, this was in response to a needs' assessment carried out for offenders resident in the areas in which the schemes operate. Now that the schemes are fully functioning, the research continues. The agency records a variety of information about those who are referred to our service to produce statistics which demonstrate the needs of our clients and how we are helping to improve their lives. The agency has recently completed a study into the housing needs of offenders with mental health problems who are serving short sentences or are on remand.

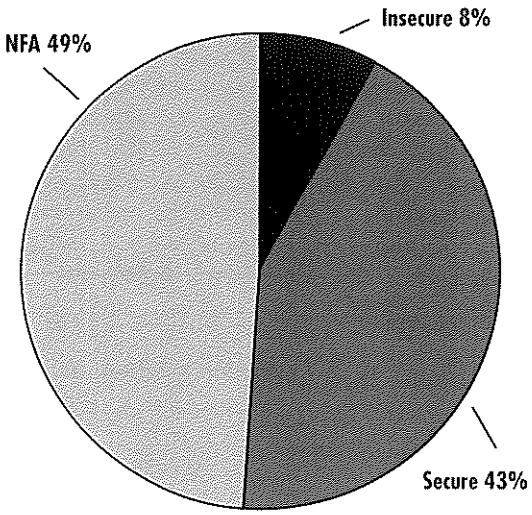
'Where do they go? Mental health, housing and leaving prison'[7] examined the housing problems of 101 people with mental illness and multiple needs who had a history of offending. We tracked their housing situation before during and after sentence to construct a picture of the difficulties that they faced.

Even before entering prison, we found high levels of poor accommodation among the sample, with **29 per cent** in insecure tenancies and **15 per cent** with no fixed abode. In addition, a link was found between housing tenure and offending. Sixty per cent of the sample suffered a decline in housing quality or loss of tenancy in the three months prior to offending.

During a prison sentence the situation deteriorates further. We found that a person with mental health problems entering prison with a secure tenancy had a 40 per cent chance of losing that tenancy by the time

7. Revolving Doors Agency (2002).

Housing situation on release from prison
n = 101



of their release. **37 per cent** of the sample experienced a decline in housing quality during their sentence, with **49 per cent** having no fixed abode on the day of release.

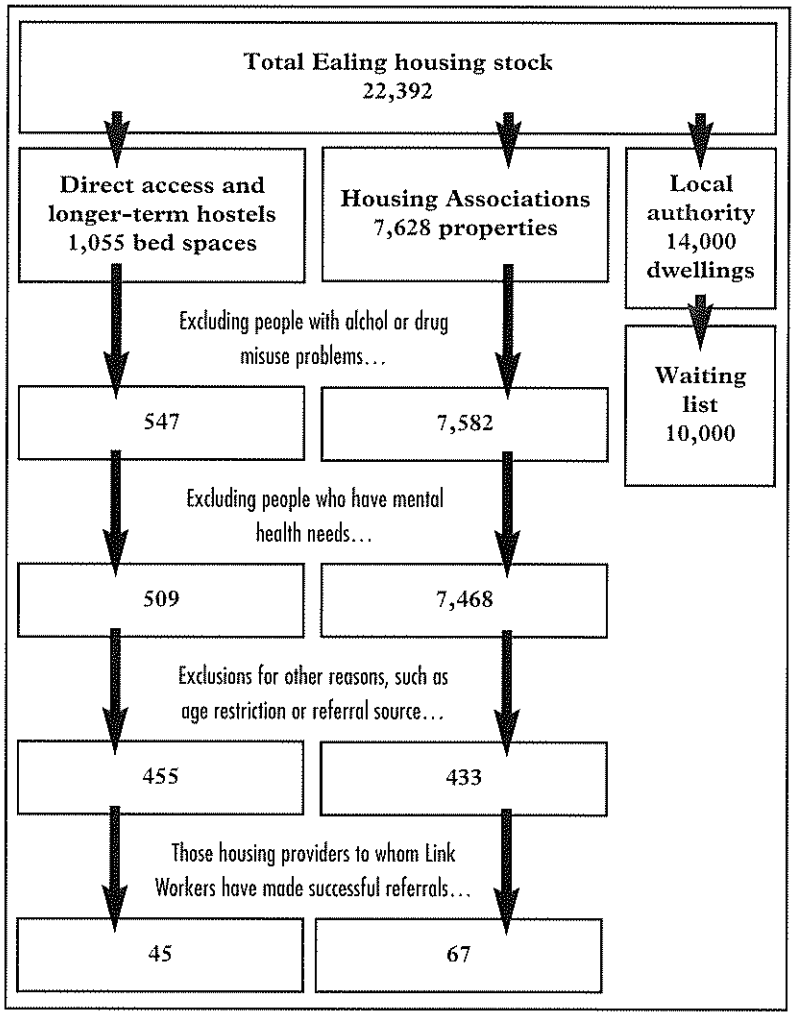
Those with drug problems generally experienced worse housing outcomes than those who did not use drugs. Sixty-three per cent of the sample who misused drugs left prison with no fixed abode or insecure accommodation. The study also examined the primary reasons for the high rates of poor housing among this group.

Housing Stock and the Housing Act

The quantity of housing stock suitable for this group is insufficient. There are seemingly large amounts of housing stock available but in practice application criteria exclude them from the majority of it. Registered Social Landlords and hostels have been shown to explicitly exclude people with multiple needs. Meanwhile, local authorities interpret the Housing Act in different ways to decide which cases are vulnerable enough to be in priority need for accommodation. Some demand a current mental health diagnosis to become a priority. Forty-four per cent of the sample had never had a mental health diagnosis, let alone a current one.

In Ealing, for example, priority status is only granted on grounds of mental illness to people with a diagnosis of psychotic disorders. Consequently, they join the 10,000 people waiting for one of just 14,000 local authority properties to become available. In addition, someone with mental health and multiple needs who had a history of offending would be excluded from 96 per cent of direct access and longer-term hostel places and over 99 per cent of housing association properties in the borough.

The flow chart illustrates how a client with mental



health problems who uses drugs and has a criminal record is systematically excluded from accommodation in the borough.

From a potential 22,392 lettings, only 112 would consider accepting people with the multiple needs described above. On the day that these housing providers were contacted there were no spaces available from amongst these 112. So, in a borough with a population of over 300,000, there were effectively no places available at all.

The 13-week rule

Prisoners sentenced to more than 26 weeks lose their Housing Benefit on the day of sentencing. The immediate consequence is that they often lose their tenancies unless they are able to pay the rent required to maintain it. As benefits are means-tested, it is unlikely that they will do so. Already high levels of homelessness are compounded and 57 per cent of the sample left prison without a secure tenancy. Of those entering with a secure tenancy, 40 per cent had lost it by release.

There is also confusion surrounding those sentenced to between 14 and 26 weeks. In practice, usually only half the sentence is actually served, making most less than 13 weeks long. Benefits should not be

stopped as a result. However, inconsistent interpretation of the 13-week rule means that some prisoners will lose their benefit — and their tenancies — even though they are entitled to continue receiving it.

Those losing tenancies while on sentence face the additional problem of not being considered homeless until the day of release. Even though prisoners have a definite date on which they will become homeless, there is no method of averting this problem until release. Half of the sample were homeless on release.

Rent Arrears

The 13-week rule causes high levels of rent arrears with over a third (34 per cent) of the sample leaving prison with arrears. Those losing their Housing Benefit on the day of sentencing may not relinquish their tenancy for some weeks ñ if at all. When the tenancy continues and Housing Benefit has been stopped, rent arrears accrue.

Prisoners who immediately relinquish their tenancies on sentence are not immune from amassing rent arrears either. RSLs and local authority housing require a notice period of four-six weeks during which rent is payable. As Housing Benefit stops once a sentence is passed down for those serving 26 weeks or more, the notice period must be paid by the inmate. If he fails to do this, he will accrue up to six weeks' rent arrears.

The high incidence of rent arrears accrued while in prison leads to significant problems finding housing on release. RSLs and, increasingly, local authorities are rejecting applicants who have rent arrears. In some cases RSLs will refuse to accept applications from those who may not have rent arrears but have failed to pay service charges in the past. This is a significant problem, with 30 per cent of the sample having rent arrears of more than £250 on the day of release.

Housing Applications

Making a Housing Benefit application from prison is nearly impossible. Without a tenancy, one cannot apply for Housing Benefit until release nor apply to go on the housing waiting list. If the prisoner wishes to relinquish his tenancy in the hope of securing one on release, this requires lengthy negotiation with the Homeless Person's Unit, which in turn demands a broad understanding of the housing system combined with negotiation skills.

Following release, this group face a baffling number of housing providers with varying criteria. Having made an application to a provider, there is a 45 per cent chance of having to apply to another housing provider and there are lengthy waiting lists for local authority housing. Finally, there can be a long wait for Housing Benefit to be resumed. For 42 per cent of cases this was longer than a month. For 23 per cent it was longer than two months. As those sampled did make successful applications —and therefore qualified through having low incomes — it is plausible that during the wait their budget to pay for housing was zero.

The report examined the impact of the link worker schemes which worked with this group after release. They helped **44 per cent** of the sample make housing applications and of the one third receiving Housing Benefit, two thirds of those made successful applications with Link Worker assistance. Over half **(58 per cent)** then received Housing Benefit within four weeks of applying. Of the total time spent resolving housing problems, 46 per cent was spent contacting housing agencies. Sixty percent of meetings with clients who had housing problems resulted in a Link Worker contacting at least one housing agency straight away.

Of those who received assistance from Link Workers, no-one experienced a deterioration in housing situation while working with the schemes post-release, and **24 per cent** experienced an improvement. These results have been achieved working with a group of people who have high levels of drug dependency and mental health problems and who seldom engage with conventional services.

Conclusion

There is a well documented, reliable body of evidence which demonstrates high levels of mental health problems among the prison population. While progress is being made for those with severe and enduring needs, Revolving Doors is working to support those who slip through the net of services. Our link worker teams work in four prisons to link people into the support that they need. Through our research, the agency has also identified multiple problems for this group concerning housing and homelessness, with 49 per cent of our sample of short term prisoners leaving prison with no fixed abode. With studies showing that ex-prisoners who are homeless are twice as likely to re-offend, it will not be long before you see them again on a wing near you.

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The Role of Prison Officers on the Dangerous and Severe Personality Disorder Unit at HMP Whitemoor

Jamie Bennett, *Head of D&SPD, HMP Whitemoor.*

Introduction

Managing Dangerous People with Severe Personality Disorder, the July 1999 green paper, identified a group of people who presented a high risk of very serious offending and whose health and rehabilitative needs were not adequately met within existing services. It was estimated that about 2,000 people were within this group: 1,400 in prisons, 400 in secure hospitals, and 300-600 in the community. It was recognised that this group presented a serious challenge for the community, health services and criminal justice agencies.

Managing and attempting to reduce the risk of re-offending for this group presents serious challenges. Those identified as D&SPD are often very disruptive. Paradoxically, many respond positively to the structured regime of a prison but staff are not equipped to deal with other aspects of their disorder and experience difficulty in getting assistance from health service professionals. Some receive help in therapeutic communities, but there is insufficient evidence to demonstrate that these are effective for the most severely disordered. There is a general need for further research into effective interventions, not least because some research has suggested that some interventions actually increase the risk of those identified as D&SPD. The lack of a consistent, long-term, multi-agency response led the Home Office, Department of Health and the Prison Service to initiate this programme.

The criteria for identifying people who are D&SPD has been developed so as to cover 'dangerousness', 'severe personality disorder' and the link between the two. Someone who is dangerous is more likely than not to commit an offence that might be expected to lead to serious physical or psychological harm from which the victim would find it difficult or impossible to recover. There are two main instruments used in the assessment of personality, the Hare Psychopathy checklist and the Diagnostic and Statistical Manual (DSM-IV)[1]. Someone with a severe personality disorder will meet the following criteria:

- PCL-r score of 30 or above or[2];
- PCL-r score of 25 to 29 plus at least one DSM-IV personality disorder other than anti-social personality disorder or[3];
- Two or more DSM-IV personality disorder diagnosis being met

Finally, D&SPD is confirmed when the risk presented appears to be functionally linked to the personality disorder.

Whitemoor's D&SPD Unit

The first D&SPD pilot started at HMP Whitemoor in September 2000. This has since expanded to the stage where it now provides a 36-place Assessment Unit and the first of two 28-place Intervention Units. All prisoners on the Units currently come from the High Security Prison Estate and are volunteers.

The Assessment Programme runs for 17 weeks, and is delivered by a multi-disciplinary team including Prison Officers, Psychiatrist, Psychologists, Teachers, Nurses, Probation, Workshop Instructor and Administrative staff. The Assessment comprises of

1. The Diagnostic and Statistical Manual identifies ten types of personality disorder; anti-social, avoidant, borderline, dependant, histrionic, narcissistic, obsessive compulsive, paranoid, schizoid, schizotypal.
2. A score of 30 in this is considered internationally to meet the criteria for a diagnosis of psychopathy (*The Hare Psychopathy Checklist — Revised Manual* 1990 RD Hare).
3. A score of 25 is considered to be sufficient for a diagnosis of psychopathy in England and Wales due to cultural factors. See *Cooke DJ & Michie C* Psychopathy Across Cultures: North America and Scotland Compared in Journal of Abnormal Psychology (*1999*).

psychometric tests, clinical and actuarial risk assessments, psychiatric assessment and structured observations of interactions. At the end of the process, a final report will be produced that will identify whether the D&SPD criteria have been met and if they have, what specific needs each individual has. The report goes on to indicate how those needs can best be met within existing services, including the Intervention Unit. The report also includes behavioural guidelines that describe and advise on the management of day-to-day behaviour.

The Intervention Unit is currently in the early stages of development and will offer three central elements. Underpinning all of the work is a supportive environment, made up of staff-prisoner interaction, community meetings with staff, group activities and a regular review of needs. The prisoners take part in activities and employment either on the wing or in an education-led activity centre.

The third an most important element is clinical intervention. This will be based on Dialectical Behaviour Therapy, a technique developed in North America for use with borderline personality disorder. This has subsequently been adapted and delivered to groups displaying a wider range of personality disorders in forensic settings. Once prisoners have completed this programme and are displaying improved management of their personality disorders, they will participate in offending behaviour courses designed to reduce their risk of re-offending.

What is the Role of Prison Officers

The role of prison officers in general has been a neglected and misunderstood area. Descriptions such as 'Bullies, racists, thick warders, jailers, turnkeys, militants' are common. However, the reality of the work and skills of prison officers is far more sophisticated and diverse than has generally been recognised. Research by Alison Liebling and David Price of the Cambridge Institute of Criminology[4] and popular books such as *Holding the Key* have gone some way in recent years to redressing this balance and highlighting the complexity and diversity of the role:

'In one day, an officer can be a supervisor, custodian, disciplinarian, peacekeeper, administrator, observer, manager, facilitator, mentor, provider, classifier, and diplomat. Different situations require slightly different blends, and different types of establishments or populations may demand a slightly different mix. Versatility and flexibility are key requirements.'

Liebling and Price

Liebling and Price carried out research into prison staff at HMP Whitemoor some years prior to the opening of the D&SPD Units and identified the factors common to role model officers as being:

- Having known and consistent boundaries. It mattered less where these boundaries where drawn but more that they were clearly communicated and consistently applied.
- 'Moral fibre', a mixture of confidence, integrity, honesty, strength, conviction, good judgement, flexibility.
- An awareness of effects of their own power on others.
- An understanding of painfulness of prison.
- A 'Professional orientation', or an understanding of the wider purpose of imprisonment.
- An optimistic but realistic outlook, the capacity to maintain hope in difficult circumstances.

With these characteristics, prison officers are able to establish effective working relationships with prisoners. This is important for a number of reasons:

'There has been wide recognition of the significance of staff-prisoner relationships to order (see for example, Home Office 1984, Ditchfield 1990, Sparks et al 1996), justice (Home Office 1990), security (Home Office 1995), and to constructive regimes (Dunbar 1985).'

Liebling and Price

It has also been identified that relationships are important for instrumental reasons (officers need them to get the prison to work and prisoners need them to gain access to resources) and normative reasons (good relationships are humane and make life easier and more pleasant).The role of the prison officer, then, is a far more complex and diverse task than has previously been recognised. These skills are being applied and built upon in the D&SPD Units in order to develop prison officers.

Staff Working with PD Prisoners

As with prison officers, work with PD has generally been under explored. However, one significant study by Professor Len Bowers[5], based upon nurses in secure hospitals, identified beliefs that were predictive of positive attitudes. These were:

- Lay more emphasis on nurture in thinking than on the cause.
- Were more aware of manipulation as a problem and had greater command of the ways it could be managed.
- Perceived that the complaints procedure could be used as a therapeutic tool.

4. *The Prison Officer* Alison Liebling and David Price 2001.
5. *Dangerous and Severe Personality Disorder: Response and Role of the Psychiatric Team* Professor Len Bowers 2002.

- Laid more emphasis on preventing violence by verbal de-escalation and long-term therapeutic engagement.
- More likely to see themselves acting in a parental role towards PD patients.
- Knew better how to cope with and contain their angry feelings towards patients about the index offences.
- More likely to have insight into their emotional reactions to PD patients' behaviour and express ways to contain themselves.
- Less likely to assert that PD patients are wholly untrustworthy.
- More likely to view PD patients as having diminished responsibility because of their distorted view of the world.

This study has been repeated by Professor Bowers and his team at HMP Whitemoor and it was found that the same beliefs, moral commitments etc., supported positive attitudes to PD people as found with nurses in High Security Hospitals. This provides significant insight into staff working with PD and this has clear repercussions for human resource planning. These two major pieces of research show significant similarities and differences and a comparison of the factors can provide some illumination in the table below.

The comparison of these two sets of factors, the role model characteristics and the factors underlying positive beliefs, show that while there is a significant degree of broad similarity there are also some areas of difference.

- For example, the maturity and stability of individuals seems to be significant and prominent on both measures.
- The emphasis and nature of the characteristics may be different for example, in relation to the exercise of power, the role model officer sees it in quasi-legal terms, but a member of staff with PD patients may see more emotional investment.
- The specific nature of some of the beliefs may mask wider skills and views. For example in the use of boundaries and prevention of manipulation.
- Some of the attitudes may not be desirable, for example, the limiting responsibility for actions may be contrary to the principles asserted within penal settings. This may be contrary to the orientation of the organisation or significant numbers of individuals within it.

There is a professional challenge in maintaining the core skills and characteristics of prison officers whilst applying that to a specific PD setting. This cannot be achieved simply through the application of

Role Model Characteristic	Belief Underlying Positive Attitude	Comments
Known and consistent boundaries	Aware of manipulation	Role model prison officers will not only be aware of manipulation but will use boundaries to establish expected behaviour and provide pro-social role modelling.
'Moral fibre'	1. Emphasis on preventing violence 2. Contain angry feelings about index offences 3. Insight into their emotional reactions	The integrity and maturity of the role model prison officer is mirrored in mature attitudes.
Awareness of effects of their own power	Parental role	There is some similarities in these two elements as they both suggest sensitive and responsible exercise of power. However, the second also invoves emotional attachment.
Understanding of painfulness of prison	Complaints procedure viewed as therapeutic tool	Role model officers demonstrate this sensitivity. One aspect of this may be the use of complaints procedures and this may help some people work through their frustrations.
'Professional orientation'	1. Emphasis on nurture 2. Diminished responsibility	Role model officers have a professional orientation, but this is not necessarily one specific type. Those working with PD seem to have an attitude that reduces or limits responsibility. This would be the case for some role model prison officers, but not all.
Optimistic but realistic	PD patients are not wholly untrustworthy	The characteristic of the role model officer is reflected in the cautiously positive approach implied with PD patients.

research findings, although these do provide guidance in developing recruitment, training, competencies, job roles, working practices and support systems for the units.

The Role of Officers at HMP Whitemoor

The role of the prison officer in the D&SPD Units has developed over the last 18 months. Central to that role is building relationships with prisoners. This is critical to a successful prison officer and a positive staff member. However, severely personality disordered prisoners can be extremely difficult to build relationships with. Officers are required to develop relationships with this difficult group for all the instrumental and normative reasons, but also to maintain prisoners within the Units and maximise the effectiveness of assessment and intervention.

In an internal evaluation, 80 per cent of prisoners positively commented on this, indicating that trust had developed and officers were respected for their professionalism. Comments included:

'I had an excellent relationship with them ... The calibre of staff was very good ... They cared and wanted to help you make progress.'

'Prison Officers were unique, unlike any others I'd ever met before ... More patient, more understanding, more time for you, always in your cell, chatting to you, having a laugh and a joke ... They're more concerned on Red Spur about how you are as a person, how you feel.'

External evaluation has also identified this area:

'(It) is clear from this pilot investigation that the assessment programme itself, though not designed to have an effect, is having a significant effect upon prisoners and staff alike, by virtue of the type of relationships which they are purposefully developing.'

This does not exclusively reflect a qualitative change in the expected role of prison officers, but reflects a quantitative change in the number of prison officers available (the ratio to prisoners is 1:3, where on most wings in Whitemoor it is 1:12). This affords the time and opportunity to make the best use prison officer skills. However, there is also qualitative issues of training, development, purpose and role that emphasise the importance of relationships.

In addition to the centrally important aspect of the officer's role in building relationships with prisoners, there are seven other aspects of the role:

- Structured observations
- Delivering the programme of activities
- Multi-disciplinary and multi-agency working
- Briefing and debriefing
- Operational management
- Policy and project development
- Information dissemination

Structured observations — These use the existing observational skills of officers, but instead of focusing exclusively on their value for security management, they are harnessed in structured clinical observation tools. These record day-to-day behaviour. This identifies how PD traits are manifested and so contributes to diagnosis. The primary tool used is the Daily Behavioural Ratings Scale (DBRS). This records during three periods in the day whether there is no, some or a definite indication in the following areas:

- Aggression
- Emotional dysregulation
- Anxiety
- Threatening
- Impulsivity
- Sexual behaviour
- Isolative behaviour
- Interpersonal relationship difficulties
- Paranoid/suspicious
- Manipulation/Interpersonally exploitative/grooming
- Compulsivity
- Negative remarks to others
- Any other supplementary observations specific to the individual

This is supported by narrative accounts of observed behaviour. This has proved to be of value in the assessment process:

'As observers in groups, and particularly during their frequent contact with prisoners in all settings, officers felt their observations of prisoners were potentially very useful to the assessment itself.'

Interim Evaluation Report

Multi-disciplinary and multi-agency working — This project is founded on collaborative working both within the Unit and with other agencies.

Within the Unit, the nature of the work involves much closer working relationships with a range of disciplines. This requires a greater appreciation and understanding of the role of other disciplines and a broader approach to team working than is traditional. Prison Officers have been open to the challenges and the rewards that this approach brings. At the same time, other disciplines have developed their understanding and appreciation of the role of the prison officer.

Operational management — This encompasses security and basic prisoner management and includes:

- Meeting basic needs including serving meals, providing decent accommodation, access to

exercise, contact with family etc.
- Managing security including locking, searching, drug testing etc.
- Managing prisoners through prison service systems, for example bullying, self-harm and IEPS.
- The management of the discipline system, both formal and informal.
- The management of grievances, both formal and informal.
- The recording of information regarding the operational management of prisoners.

This is the basic work that makes the day run smoothly. It is just as critical on the D&SPD Unit that this is done effectively as anywhere else. These are the fundamental tasks carried of the officer. The challenge for many is how to manage the dynamic between delivering these core tasks and the clinical aspects of the work.

Delivering the Programme of Activities — Prison Officers have designed and deliver an activity programme for prisoners, which includes:

- Employment including domestic tasks, education-led activities and craft-based employment.
- Creative activities including writing, drawing and crafts.
- Options sessions that include discussions and ice-breaker type activities.
- Business meetings where prisoners meet with staff to discuss domestic issues and receive information.
- Recreational activities including games, indoor sports and hobbies.

These activities are designed to encourage prisoners to interact with staff and each other. As well as developing relationships, this also creates an environment where behaviour can be displayed and observational information collected.

Briefing/debriefing — Extended briefings and debriefings take place six times each day and are attended by officers, managers and members of the clinical team. This allows significant operational matters to be communicated, information about prisoners to be shared, mutual support provided and practice developed. As this is officer led, they have had to develop the purpose and format of this to best meet their needs. This has drawn on good practice in other areas of the establishment, but has also been derived from building experience and taking advice from clinical team members. Officers also debrief each other immediately following the delivery of organised activities.

Policy and project development — Prison Officers have been involved in the development of the project since the initial planning stage. They have been full-time members of the planning and implementation teams for both the Assessment and Intervention Units and provide regular input to multi-disciplinary team meetings. Additionally, they participate in business planning awaydays and special ad hoc groups formed to review specific areas. Some of the work that has been developed as a result of this involvement has included:

- Prison officer roles and staffing levels
- Staff support
- Development of DBRS system
- Introduction of self-assessment for prisoners
- Development of the activity programme
- Development of intervention programme

This is work that is central to the development of the project and has either been led by or has had significant input from prison officers.

Dissemination of information and information sharing — Prison Officers from the Unit play an important role in disseminating information around the prison externally. They have led or been involved in full staff meetings, presentations to High Security Prisons, contribution to D&SPD Good Practice Network and to the Division of Forensic Psychology Conference as well as more routine work with visitors and open days.

The role of prison officers in the D&SPD Unit at Whitemoor involves greater complexity and diversity than many other areas. Officers on the unit have responded to this and have relished the challenge of this. They have enjoyed some success both in the development of their own role, but also in prisoner management and improving quality of life:

'Prison officers have certainly enjoyed working with inmates in a rehabilitative capacity: reductions in incidents of violence, self-harm and adjudications have been achieved.'

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Supporting and Developing the Role of Prison Officers

In order that officers can become successful members of the diverse team on the D&SPD Units, it is essential that they are appropriately selected, trained and supported. All members of staff are interviewed prior to starting work on the unit. This is a two-way process, so that officers can be clear what is expected of them and to ensure that there is evidence of both role model performance and positive attitudes. All members of staff receive basic PD awareness training and training in the specific work of the Unit, including DBRS. This provides the basic information to start working on the Unit.

Refresher and development training is carried out in a weekly training session for all members of staff on

the unit. This allows them to maintain and build upon their skills and knowledge. This mirrors professional training and supervision in other organisations and disciplines. This training has included elements specifically derived from both of the research studies described above. All members of staff receive mandatory counselling once every two months. This is carried out by qualified counsellors, independent of the prison, who provide a confidential service. This is critical to ensuring that staff health and the emotional impact of the work is effectively managed. This can also be an important element in maintaining attitudes and performance both at times of significant pressure and over time.

All members of staff also have the opportunity to complete entry level and post-graduate certificate level training in the management of personality disorder. This is high quality, externally recognised training delivered through the University of Central Lancashire.

The work of the D&SPD Unit requires different working practices, approaches and culture. Not only in the specific PD work that is being developed, but also in the development of a multi-disciplinary team and through increasing the focus on professional development. Briefings and debriefings are held six times during the day, providing an opportunity for group support, feedback, and exchange of information. This flow of information is critical to maintaining the team and supporting each other. This culture needs to be supported by both staff and management commitment to teamwork, professional standards and open communication. This is manifested in practical arrangements such as:

- The accommodation of all staff on the Unit
Regular briefings/debriefings
- Investment in training and development
- All grades of staff represented at multi-disciplinary team meetings
- All grades and disciplines provide training for each other

However, it is also manifested in cultural differences from that which is traditional in prisons.

'Officers recruited to the Implementation Team, and those asked to take responsibility for designing elements of the programme, policies or training, were not the most senior in rank, but those with the right experiences and abilities.'

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This is also a culture that in this environment and with this work has proven to be effective:

'(The Units) had developed some capacity for self-management through teamwork. Officers tried with some success to address uncertainty by using the team as a forum for debate and decision-making, mutual support and peer monitoring.'

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Conclusions

Although still in its early stages, this project is starting to work towards developing the role of prison officers at Whitemoor and in the D&SPD Programme. This also has implications for the future development of the prison officer profession more generally. For the D&SPD Programme, the experience of Whitemoor suggests that the core skills of prison officers are suited to managing a PD population. It also shows that prison officers are starting to build upon and tailor their core skills to deliver more specialist services, including a service that have clinical value and can improve the quality of life for individual prisoners.

The exercise of effective self-management, the embracing of multi-disciplinary working, the engagement with personal and professional development and the leadership demonstrated in cultural change all show that prison officers are playing a central role in deliver leading edge, professional services. However, this also demonstrates the significant investment that this requires in selection, training, communication and support. In these units, prison officers and prison managers are working together to develop the organisation and deliver innovative services that are of benefit to individual prisoners and ultimately to the community. Within this, prison officers are beginning to demonstrate real results with this challenging and difficult work.

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The Prisoner Cohort Study

A research study on personality disordered offenders.

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In 2000 the government produced a White Paper 'Reforming the Mental Health Act'. Part two of this White Paper specifically concerned high-risk patients. The aim of the White Paper was to set out proposals to improve the protection of the public by improving legal powers and service provision for a small group of individuals who present a significant risk of harm to others as a result of a serious mental disorder. This group of individuals is known as Dangerous and Severely Personality Disordered (DSPD).

Personality disorders are a relatively common mental health problem. A recent study on the prevalence of mental health problems in prisons, 'Psychiatric Morbidity Among Prisoners' estimated that the prevalence of personality disorder was 64 per cent in male sentenced prisoners (Singleton, Meltzer, Gatward, Coid and Deasey, 1998). Whereas studies of the general population estimate that between 10.3 and 13.5 per cent are affected (Reich and Girolamo, 1997).

People with personality disorder fall on a continuum from virtually normal behaviour to extreme disruption in personal and social functioning. The vast majority of these individuals do not pose a risk to the public and live largely ordinary lives. A very small minority of these people though, do manifest serious anti-social behaviour and it is this group alone which is the subject of the DSPD proposals.

The DSPD proposals aim to improve public protection by detaining and developing effective treatment for these individuals. This work is being taken forward by the Home Office, the Department of Health and the Prison Service.

Staff in prison, probation, health, social services and independent sector agencies already undertake valuable work with some of the DSPD group. But this is within the context of services facing a range of operational pressures that make it difficult to deliver services to this group. Additionally, individuals suffering from personality disorders are notoriously demanding and difficult to work with. The DSPD proposals represent an attempt to create, support and co-ordinate attempts to improve treatment for this group and to protect the public.

Research plays an important role in the development of policy on DSPD. One major aim of the research programme concerns the assessment of dangerous offenders. Existing risk assessment tools identify dangerous offenders by criminal histories (both violent and sexual), their age (younger offenders are more likely to reoffend), and the type of previous offending (Hanson and Thornton, 2000, Hanson and Bussière, 1998). There are also more dynamic, changeable factors that are relevant to offending such as mood, substance abuse, or employment status.

It is important to have the best risk assessment procedures available for the DSPD programme. To this end a large-scale prison and community based research project called the Prisoner Cohort Study has been commissioned. The research is to be undertaken by a consortium of eminent academics led by Professor Coid of St. Bartholomew's hospital in London.

The Prisoner Cohort Study aims to evaluate the effectiveness of a variety of risk assessment instruments to help identify which factors are associated with serious reoffending both in terms of the general prison population, those with personality disorders, and for other groups such as ethnic minorities, women and young prisoners.

The study aims to interview over 1,900 prisoners convicted of a sexual or violent offence who are currently in prison and close to their time of release. There will then be a second phase of follow-up interviews conducted in the community, or in prison for those who have been reconnected. As well as risk assessment tools, the Prisoner Cohort Study will also include assessments of personality, neurological tests, substance abuse, social circumstances and behaviour whilst under probation supervision.

The information gathered from the Prisoner Cohort Study will then be used to improve the assessment of risk for serious offending. This will be important work in several ways.

First, in terms of public protection, the study will help to identify some of the most dangerous individuals in society. The detention and treatment of these individuals will prevent many serious crimes.

Secondly, if individuals are to be detained then there must be a high degree of certainty that these individuals are in fact very likely to commit serious crimes. Buchanan and Leese (2001), recently analysed the accuracy of a range of available risk assessments and found that the average performance of these assessments meant that six individuals would have to be detained in order to prevent one serious offence. Whilst, Buchanan and Leese's work might be considered pessimistic (Erikson, in press), they highlight the importance of accurately identifying this dangerous group.

Finally, identifying risk factors will be important in

terms of understanding the causes of personality disorder and identifying treatment targets. This is a potentially vital element of the research as, so far, no effective strategies have been identified to prevent the development of severe personality disorder.

The risk posed by Dangerous Severely Personality Disordered people has not, in the past, often been addressed effectively. The Prisoner Cohort Study will tell us who exactly is dangerous, and why. This group is likely to have a large range of economic, social and educational problems. The Prisoner cohort study will also help to improve knowledge of these issues and maybe offer potential for reducing and managing the risk presented by the DSPD group.

Identifying the DSPD group, managing their risk, and developing effective treatment remain significant challenges. The Prisoner Cohort Study represents an important step in providing the knowledge to meet these challenges. The rewards of this work will be improved public protection from serious offending and improved quality of life and services for the DSPD group.

The Prisoner Cohort Study will be rolled out nationally in November in 2002 and interviews will be completed by October 2003. Prison Governors will receive a fact-sheet in the near future providing further details and seeking their co-operation.

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Mental Illness and Imprisonment

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At any one time around 5,000 people in prison will be experiencing a severe mental illness[1]. Most of these people will have been diagnosed with schizophrenia, although significant numbers may also be diagnosed with manic depression, personality disorder or have a dual diagnosis involving drug or alcohol misuse. Up to 90 per cent of prisoners have a diagnosable form of less severe mental illness, substance abuse or sometimes both. In the general population at any one time less than one per cent will be diagnosed with schizophrenia and around the same percentage with manic depression. In prison, the percentage is over 13 per cent. This astonishing figure points to failings in the health and care systems outside prison but also poses immense challenges for prison staff and prisoners alike to rethink their approaches to mental health care.

Defining schizophrenia

Schizophrenia is not split personality; and violence or other forms of criminal behaviour are not amongst its symptoms, despite what the tabloid headline writers would have us believe[2]. In fact, people with severe mental illness are far more likely to be the victims of crime[3] and are far more likely to kill themselves than harm anyone else[4]. Schizophrenia is a complex and severe mental illness. Its symptoms can, broadly, be defined as 'positive' — adding something to the

1. *The NHS Plan*, Department of Health, July 2000.
2. British Journal of Psychiatry 1999, 174, 9-14 and *The Confidential Inquiry into Suicide and Homicide by People with a Mental Illness* (May 1999).
3. *Redressing the Balance: Crime and Mental Health*, UK Public Health Association, 2001.
4. *One in Ten*, National Schizophrenia Fellowship, 1999.

individual's behaviour or personality that was not there before; and 'negative' — detracting something from the individual's behaviour or personality[5].

Positive symptoms include external 'voices' or, more technically, 'hallucinations'. Individuals may also experience sounds other than voices and a few may experience different hallucinations involving smells or tastes. Although these are hallucinations, they are also 'real' in the sense that the brain registers them as such. For a person with schizophrenia, making sense of these hallucinations may involve creating a whole series of 'delusions' involving outside agencies out to attack or persecute them or God-like figures sent to guide their actions or actions of others. A person experiencing delusions may try to keep them secret, knowing that others would not understand. Some individuals are gradually overwhelmed and begin to act strangely according to the content of the delusional explanations.

Negative symptoms of schizophrenia may include a reduction in cognitive functioning-the individual may, for instance, become slower to think, talk and move, and may have become indifferent to social contact. Sleeping patterns may change so that they are happy to remain up all night and sleep all day. Body language may also be affected. The overall result is a reduction of motivation. Negative symptoms are much less dramatic than positive, but they tend to be more persistent.

Recognising these changes can be particularly difficult as the illness often develops during teenage years when it is quite acceptable for changes in behaviour to occur, particularly where the young person is experimenting with new freedoms and lifestyles. Dealing with them at any age in the context of a rule-governed institution such as a prison can be challenging, leading to conflicts with authority.

Causes of schizophrenia

The causes of schizophrenia remain poorly understood. People with close blood relations who have schizophrenia are certainly at a higher risk of developing the illness, pointing to some genetic factors. However, the majority of new cases of schizophrenia involve people with no identifiable family history of the illness, pointing to some other environmental explanations. The best explanation at present is that some people may have a genetic predisposition to schizophrenia but that it requires some outside 'trigger' for the illness to develop. There is little evidence that the use of street drugs, particularly cannabis, causes schizophrenia. However, there is a large body of evidence that cannabis and other drugs can act as a trigger in vulnerable people and can make many of the symptoms more intense.

The experience of mental health services can be particularly distressing for people from minority ethnic communities. Although there is no evidence to suggest that people from minority ethnic communities are medically more prone to develop schizophrenia, our own research[6] shows that they are twice as likely to be subject to compulsory detention under the Mental Health Act, and twice as likely as white people to be forcibly restrained.

Around one-third of people with schizophrenia will have one 'psychotic' episode and then make a full recovery. Another third will have recurrent psychotic episodes with varying lengths of mental well-being in between. Another third will experience the symptoms throughout their lives. For all these groups, effective treatments and services-although not 'cures' — exist which enable them to live meaningful and fulfilling lives. However, their availability is something of a lottery[7].

The 'mystery' of schizophrenia partly explains why so much fear and misunderstanding surrounds the illness and why people who experience it find themselves further burdened by stigma and outright discrimination across all walks of life. It is also true that schizophrenia — and mental health in general — has found itself way down the political and health pecking order, leading to decades of under-investment and second class service development and delivery. Members of the general public see distressed people, perhaps behaving bizarrely, interacting with services that they would not want to use themselves and come to the conclusion that severe mental illness is something to stay well clear of. Mental health is, in short, the Cinderella service of the NHS.

Changes in attitude and approach

However, things are changing-and at quite a pace. Since the election of the Labour government in 1997, there have been around 20 major policy announcements. In addition, the World Health Organisation produced its own report in 1998[8] establishing some key principles, not least that mental health care standards in prisons should match those on the outside. Mental health now sits alongside heart disease and cancer as priority concerns for the NHS.

Within the Prison Service new policies, strategies and reviews have been announced covering nurses, doctors, suicide, clinical governance issues. Perhaps most importantly, the overarching *Changing the Outlook*,[9] sets a strategy 'to set the direction of travel'

5. *The ICD-10 Classification of Mental and Behavioural Disorders*, World Health Organisation.
6. *No Change*, National Schizophrenia Fellowship, 1999.
7. *National Service Framework for Mental Health*, Department of Health, 1999.
8. *Mental Health Promotion in Prisons*, World Health Organisation Regional Office for Europe, 1998.
9. *Changing the Outlook: A strategy for developing and modernising mental health services in prisons*, Department of Health and HM Prison Service, December 2001.

for mental health services in prisons. Two themes run throughout the strategy. First, the Prison Service should not be expected to provide the healthcare needed for people with severe mental illness-that is the job of the NHS working in formal partnership with the Prison Service. Secondly, people with severe mental illness should receive the same quality of care in prison as they would expect to find in a quality NHS-led service outside.

Mental illness in prison

This does raise the question of whether people with a severe mental illness should be in prison in the first place. The cases of Keita Craig and Mark Keenan (summarised below) illustrate the fatal consequences of botched care. Rethink Severe Mental Illness worked with both families. They are unusual only in their sheer determination to find out what happened to their loved ones, why it happened and to prevent it happening to other prisoners and their families in the future. There are already a range of secure hospitals, regional secure units and medium secure units designed to accommodate people with severe mental illnesses who have committed serious crimes in a safe — for them and the public — therapeutic environment. Even if there were enough places to accommodate people who could make use of these services — and there are not — there will remain a group of people who, although no danger to themselves or the public, have a diagnosed severe mental illness and who have committed crimes that carry a custodial sentence. Our own position on this is quite straightforward:

People with a severe mental illness, including those on remand pending a psychiatric assessment report, should never be in prison.[10]

It is a position that does not go unchallenged, particularly by people with direct experience of the discrimination that accompanies severe mental illness. Their argument, in summary, is:

if it is wrong to discriminate against us in the labour market, surely it is wrong to discriminate against us in the criminal justice system.

Whichever principle is adopted, the reality is that there are 5,000 people who have a severe mental illness in prison today experiencing conditions that are far from ideal. Whose responsibility are they? The case of Keita Craig case (see below) highlights the difficulties for prison governors who find themselves the accommodation point of last resort for courts unable to place people in more suitable health or community-based facilities. As part of the Mental Health Alliance, we have been pressing the government to introduce a new legal right to assessment, care and treatment in the forthcoming Mental Health Act.[11] The NHS would then be under a statutory obligation to provide suitable care for people in need and, in the context of the criminal justice system, prisons would be relieved of a task they are not suited to perform.

Changing the Outlook does not go that far but it does demand a recognition

that prisoners remain part of the NHS community ... Mental health care, particularly for the most seriously ill, has to be provided through a partnership with the Prison Service in which the NHS makes a full and equal contribution.

The NHS Plan

This is very much to be welcomed, not least because it reflects what appears to be a developing assertiveness within the Prison Service in its relationship with the NHS. The NHS Plan is explicit in its prison-related targets. It states:

by 2004, 5,000 prisoners at any time should be receiving more comprehensive mental health services in prison. All people with severe mental illness will be in receipt of treatment, and no prisoner with serious mental illness will leave prison without a care plan and a care co-ordinator.

Changing the Outlook breaks the target down into what should be manageable chunks. To begin with 'receiving more comprehensive mental health services in prison' is translated to mean setting up mini community care programmes that mirror structures outside. The assumption that people with severe mental illness should be held in the healthcare centre (hospital) rather than on the wings (community) is rejected. There will be 'greater use of day care and wing-based treatments, mirroring the community scenario.' While this will relieve pressure on the healthcare wings, it raises the urgent need to ensure that wing officers are properly trained and supported and are able to make at least basic distinctions between those individuals who are wilfully uncooperative with wing regimes and those who are unable to co-operate. The 'in-reach' teams being set up now in pilot establishments will have a crucial role in providing that support, but their primary role must be to ensure the health of vulnerable prisoners, particularly those who become exposed to bullying and intimidation. There will need to be proper monitoring and evaluation of any tensions between these roles that emerge as the programme develops.

'All people with severe mental illness will be in receipt of treatment,' begs the question what kind of

10. *Prisoners With a Severe Mental Illness*, Policy Statement 18, National Schizophrenia Fellowship, February 2000.
11. *Care Before Compulsion*, Mental Health Alliance, 2001.

treatment? *Rethink severe mental illness* has long rejected a narrow medical model of treatment in favour of a holistic approach that sees drug and other medical interventions as just part of a wider treatment package. A holistic treatment package would include supporting an individual in building and maintaining a network of friends, ensuring adequate accommodation and providing access to paid employment or other meaningful activities. There will be real challenges for the Prison Service in ensuring that the full package is deliverable within the confines of a prison. Indeed, there will be challenges in delivering even a narrow medical model of 'treatment'.

Changing the Outlook also notes the National Institute for Clinical Excellence (NICE) review that calls for the wider availability of newer 'atypical' drugs that have fewer and less severe side effects than the older 'typical' drugs. This welcome development comes with a price tag, as some of the 'atypicals' can cost 30 times as much as their older 'typical' counterparts. *Changing the Outlook* calls for the Prison Service to show 'flexibility in making these and other effective treatments available.' But who will pick up the bill?

The Care Programme Approach

The NHS Plan states that: 'no prisoner with serious mental illness will leave prison without a care plan and a care co-ordinator.' This Care Programme Approach (CPA), as it is known outside prison, has not been without its difficulties. CPAs can be seen as passports to care. Each is a written record, developed between the individual and the care co-ordinator, of what services and treatments should be provided. Because these services may be provided by a host of different statutory and voluntary sector agencies, it is the job of the care co-ordinator to make sure that the package holds together and is delivered. The National Service Framework for Mental Health made the adoption of written CPAs one of first aims. However, as the first annual report of the NHS Plan Modernisation Board admitted: 'There is concern that these objectives will not be achieved and remedial action will be required.'[12]

For the Prison Service, adopting the Care Programme Approach will mean that responsibility for prisoners extends beyond the prison walls. Take one practical example — post-release accommodation. Research published earlier this year,[13] showed that over half of all prisoners with mental illness released from short sentences had nowhere to live. That will not be acceptable after 2004, if the NHS Plan targets and the aspirations contained within *Changing the Outlook* are to be met. Given the sometimes strained relationship between the Prison Service and the NHS, there must be a large question mark placed over the ability of all sides to develop over the next two years the joint-working arrangements with social services and other agencies required to extend the Care Programme Approach to prisons.

Part of the answer will come in the form of new staff, new training and skills development for existing staff and cash — the oil to make the cogs turn smoothly. A lot of the extra money that has gone into mental health over the past three years has been directed to the secure hospital sector. More still will be sent in that direction if and when the government's plans for detaining more people with what it calls dangerous severe personality disorder (DSPD) are put into effect. There are growing complaints from people affected by severe mental illness who live in the community that they have yet to see many changes, despite the promises. How much will be made available to assist the NHS and Prison Service to work effectively together and to allow the Prison Service to employ the numbers of new skilled staff it will need remains an open question. *Changing the Outlook* says that 300 new staff will be employed and that 'some specific funding' will come from the NHS, but it does not say how much. A great deal of reliance appears to be placed on the existing £90 million Prison Service healthcare expenditure — about half of which goes on mental health — being made to work harder. That may not be enough to turn what are, in many ways, ground-breaking, culture-changing, inspiring plans into practical realities.

Conclusion

Changing the Outlook recognises that 'mental health services in prisons have struggled to keep pace with developments by the NHS.' This is certainly true, not least the recognition by the NHS of the value of working in partnership with the voluntary sector in providing specialist information, advice support and services that are often more person orientated and flexible than those available within the statutory sector. The Prison Service has developed close relations with some voluntary sector partners, not least the Samaritans in suicide prevention. However, from our vantage point within mental health, it appears that a great deal more could be done to harness the knowledge and skills available within the voluntary sector. For instance, Rethink severe mental illness would be able to offer some training to Prison Officers and Prison Healthcare Staff to help put Changing the Outlook into practice. In addition to training, we may be able to help Prison Service staff make sense of and implement the strategy locally, so that it tackles the actual needs of prisoners and strengthens links to local heath and social care services as well as to the voluntary sector.

12. NHS Plan, Modernisation Board Annual Report, Department of Health, January 2002.
13. *Where Do They Go? Mental health, housing and leaving prison*, Revolving Doors Agency, 2002.

Keita Craig

by Cleo Scott, mother of Keita Craig

My son, Keita Craig, was just 22 when he died in Wandsworth prison on 1 February 2000. He died because those who should have been providing the care and treatment he so desperately needed failed him. That is not just my view as his mother, it is now, after a long and difficult struggle, the official position that has to be accepted by those who have been shown to have let Keita down with such tragic and avoidable consequences.

Keita had been diagnosed with schizophrenia — no crime in itself, but, like so many people in his position, he found himself ensnared by the criminal justice system. He was arrested in East Sheen, Surrey on Sunday January 30 after a woman had her handbag stolen. Keita went back to his flat and waited for the police to come. I still believe that it was a 'cry for help' rather than a bid to enrich himself at someone else's expense. Keita had been showing signs of a looming mental health crisis for some time but we, his family, had been unable to get him the right care because local services were, as usual, overstretched.

Keita appeared in court the next day. Everyone there knew that he was ill. Magistrates, court officials, the probation officer and social worker all agreed that Keita needed help from the health services not punishment from the Prison Service. But the court did not have the kind of diversion scheme operating that could have found him help straight away. Keita would have to spend a couple of days and nights in Wandsworth prison until he could appear at another court that did run a proper court diversion scheme.

The prison was telephoned and faxed repeatedly by court officials warning that Keita was at risk of harming himself. At Keita's request, those transporting him to prison searched his court cell, removed his shoelaces and placed him in a special cell in the prison van. Once inside Wandsworth, this 'care plan' fell apart. He was 'assessed' by a locum prison GP, had his shoelaces returned to him, was placed in a single cell with no special watch and was not allowed a visit from me despite asking for one.

The next day, Tuesday 1 February 2000, Keita was dead. He had taken his shoelaces and used them to hang himself from an upturned bed.

Keita should never have been in prison in the first place. Once in prison there was a complete failure to protect him. Yet no-one would stand up and take responsibility, admit that they had made a mistake or promise to make sure nothing like this would ever happen again. We protested. But we found ourselves ranged against an unsympathetic coroner who refused even to allow a jury to consider a verdict that laid some blame at the door of the prison service and a plethora of solicitors and barristers who attempted to silence Keita's voice in a babble of legal arguments.

With the help of the National Schizophrenia Fellowship and sympathetic lawyers found through Inquest, we took them all on — not just to get justice for Keita and a sense of closure for ourselves, but to make sure that no-one else would be failed as we had been. We marshalled out arguments, sought independent expert opinion and encouraged media interest. It took 18 long months, an appearance in the High Court, a second inquest spread over two weeks and the common sense of a jury unshackled by misleading legalisms to provide Keita with the justice that had been denied to him when he lived.

What has been achieved? Suicides in prisons across the country, running at record highs when Keita died, have now fallen dramatically; Wandsworth Prison now has a day centre — opened by my mother Erin Pizzey — to provide support for vulnerable prisoners, the Home Office and Department of Health have put a joint mental health policy in place and inquests must now allow families to point the finger at institutions that fail their loved ones as Keita was failed.

No family should have to go through what we have been through to get even this small taste of justice.

Mark Keenan

Mark Keenan died in 1993 at the age of 28 after hanging himself in the healthcare centre of Exeter Prison. He had been receiving treatment for severe mental illness for the previous seven years and was serving a four-month sentence for assault. Attempts to move Mr Keenan from the healthcare unit to the ordinary prison failed as his condition deteriorated whenever he was transferred. Staff were warned that Mr Keenan was a suicide risk.

On 1 May, a month into his sentence, two prison officers were injured when another attempt was made to move Mr Keenan, against the advice given the day before by a visiting psychiatrist. Mr Keenan was then placed in a segregation cell for seven days and had his sentence increased by a month. On 15 May, just a week before his original release date, Mr Keenan was found dead in his cell.

The family fought the case all the way to the

European Court of Human Rights. In April last year, the court found that his care and treatment in prison amounted to inhuman and degrading treatment. In particular, prison and health staff had failed to keep proper notes of his care and did not take into account the effect on his mental state of subjecting him to disciplinary measures and segregation. A prison doctor, unqualified in psychiatry, had also changed his medication without reference to anyone else.

The court found that the Prison Service had failed to take into account the mental health status of Mr Keenan when deciding how to treat him while he was in their care. Actions which may have been standard practice for a prisoner without a severe mental illness, were found to be inhuman and degrading when applied to Mr Keenan, a person with a history of severe mental illness.

However, from our vantage point within mental health, it appears that a great deal more can be done to harness the knowledge and skills available from within the voluntary sector. We support the recommendations made in the HM Prison Report on working with the voluntary and community sector.[14]

For more information on schizophrenia, visit the Rethink severe mental illness website at: www.nsf.org.uk. For more information on the organisation and the services it has to offer, contact: Dick Frak, Director of Service Development, Rethink, 30 Tabernacle Street, London EC2A 4DD. Tel: 020 7330 9100. Fax: 020 7330 9132. Email: dickf@ops.nsf.org.uk.

14. *Getting it Right Together: working with the voluntary and community sector: A Strategic Framework*, HM Prison Service, December 2001.

Working Positively and Productively in a DSPD Unit

Len Bowers, *Professor of Psychiatric Nursing City University and* **Paola Carr-Walker**, *Research Assistant City University.*

People with personality disorder (PD), whether they crop up in our professional or personal lives, are notoriously difficult to like, care for, or manage. It is no exaggeration to say that overall, there are entrenched negative attitudes towards them within most psychiatric services and professions. In outpatient psychiatry this can often mean that the person with PD is discharged at the earliest opportunity, or held at arm's length and seen as infrequently as possible. Should they become inpatients in acute psychiatric wards, they may be ignored or avoided by staff. They are far from the most popular group of patients in forensic psychiatric services, although there are specialist wards within the High Security Hospitals for PD patients. In every psychiatric setting there are some who refuse to accept PD people into care on the grounds that they are not treatable.

Because of their PD, such individuals often come into conflict with the law and turn up in prison. Staff working in the Prison Service, in getting to know them over a period of time, can clearly recognise that they are not psychologically 'right'. Yet securing treatment for them can be difficult or impossible, especially when psychiatric services seek to keep them out at every turn, partly because of the feelings of helplessness they cause in carers. It is because PD offenders do not seem to fit anywhere, or get what they need in terms of treatment and management, that the new DSPD services are being created.

There are many reasons why PD prisoners are disliked and unpopular. They behave in the difficult ways that many prisoners do, only more intensively, frequently, and constantly. For example, they engage in bullying of other weaker prisoners or of staff. This can involve anything from constant nagging demands, through arguing to the point that black turns into white, to hectoring, threats, or actual physical violence perpetrated by themselves or others at their behest. Nor is such aggression always directed towards any sensible

goal. Instead it may confusingly be turned upon friends, allies, and those who have made the greatest efforts to help or assist. PD prisoners can be highly manipulative, arranging through careful lies to place staff in a bad light.

They will use alternative sources of power, such as official complaints procedures or the legal system to subvert the staffs' control over them, and they may use threats of doing this in order to try to intimidate staff. Alternatively, they may seek to build up a 'special' relationship with a member of staff, using flattery and the sharing of personal secrets, only to then seek to use that relationship as a lever to secure what they want. Finally, they are highly skilled at causing trouble and sowing dissension, both between other prisoners and between different members of the staff team, or between different professions, or between staff and their managers. In many respects they are a nightmare to treat and manage.

Yet some people cope with working with PD individuals, and cope well over long periods of time, whilst other staff do not enjoy the work at all, or become hostile and angry towards those in their care. In the first piece of research we carried out on this topic we tried to discover what made the difference between whether a person managed to maintain a positive attitude or not. In order to get an answer to that question, we sent a questionnaire to all the psychiatric nurses working in the High Security Psychiatric Hospitals asking about their feelings towards PD patients. From this we discovered that staff attitudes to PD had five components:

- enjoyment or loathing;
- a sense of security or vulnerability;
- acceptance or rejection;
- a sense of purpose or futility; and,
- feelings of enthusiasm or exhaustion.

We then interviewed 121 nurses, half of them working on specialist PD wards, about PD patients and their care. We rated those interviews as to how much they showed that the nurse concerned enjoyed working with PD patients was secure, accepting, etc. Then we inspected the interviews to find out how the more positive nurses thought or acted differently so as to maintain that positive attitude.

We found that several things had a relationship to overall attitude to PD patients. These included the organisational system (the operations of the complaints system, multi-disciplinary relationships, management methods etc.) and aspects of the individual nurse. For the nurse, what influenced attitude to PD was their:

- beliefs (for example, on the cause of PD);
- knowledge (for example, psychological understanding and models of PD behaviour);
- moral commitments (for example, to nursing professionalism, non-judgementalism, individualism);
- who they identified with (for example, patient or victim); and,
- the self management methods they use to contain their emotional reactions to patients.

These self management methods were of particular interest, and included: appeal to a higher morality (for example, prevention, illness, humanism); reminding oneself of the patient's abuse history; ideology of individualised care; using clinical supervision for ventilation; and others. We also discovered that nurses with a negative attitude tended to be badly affected by the work, which harmed them psychologically and socially; whereas those with a positive attitude tended to make gains in self-awareness, self-confidence and assertiveness[1].

A special unit for Dangerous and Severely Personality Disordered (DSPD) was opened at HMP Whitemoor two years ago, and another purpose-built DSPD unit at HMP Frankland is under development. Since September 2001, we have been trying to find out whether it is possible to predict in advance who will be able to adjust well to working with DSPD prisoners, and who will experience difficulties. In order to establish this, we have interviewed and given questionnaires to everyone working in the Whitemoor unit, and will now be following those individuals up for the next 18 months to see how their attitudes to prisoners, and interactions with them, develop and change. We will be comparing this with the measures we took at the outset to see whether they can be used in the future selection of staff to work on DSPD units. We are anticipating that there will be some positive and some negative effects on staff attitudes over the 18 months of the study, and we will also look into how these compare to results from staff at the High Security Psychiatric Hospitals described above.

So far, we have interviewed prison staff and used questionnaires to learn about their attitudes towards PD prisoners. We used the Staff Attitude to Personality Disorder Interview (SAPDI) which measures overall attitude to PD as well as the beliefs, knowledge, moral commitments, cognitive self-management methods and skills underlying that attitude. The Attitude to Personality Disorder Questionnaire (APDQ) was used with the prison staff as a co-measure of overall attitude to personality disorder. Both the SAPDI and APDQ were developed and used in the study described above conducted in High Security Psychiatric Hospitals. We found that prison officers and nurses had a great deal

1. Findings of the research is given in *Dangerous and Severe Personality Disorder: Response and Role of the Psychiatric Team* by Len Bowers, Routledge, London (2000).

in common in the ways in which they thought about such things as the crimes of those they cared for, or the challenging behaviours of PD people. There were also differences, with prison officers sometimes mentioning things that nurses in the previous study had not, and vice versa.

We also measured staff's general well-being and personality characteristics. The first set of results has found that collectively the prison staff expressed enjoyment, a sense of security, acceptance, purpose and enthusiasm when working with prisoners on the DSPD unit. Generally, these components were felt more strongly with prison staff than with the nurses in the High Security Psychiatric hospitals. The results showed the trend of prison staff whose personality profile indicated they were more open to different experiences was to express more feelings of enjoyment and have a more positive attitude when working with PD prisoners. We also found that those staff members with better feelings of general well-being had a more positive attitude to prisoners with PD.

On our recent visits, taking place between six and nine months after the initial start of our study, we are looking for changes in attitudes towards PD prisoners; carrying out observations of the prison staff when in association with prisoners; measuring staff perception: of management style; and asking staff to rate themselves on behaviour traits that are deemed characteristic of prison officers. The DSPD unit prison staff have participated enthusiastically in this study and with interest.

Our feedback to the staff is keenly anticipated for the next stage and findings so far have been well received. We very much appreciate all the help and kindness that the DSPD unit staff have shown us over the past few months during our time spent at HMP Whitemoor.

Staff Development in Personality Disorder Services

Les Storey, *Senior Lecturer at University of Central Lancashire and Colin Dale, Independent Consultant.*

The issue of Personality Disorder is one that has been the subject of much media interest and scrutiny over the last few years; much of this focused on Ashworth Hospital where a judicial inquiry (The Fallon Report) into the management of the PD service was undertaken. Although people with a Personality Disorder are only a small proportion of the population of prisons and high secure mental health services they do attract a disproportionate level of scrutiny.

The report into the PD service at Ashworth identified that

'About ten per cent of the population have a personality disorder but they do not necessarily become offenders or find themselves in psychiatric care, although they often suffer from illness, alcohol or drug problems, and often visit family doctors. It is also reported that two to three per cent of the general population have an anti-social personality disorder and they are more likely to be found in prison populations and before the courts'

(DoH 1999: The Fallon Report).

High profile cases such as the Michael Stone case also raised media and political interest which has resulted in proposals to develop strategies and services to manage dangerous people with severe personality disorder (Home Office 1999, 2000). One of the main outcomes of the strategy was the provision of 320 new specialist secure places for people with DSPD, 140 places in the NHS in new high secure accommodation and 180 places in refurbished or new provision in the Prison Service.

The strategy is being developed and implemented through a number of projects. The projects are joint initiatives between the Home Office, the Prison Service and the Department of Health. There are nine projects currently working towards a target of development and implementation by 2004:

One of these projects is Human Resources and Training, which attempts to address the needs of staff working with this group. The Human Resource and Training Advisory Group was been established to:

- identify the HR and Training requirements for the DSPD assessment and treatment pilots;

- support and advise pilot sites; and,
- ensure that the DSPD workforce and training programmes are fully integrated with other services.

To achieve this the group set out to develop a training framework for staff in the pilot sites and future services, and produce an integrated HR strategy for the rollout of a nationwide service.

One of the pilot sites, HMP Whitemoor, commissioned the Faculty of Health at the University of Central Lancashire to deliver a training programme in the assessment and treatment approaches to Personality Disorder. In commissioning the work staff at Whitemoor identified a need for all disciplines of staff within the wing to be provided with an opportunity to undertake the training.

The programme that has been delivered at Whitemoor is based on work originating at Ashworth High Secure Hospital because it was felt that there were significant similarities between roles and responsibilities of staff at Whitemoor and at Ashworth, and that the programme had been designed to be based on the competences that staff needed in the workplace to deal with people with a Personality Disorder (Storey and Dale, 1998).

Programme Development

The programme developed for Ashworth Hospital was as a consequence of a reorganisation of services within the Hospital. In December 1993, Ashworth Hospital Authority restructured its internal clinical services and formed four clinical units. Two units focused on the needs of people with mental health problems, one unit was concerned with people who presented with special needs including women patients, the elderly and people with a learning disability, with the fourth unit meeting the needs of people with a personality disorder.

This was the first time that people with a primary diagnosis of personality disorder had been brought together in large numbers and dealt with as a single treatment entity. In its evaluation of Ashworth Hospital services in 1994, the Health Advisory Services commended Ashworth Hospital for its decision to focus on this group.

During the changes the organisation learnt experientially from the difficulties involved with the venture in the development and delivery of care to this particularly challenging group.

An evident issue was the fact that people who had received nurse training within mental health, be they registered mental nurses or registered nurses for the mentally handicapped (nowadays referred to as learning disability) had little or no preparation for working with a group with a primary diagnosis of personality disorder. It was very evident therefore that any training for staff in relation to this group would need to be home grown drawing on the experience of people who had worked with this group and in this environment (Storey, Dale and Martin, 1997). The hospital decided therefore to take an ambitious and systematic decision to address this training shortfall and deficiency.

The hospital was eager to contribute to the development of a curriculum that was based on competences. In discussion with colleagues from the Faculty of Health, University of Central Lancashire, it was decided to investigate the possibility of developing a framework of standards for professional practice that was based on the methodology used to develop National Occupational Standards. It was felt that using this methodology would result in the development of a curriculum that would enable the identification of training needs and the recognition of an individual's current abilities.

National Occupational Standards

National Occupational Standards are descriptions or benchmarks against which an individual's performance can be judged. In a study by Eraut and Cole (1993) it was stated that all professions should have public statements about what their qualified members are competent to do and what can be reasonably be expected from them.

It follows therefore that National Occupational Standards can be used by professions:

1. To inform the public and employers about the claims to competence of the profession. This is an essential starting point for any discussions about the role of the profession.
2. To inform the public and employers about the strength of its quality assurance systems so that individual clients can have clear expectations of the service to be provided.
3. To inform those who provide professional education and training about the goals to be achieved by students for entry to the profession.
4. Where appropriate, they may be incorporated into regulations or criteria for the approval of courses and/or practice settings.
5. To provide guidance for students, placement supervisors and teachers about the competences students are expected to achieve.
6. To provide a foundation for the design of valid and reliable assessment systems for qualifications.
7. To establish European equivalencies and/or criteria for granting professional status in the United Kingdom to nurses who have trained and practised abroad.

(Eraut and Cole, 1993)

Standards Development

The standards have been developed through the

process of functional analysis. This means analysing whole occupations in terms of outcomes and the purpose of work activities rather than specific activities, procedures and methods. This approach results in the development of a functional map.

National Occupational Standards define the level of performance required for the successful achievement of work expectations. They specify best practice, and realistic future expectations, in an employment sector and are expressed in the form of elements of competence, performance criteria and range indicators. These are then used as specifications for assessment when standards are aggregated together to form qualifications.

In order to map the care for people with a personality disorder we facilitated a number of focus groups with staff involved in delivering or managing the care of this client group. The groups have involved representatives from nursing, psychology, social work, occupational therapy, social therapy, psychiatry and support staff.

The project to 'Map the Care of People with a Personality Disorder' originated in the Personality Disorder Unit at Ashworth Hospital where they were attempting to identify the core competences needed by nursing staff to work with this group (Melia et al 1995). Subsequently this work has been developed to include other disciplines in health and the Criminal Justice system, in the United Kingdom, USA, Holland and Eire.

Focus groups were initially held at the four High Secure Hospitals in the UK, with colleagues at the Central Mental Hospital in Dublin and in Ministry of Justice clinics in Holland. Additionally, the standards that were derived have been validated in a wider range of prison and health care settings.

From this work it was agreed that the key purpose of Personality Disorder services is:

To provide safe secure and motivating conditions in which, through the use of consistent and coherent approaches, therapeutic interventions and planned interactions, the impact of the individual's personality disorder can be minimised and they are encouraged and supported to effect a positive change in the way that they perceive, interpret and interact within their social environment.

The statement summarises the unique nature of care delivery for this patient group, and reflects the values which underpin care delivery and any inherent balances or conflicts which affect the work, such as differences between the needs of patients and the expectations of society.

The key purpose is then broken down into successive levels of detail which describe more and more precisely what it is that is expected of people. The second stage of analysis identifies ***Key Areas*** which are as follows:

1. Promote and implement principles which underpin effective, quality, practice;
2. Assess, develop, implement, evaluate and improve programmes of care for individuals;
3. Develop, implement, evaluate and improve environments and relationships which promote therapeutic goals and limit risks;
4. Provide and improve resources and services which facilitate organisational functioning; and,
5. Develop the knowledge, competence and practice of self and others.

Following development of the standards two competency based qualifications were developed, they are:

- University Certificate in Assessing Personality Disorder; and,
- Post Graduate Certificate in Assessment and Therapeutic Approaches to Personality Disorder

These qualifications have been undertaken by a number of staff in mental health services across the north west and have also been introduced into HMP Whitemoor where one of the pilot DSPD services was established in the Prison Service.

Delivery of Education and Training

Following discussions with staff at Whitemoor it was agreed that the pilot programme would be delivered at weekends and would be repeated to facilitate access for the participants. The workshops were designed to meet the needs of the multi-disciplinary team who work on the wing, these included:

- Governor grade;
- Principal Officer;
- Acting Senior Officer;
- Prison Officers;
- Nurses;
- Psychologist;
- Psychology Assistant;
- Education Staff; and,
- Staff from Visitor Centre.

In planning the delivery of the programme it was agreed that workshops would be jointly run for those undertaking the University Certificate and those undertaking the Post-Graduate Certificate as it was felt that sharing of experiences would be a major benefit to the group and that participants would develop a greater understanding of one another's roles within the system.

Structure of the Six Weekend Workshops

The workshops were designed to be interactive events building on the reflective experience of the

participants. A mixture of directed reading and set assignments were set between the workshops which formed part of the workshop activity which followed. This was designed to give the theoretical perspectives under consideration a 'grounded' experiential base to operate from and allow the participants an opportunity to experience the direct application and consideration of items under study. In short this methodology attempted to bridge any potential dichotomy of theory and practice. The completed activities had the additional benefit of giving candidates evidence to demonstrate against competencies which they could include in their portfolios.

Six two-day workshops were delivered with the themes:

Theme One: Theories of Personality Disorder

1. Historical perspectives on how personality disordered has been viewed over the years
2. Personality and its constructs
3. Theories on what is believed to contribute to disorders of personality
4. Diagnostic Systems (ICD 10 and DSM IV)
5. Mental health legislation and personality disorder
6. Policy development and personality disorder (including DSPD)

Theme Two: Risk Assessment and Management

1. An overall risk management strategy for a service, the component parts
2. The theory of risk assessment in mental disorder
3. Approaches to risk assessment (an examination of specific tools)
4. The research evidence on the success of predicting dangerousness

Theme Three: Maintaining a Safe Environment

1. The nature of relationships and inter-relationships in human services
2. Professional Boundaries their development and maintenance
3. The nature of group dynamics in human services
4. Recognising manipulative behaviour (with particular reference to splitting)

Theme Four: Therapeutic relationships

1. The basis for therapeutic relationships
2. The development and maintenance of therapeutic relationships
3. The therapeutic options for personality disorder
4. Treatment and subsequent offending, the evidence

Theme Five: Assessment

1. Interpretations on the meaning of behaviour
2. Group dynamics
3. Utilising assessment tools
4. Assessing the needs of people with a personality disorder

Theme Six: Reflections on Personal and Professional Effectiveness

1. Teamworking
2. Effectiveness in services with people with a personality disorder

Evaluation of the Educational Programme

Five people successfully completed the post-graduate certificate and six people successfully completed the certificate programmes. The course was well received by those attending and completing and the governor reports some observed improvements in performance in the individuals completing the course.

The portfolio approach was positively received once it was understood and provided a grounding in the roles of the participants and the theory of the course. The joint delivery of the certificate and post-graduate certificate was good for team building but presented as a challenge to the facilitators in dealing with a wide range of knowledge and abilities within the group.

The commitment to attend six weekend workshops proved to be too much for many people who started the course and although a large number of people agreed to undertake the course, many dropped out without ever attending a session. This demonstrates the difficulties in achieving the right balance between the operational needs of the service and attendance at ongoing training events.

There seems a difference to the facilitators between the culture and attitude towards training activity within the prison service when compared with working with professional health staff. It appears that the culture within the prison service is one of course attendance and organisation within normal working hours with time and costs met by the employer. For some time NHS employees have become more accustomed to both funding much of their own training (or at least contributing to it) and attending in their own time. This may be a challenge for future services and costing if the prison service is to move closer to a NHS model of service as described in the DSPD service.

Plans are underway to continue to make the training available to staff at Whitemoor, but in a reduced number (10-12 places annually) allowing for more selectivity to improve retention. Whitemoor is also keen to retain the two levels of training giving them greater scope for meeting training needs.

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Investing for the Future:

Education for nurses who work with mental health problems in prison

Steve Hemingway, *Lecturer in Mental Health Nursing, University of Sheffield, and* **Anne Cook**, *Senior Nurse, Forest Lodge Low Secure Unit and Visiting Lecturer, University of Sheffield.*

This paper looks at the educational needs of nurses who work directly with the mental health needs of prisoners. With the increasing demand on service providers to give safe, sound and supportive services (DOH 1998) it is suggested the education of the nursing staff needs a long term educational strategy rather than financially driven, quick fix solutions.

Introduction

There has been an increasing emphasis on the way forward to meet the Mental Health needs of prisoners and how nurses can engage therapeutically and risk manage the person in their care (HAC 1997, UKCC 1999, DOH 1999, 2000). The service provision has been criticised as consisting of ineffective and inflexible and which do not match identified health needs, resulting in poor health outcomes for prisoners, wasted resources and de-motivated staff (DOH 2001). The *Changing the Outlook* document (DOH 2001) makes it clear that there needs to be a range of services varying in intensity that should be available in prisons which, if appropriately planned and delivered, could respond effectively to the needs of prisoners with mental health presentations. Resourcing the future of health care centres (HCC) in prisons is beyond the scope of the paper but educational needs and skills and expertise needed by the nurse in HCC's is considered.

Nurses who go to work in prisons begin their new career without having had any particular preparation for the role. The context of prison nursing is often clinically and professionally complex as it is controlled by environmental factors associated with regimes, security and prison culture (Evans 1999). This can inhibit the building up of a therapeutic relationship (Poleyk Przbyal and Gournay 1999) and any type of Mental Health promotion or preventative work, which is the main aim of the National Service Framework with its principal target of reducing self harm and suicide (DOH 1999). The competencies recommended (UKCC 1999) to be the ideal of the prison nurse, which require expertise include

- delivering evidence-based care in managing risk, whether to the self or others; and,
- providing advice on the assessment, interventions and discharge of patients.

Critically, the mental health and associated presentations (for example, substance abuse and personality disorders) increasingly demand that the nurse is competent to assess, plan and implement care,

and recommend appropriate services in these areas. The importance of these additional competencies was signalled and reiterated by the growing demand to assess danger (DOH 1997 and 2000b), These additional competencies require an in-depth knowledge of mental health law will be needed (Vose 1999).

Education and improving mental health care in prison

The recruitment and retention of nursing staff continues to be the main difficulty in delivering any of the objectives set as an ideal by the UKCC (1999) or Government (DOH 1999) as Poleyzk Prybala and Gournay (1999) point out. A positive way forward would be to define a clear career pathway for nurses who are committed to prison health care. Secondment opportunities could be made available for Health Care Assistants (HCAs) who have gained appropriate NVQ levels to undertake nurse training. The Advanced Diploma in Nursing (ADNS) involves a one year Common Foundation covering the care skills of Mental Health Nursing, then the final two years specialising in specialist areas of Mental Health Care in the acute, severe and enduring forensic, drug and alcohol services. Academic assignments can be tailored to students' specific learning needs.

A long-term view would be to invest in this so that the Health Care Assistant could gain a thorough grounding in all aspects of mental health nursing before returning to practice, as qualified nurses, to their sponsoring prison. This would provide a long-term career pathway for staff who want both to progress clinically and to use an untapped resource that is readily available - HCAs are relatively easier to recruit than RMS's (Polzcyk–Przbyla and Gournay 1999). This model is already being used by the local health care providers in seconding significant numbers of HCAs to the ADNS Course at Sheffield.

Secondly, there is also an untapped resource for mental health in the registered general nurses working in the Prison Service, who are not trained specifically to work with risk assessment or the florid psychotic presentation. Opportunities available to tapping this resource include the Diploma/BmedSci in Mental Health Nursing at The University Of Sheffield. This course is delivered over a year and can cater for the individual needs of students, such as those from the Prison Service, with hospital placements at acute, severe and enduring mental health settings. Assignments are based around clinical incidents/scenarios, for example the management of the borderline anti-social personality disorder, which has been identified as on of the specialist areas that needs to be developed (UKCC 1999). It is most important that nurses in HCCs can recognise all aspects of Mental Health presentations to enable appropriate interventions to take place.

The third positive way forward could be investing in the specialist Diploma/BmedSci course in Forensic Mental Health Practice, also available at The University Of Sheffield. This course covers specialist aspects of mental health care in the forensic and secure settings and includes dual diagnosis, anger management, therapeutic engagement of the personality disordered and evidence based therapies (for example, Cognitive Behavioural Therapy). The complex issue of combining custody with therapy is of particular significance to those engaged in the care of prisoners. Historically assumptions have been made (for example, Burrows 1993; Burrows 1991) that therapy and custody are mutually exclusive: these assumptions can now be effectively challenged.

The physical security and prolonged admission periods typical of secure environments afford the opportunity to use the skills detailed above in developing highly therapeutic, effective and satisfying alliances between mentally disordered offenders and their nurses (Kettles et al 2002).

A long term strategy

Rather than a short-term fix a positive way forward would be to invest in the future by using the courses provided by local universities and colleges. Turning around the low staff morale and poor recruitment and retention would take time but the Prison Service is not alone in facing these issues. There is a widespread and chronic shortage of appropriately trained staff to meet to standards identified in the National Service Framework for Mental Health. However, recent literature (Kettles et al 2002; Chaloner 2000) highlighted the development of Forensic Mental Nursing as a specialism and highlights the growing evidence base for the care of patients in secure settings.

Resourcing the educational opportunities outlined above could be a start in harnessing and maintaining individual nurses' motivation to become part of this branch of nursing. As well as improving esteem and morale, it would provide the skilled workforce that people who are in prison need.

Conclusion

This paper has outlined the difficulties faced by those providing health care services in prisons, particularly in respect of the challenges presented by managing the mental health and associated disorders in the prison population. There is a clear need for change to update and provide a more skilled workforce. Utilising the opportunities for prison nurses as outlined in this paper could be one step forward but what is urgently needed is a clear policy of investment in the future.

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Prisoner to Listener

Niel Swann *was a Listener at Highpoint South prison. He was discharged in May this year.*

I first became aware of Prison Listeners when I came to Highpoint in May 2001. There was the odd Listener in my remand prison, but I was not really sure what their job was, what they were there to do; I was never really told anything about them. That all changed once I arrived at HMP Highpoint. On induction, I heard a session by a lifer who said he was a Listener, there 24 hours a day for people like me, anyone who needed to talk. There to listen and offer a way of hope, instead of feeling alone and lost in times of despair.

I listened to him, and knowing I had worries of my own, still wanted to maybe sign up to helping others instead of thinking of myself. But I knew I had some way to go before I could even sit down with another, and hear their heartache on top of my own.

I could write at length about the pain and hurt I was feeling then, on top of the sentence I was given. The crime was my own doing, but the hurt had been growing for years, like a tumour. I had become a little bitter and twisted; and had the 'poor me' syndrome. But with the right care, and often helping attitude of prison staff, I slowly became a person again, the person I used to be, and was happy to be again.

This did not happen overnight. It was seven months before I became a Listener. The training lasted six weeks. I became friendly with other trained Listeners, and members of the Samaritans, who are not a bad bunch of people. For the first time in my life, I felt a part of something.

I will always remember that Christmas of 2001. I had my first call-out. I was worried I'd get it all wrong. I was in front of a 23 year old who had cut his arms, and who talked like he did not want to be a part of life any more. And I thought I had worries. When you start to hear what others are going through, your own life seems 'normal'. After what seemed like a lifetime, I left the guy's cell. He shook my hand and said 'Thanks' with tears in his eyes, and told me I was a lifesaver. 'I know', I said.

However, it was never all plain sailing. I came to a point where I wanted to give up, and felt myself sinking back into the hole I had taken so long to climb out of. I still at times needed that helping hand myself. I found it in the last place I would have looked. Many of the officers at Highpoint have given me their time and much good advice, and to my surprise, I will miss the people they really are. And they are many.

I have been a Listener six months now, and have listened to many. Where some cried, I left them laughing. Where some were alone, I left them knowing they had a friend in a Listener. As I near the end of my sentence, I look back over the last year, and know Highpoint has taught me a lot, about myself and what I can achieve if I try. In the darkest of hours there are people who care and are willing to give all their time and a helping hand to a fallen brother when he's down.

I was not the first Listener and know I will never be the last. But what I know now has helped me in my life to become more outgoing, and to believe that I can make a difference. Although being a Listener will not suit everyone, I would not change who I have become for anything in the world.

Thanks to the Samaritans and to Highpoint.

Speech at No 10 Downing Street

Martin Narey, *Director General HM Prison Service, delivered this speech at a seminar in 10 Downing Street on 13 May 2002.*

I want to take this opportunity, and a unique opportunity obviously for me, to say something about prisons and their place in the Criminal Justice System, and their place of course in the Criminal Justice System is at the end. Prisons are the repository for those who cannot be allowed to live in our communities. And the issue is whether or not prisons can on a serious scale be more than that, whether we can reduce re-offending and the repetitive front-loading of the Criminal Justice System with the same people who have just left the back end often just a few weeks or even days previously. And you will not be surprised to know that I want to try to make the case today that prisons can do that, that they can reduce re-offending and on a limited scale indeed are doing that, but that at the moment huge potential is lost, and that in the main, so far as cutting crime is concerned, prison is a wasted opportunity.

But first if I may, some comments on the Criminal Justice System and particularly about delay which contributes so significantly to the size of the prison population and our current overcrowding problems. About 12,500 of my population are on remand, so any shortening of the remand period would make a very significant difference to overcrowding. But just as importantly, less time on remand would also mean that more of the eventual sentence served by a prisoner was served in a training prison where for example the greatest access to drug treatment is available. At the moment too many sentenced prisoners have so little time to serve when convicted that there is no time and not much point in moving them out of a training prison and the whole of their sentence is spent in the impoverished regime of an overcrowded local prison.

One or two of you might know that in 1996 Michael Howard asked me to go away and see whether or not something could be done to reduce delay, and I produced proposals to try to reduce the ever lengthening time it takes to get somebody to justice. The recommendations made then, but implemented by Jack Straw, did make a difference and waiting times from charge to completion are 20 per cent shorter now than before the changes were made. But the system remains unbelievably slow and cumbersome, and we can hardly celebrate the fact that it still takes an average of nine weeks from a defendant being charged to his or her case being completed even in a Magistrates Court.

Let me share some statistics with you. Last year there were five million recorded crimes. About half a million of those led to prosecutions at the Magistrates Court. About half of those, about 272,000, were convicted, but nearly 30 per cent of the cases brought to court were terminated early without a conviction or acquittal. Additionally, of the prosecutions for which a conviction followed, a significant proportion would have been for lesser charges than made by the police at the outset. The figures on this are hard to obtain, but it is a reasonable bet that about one-quarter of violent offences for example result in a conviction for a lesser charge than the original.

So against that, it is little wonder that experienced defendants will seek to delay their cases as much as possible in the hope that charges will be lowered or charges might be dropped altogether. As one very experienced solicitor told me recently, to conscientiously serve his client in a criminal case he must delay, delay and delay.

For the guilty who do not frustrate the system and are eventually convicted, and despite the views of the public, encouraged by the media I might say, it is now much more likely that a guilty defendant will go to prison. Ten years ago, one defendant in 26 went into custody; it is now one defendant in 13. And despite fewer people being sentenced to both the Magistrates and the Crown Court last year, the prison population grew last year by 4,500; and in the first four months of this year, during a time when we expected the population to remain level, the population has grown by a further 5,000.

The proposition I want to make today is that the Service can do a great deal with serious and violent offenders, much much more than we do now. But the population is overwhelming us. We can do very little that is useful with short term prisoners and last year 50,000 prisoners, more than half of all receptions into prison, were sentenced to less than six months, and about a quarter of all receptions were sentenced to less than three months.

So the vast majority of those received into my prisons are not with us long enough to get them off drugs, to put them through offending behaviour programmes, or to get them into drug treatment or give them some educational qualifications. But invariably they are with us long enough to lose their jobs, lose their homes, break contact with their families and many

of them will leave — let nobody be in any doubt — more criminally intended than when they arrived with us, meanwhile to deflect the Prison Service from reducing the future re-offending of those for whom we can make a real difference.

Prisons are bursting at the seams while probation workloads are falling. The number of pre-sentence reports last year fell by six per cent, community rehabilitation orders by about two per cent, punishment and rehabilitation orders by 15 per cent. Why? We now have a National Probation Service, led in my opinion with immense energy by Eithne Wallis, and with a genuinely changed philosophy grounded in making community punishments a tough and rigorous alternative to short terms in custody.

So why do sentencers have a continuing love affair with custody? Well I would like to speculate there may be six reasons. First of all, prisons are visibly better than they used to be. Magistrates could be brought to a local prison as little as ten years ago and the smell of slopping out would be enough to discourage the use of custody in almost any case. Now prisons are at the very least cleaner, less overcrowded with no prisoners three to a cell, and in most of them there is at least some visible evidence of some constructive work taking place.

Secondly, despite the creation of a National Probation Service and its new leadership and emphasis on effectiveness, things may still look pretty much the same to Magistrates and Judges. They remember previous rebrandings of tough community sentences, but as one Magistrate told me recently, the introduction of new names for orders, such as the Community Punishment Order, do not impress us when we see them supervised by exactly the same staff as before.

Thirdly, and I think this is a key point, although there is a great deal of emerging evidence about the effectiveness of new community penalties and lots of good news stories, sentencers rarely hear of them. They may be told of the new probation programmes that may cut re-offending by ten or 15 per cent, but they only see the probation failures, brought back before them again and again when they are breached. There needs to be some marketing here at local level. There are good news stories for Judges and Magistrates to see and they do not see them.

Fourthly, I think the quite proper and greater emphasis upon the victim in our Criminal Justice process might be encouraging sentences to believe in far more cases than ever before that custody is the only reasonable sanction in the interests of the victim. Regrettably, and despite all the efforts to sell community punishments as difficult and stretching alternatives, many victims, and worse still many remand prisoners, still talk of community punishment as getting off.

Fifth, while the notion of protecting the public is now deep into the mind set of the Magistracy, this may be viewed strictly in the short term and a short prison sentence might be seen as affording greater protection to the public, even though the time spent incapacitated is very brief indeed and longer term criminality might be increased.

And finally, perhaps part of the problem is that prison may still be seen by many sentencers as in every case a necessary evil, and that in defiance of Michael Howard's dictum that prison works, they believe prison cannot work in any circumstances and there is therefore limited thought given to using it in a discriminating fashion.

Until recently such sentencers who believe prison could never work would be in good company. Not long after I joined the Service as an Assistant Governor 20 years ago, the philosophy of nothing works fell over the Prison Service like a dark shroud. By the late 1980s most Governors sought little more than to provide conditions for prisoners which were not too indecent. The eradication of slopping out became an end in itself rather than a foundation for rehabilitation, a word prison professionals became embarrassed to use.

The optimism of the Woolf Report in 1990 and the priority in holding prisoners in decent conditions close to home and with an emphasis on resettlement provided a temporary relief. But escapes of notorious Category A prisoners, including some terrorists from Parkhurst and Whitemoor brought that progress to a swift halt, and a deeper depression epitomised by prison works and the accompanying call for prisons which had to be decent but austere set a new and depressing tone for the Service.

I make no criticism of Michael Howard for his emphasis on the basics of security following that. The Prison Service let him, as Home Secretary, down very badly indeed. Not only did five Category A prisoners escape, including three from a special secure unit at Whitemoor Prison, a prison within a prison, something we believed to be impregnable, but many other prisoners were escaping so fast we could barely count them. In fact there were 19 Category A escapes in the first six years of the 1990s. Thankfully there have been none since.

But more worryingly in the early 1990s, escapes every year were in the hundreds. There were six escapes every week from prisons in 1992. Last year there were 14 in the whole year. Drastically reducing the number of escapes was simply vital if my Service was ever again to regain public, Parliamentary and Ministerial confidence, and much as I am committed to a service which can reduce re-offending, I remind my staff very frequently that we must never again loosen our grip on security if we want to avoid a repetition of the '90s obsession and the mantra — security, security, security.

The challenge for my service for the last four years or so has been to hang on to the security gains, but also to start to demonstrate that we can release people less likely to offend than when they arrived with us. An investment of about £60 million per year from the 1998 and 2000 CSRs have given us that chance.

So how will we spend it? Well in three main ways. First of all on offending behaviour programmes. Last month the Home Office published research showing encouraging reductions in reconvictions two years after release for graduates of these programmes in the early and mid-90s. Reconviction rates were 14 per cent lower — 14 percentage points lower — than for a matched control group. The programmes address the so-called cognitive deficits of offenders, the thinking skills of offenders, the inability of so many impetuous men, and nearly all of them are young men, the inability to think through the likely consequences of their actions, to think about alternatives when faced with a problem. Specific programmes for sex offenders, on which the research is also very encouraging in terms of reconviction, tries to look at the twisted thinking behind much sex crime, for example the thinking of paedophiles which will sometimes be so twisted as to rationalise that a child can not only consent to sex but can enjoy sex. Turning that twisted thinking around has a very significant effect on their dangerousness when they leave us.

There is a long way to go with these programmes yet, but the results reflect international evidence about their effectiveness, and the numbers of the programmes we have delivered have increased seven times in seven years. But with only 5,000 prisoners going through the programmes last year we are still far short of meeting demand and many offenders, including dangerous sex offenders, are released without going through a programme which is so necessary.

Secondly, we have spent the money on trying to reduce drug abuse. No-one here needs any convincing about the link between drugs and crime. About one third of criminal activity is related to drug abuse, and we can make such a difference. It is generally accepted, somewhat wrongly, that prisons are awash with drugs. It is undoubtedly the case that prisons have drugs in them and in most prisons drugs are available. To eradicate them completely would require a different approach for example to visits, it would require us to have all visits behind glass screens, as they do in many US states and in prisons I visited in Hong Kong recently, it would take away a humanity to the Prison Service which I would find very distressing because it would take away any opportunity of for example a father ever having his child on his knee or ever embracing his wife or partner. But we have to find a way of further reducing the supply of drugs into prisons. We have made very great progress with drug dogs at every prison since 1998, much better searching, close circuit television in every visits room, and the amount of drug abuse in prisons has fallen accordingly, from about 26 per cent of all prisoners in 1998 to about 11 per cent last year, and we are confident that those figures are right because we randomly test between five and ten per cent of our population every month.

On top of reducing supply we begin to make much more important progress. Detoxification is now available in every local prison. A basic assessment, referral and support service for those who abuse drugs is available in every single prison. Treatment programmes which ran in 16 prisons three years ago now run in 50 prisons, mostly delivered in co-operation with community drugs agencies, sometimes employing ex-prisoners to come back into prisons and work with offenders and talk through how they managed to come off drugs, they are showing very encouraging effectiveness. Research published last year about our oldest and established programmes run for us by a body called RAPt, show the treatment programmes are likely to halve offending up to six months after release, and after two years the reconviction of those who have graduated from these programmes is still 20 per cent lower than a carefully matched control group.

And finally, we have spent this money on the thing I feel most passionate about, which is education. By next year we will be investing about an extra £18 million a year in prison education compared to three years ago, and we have redirected much of our initial investment towards basic skills. You may be surprised to learn just how much the Prison Service, and particularly previous Ministers who launched this with me, were criticised for doing this, because we were told in 1999 that prisoners were unteachable, or that qualification based learning was not appropriate for them and we should direct them into using their leisure time creatively. Nonsense. There is little or no evidence that the prisoner population is in some way intellectually subnormal, but there is a great deal of evidence that they are very seriously uneducated, and in some of the institutions caring for those aged 17 and under, the proportion of those young men who have been permanently excluded from school reaches 75 per cent. In Stoke Heath in Staffordshire the figure is 80 per cent, and the proportion of young men there who never went to school beyond primary school is more than ten per cent.

Not surprisingly, therefore, the Basic Skills Agency tell us that about 65 per cent of our population are essentially unemployable in the case of 96 per cent of all jobs available in Job Centres. So we simply had to address this, we had to turn this around and we have a long long way to go before we have done so. But last year about 62,000 qualifications were gained in prisons, 24,000 of them in basic skills in literacy and in numeracy, including about 16,000 at the level which makes young people employable, generally in the case of prisoners for the first time in their lives. And I am very proud that last year of those adults in England and Wales who as part of the national skills for life strategy improved their literacy and numeracy, ten per cent of them did so from prison.

Education, offending behaviour programmes and drug treatment programmes, can be particularly effective in prison, simply because our prisoners are literally captive. We can achieve things which it might

be quite impossible to do in the community, but we are not doing remotely enough. Minimal marginal additional investment, perhaps another £90 million or so a year, would be enough to enable us to double all that we are currently doing in education, in drug treatment and offending behaviour programmes. As things stand, we are only playing at the edges and the wasted opportunities are there to see in every prison I visit.

Worse, the small but significant progress we have made in the last few years is under threat. We are managing the current population of more than 70,000, but only just. Absorbing 10,000 more prisoners in 18 months has not been accompanied by any significant increase in the things I have described which might reduce re-offending, and in any case, as I have explained, too many of the prisoner population are not going to be with us for long enough for us to do anything which will make a difference, but their numbers deflect our efforts to care decently for those we can help.

And the reality of overcrowding is very stark. It is true that there are no longer prisoners three to a cell, and it is true that there is no longer in the main any slopping out. But 12,800 prisoners or so tonight and every night will share a cell in jails in England and Wales, they live together in that cell and they will defecate in front of one another in that cell, because the cells we built in such optimism in the wake of the eradication of slopping out, in the belief that we would have one man in them, now have to be doubled up on 12,800 cases at the moment, and that figure is rising. It is very hard to convince prisoners or their families that we are intent on making imprisonment constructive when basic standards are so gross. To make matters worse, far too many of the prisoner population should be cared for elsewhere. The proportion of the prisoner population suffering from mental illness has soared since the introduction of care in the community at the end of the 1980s. Incredibly, 90 per cent of the prisoner population suffer from one of the five main categories of mental disorder — psychosis, neurosis, personality disorder, drug dependency or alcohol dependency. Today about 5,000 prisoners are suffering from severe and enduring mental illness, at any one time 300 or so in prison but waiting for a bed in a secure and psychiatric hospital having been sectioned under the Mental Health Act.

Last year I did the *Back to the Floor* programme for the BBC and went back to be a prison officer at Parkhurst, and I got an all too stark example of what that means — prison officers, understandably wanting me to experience some difficult experiences in my week in uniform, took me to search the cell of a prisoner who was in the hospital but who appeared to be very ill. He was a wretched man, but he was also a very dangerous man, and he had been issuing very grave and very worrying threats to some very young and inexperienced female staff. I went in to search his cell and I found that he had stuck on the walls of his cell pictures from Page 3 of the Sun and the Star all over his walls, but he had also cut out from the back of those same newspapers adverts for lingerie and so forth, anything with a female form, and they were all over his wall, and he had stuck them there with his own semen. When I asked, I found that that man had been waiting to get into Rampton for nearly five months and during the time he had been waiting in Parkhurst, getting worse because we could not treat him against his will — and quite right too — while he had been in Parkhurst getting worse he had moved down the waiting list from number two for Rampton to about number six. Now I could stop being a prison officer very briefly and phone people and I managed to get him moved, but there are 299 others like him in prisons and they should not be there.

The cavalry, I have to say, is on the way. We have 300 psychiatric nurses from the NHS arriving in prisons as we speak to make a real difference, to extend the community care available in society to their patients while they happen to be in our local prisons. I am hugely grateful for that help, but it is only a beginning and we need much much more if we are to be able to care for people who are with us, often because the courts feel they have nowhere else to send them, but who require far more care than we can afford.

The most disturbing aspect of mental illness of course is the fact that so many people come into our care intent on killing themselves. Astonishingly 20 per cent of men on reception admit to having previously tried to take their own lives. Forty per cent of women admit to previously having tried to take their own lives. When I became Director General some three and a half years ago, I tried to make the reduction of suicide my personal priority and I have had huge support first from Paul Boeteng and more recently from Beverley Hughes who I know cares desperately about this, and the figures have come down from 91 two years ago to 82 last year, and in the year just finished to 72, and the rate of suicides has dropped quite significantly and until very recently was at its lowest since about 1993. The population of people in and out of local prisons as we move people up and down the country to where anywhere there is a bed is making a difference, and this weekend, three times on Saturday and then again this lunchtime, I was phoned to say that we had lost a prisoner who had killed themselves, and suicides which have fallen for three consecutive years, I regret to say will almost certainly rise in number this year.

I am sometimes told that there are confused messages at the moment about the use of custody. I do not believe the message could be any clearer. The Home Secretary and the Lord Chief Justice are saying again and again that prison is the right place for serious and violent offenders, but not the right place for those who receive short sentences when community punishments are available. Indeed in 20 years in the Criminal Justice System I do not recall such a consistent and united message from a Home Secretary

and Lord Chief Justice.

I desperately want to work with that message. We cannot simply build ahead of this thirst for custody. At worst, we cannot treat people with dignity or decency, or sometimes even keep them alive. Let me give you an example of the hurdle. At Glen Parva, a large prison for those aged 18 — 20 outside Leicester, last month received, as is about usual, 190 or so new prisoners from court, but they also, as we struggled to cope with overcrowding, moved 117 on to other prisons and received 173 transfers from prisons. At the end of the month, as the Governor reported to me at the weekend, 40 per cent of the young people in custody had not been there at the beginning of the month, and the chances of staff getting to know people, recognise their vulnerability and sometimes their dangerousness, is minimal in those circumstances.

I am of course grateful for the investment that I received very recently from the Home Secretary and Beverley Hughes, for the investment in additional capacity which will mean that overcrowding will not get worse, and some of that extra accommodation will be coming on stream in the next few weeks, but that is not the sort of investment I crave or any of my Governors crave. If the population would only stop growing we would need relatively little investment, certainly much less than it takes to build new prisons, and we could begin on a real scale to change people's lives because that is what we can do when we have the opportunity. We need to take an imaginative leap from 19th century penal dustbins to see the potential of prisons as secure residential colleges for offenders who through getting them off drugs and getting them education can make young people employable.

Since 1999, we have been able to do this just a little with the youngest in our care, those aged 15, 16 and 17. I would still argue with Lord Warner of the Youth Justice Board that I do not get enough money from him. We still run our places at about £50,000 per juvenile per year, compared with expenditure of about £150,000 per year in the local authority sector. And local authorities can spend £16,000 per year on a young person's education, and I have about £1,800. But nevertheless the investment in the last few years has made us or given us the opportunity dramatically to improve the care of that age group, and although my costs for caring for these young people are less than those enjoyed by local authorities and secure training centres, they amount to much more than I have to care for those aged 18 — 20, I have about 35 per cent less cash to care for each of them.

But having the additional cash for younger prisoners has given us the opportunity to demonstrate that we can begin to do a half decent job, to provide better facilities, better living conditions, not as yet overcrowded, more classrooms and routine access to education for every single person in our care. It has allowed us to have parents routinely involved, taking part in monthly discussions on a son's progress, and sometimes, and very movingly, coming up to establishments to see their sons at prize-givings, when for the first time in their lives parents see the achievements of their children celebrated.

Let me give you one good example — a boy called Tony. Tony was brought up in Scotswood in Newcastle. He was in trouble from a very early age. He rarely attended school, and at 15, after a lot of petty offending, he tried unsuccessfully, armed with a knife, to rob a local newsagents. He came to Castington Young Offender Institution serving a six year sentence and arrived two years ago. Gradually, very slowly at first, a real change has been seen in this young man and his self-esteem has improved. A few months ago he wrote a simple book called Alec the Caterpillar, for his nephew, and I have got a photocopy of it here. It is a very simple book, written for his nephew. For example, 'The caravan on Farmer Joe's small farm was beside the stables where one lovely white horse lived. Alec liked where he lived because it was next to a cabbage patch, which of course was one of his favourite foods.'

Last summer that book won an award at the Koestler Awards Ceremony which celebrates prisoner achievements in the arts, and it won the Puffin Book of the Year Award. But what made that really impressive was that when Tony came into Castington two years ago he could neither read nor write, he could not write a single sentence and recognised only a handful of words. But now his parents, expecting him home later this year, can look forward to his return with real optimism and he is employable. There are other examples like him. As Angela Neustatter said in her recent book, *Locked In, Locked Out*, published just a few months ago, 'the best prison regimes are able to discover and develop some of the potential of young inmates in a way that has generally not happened before in their lives and may actually enable them to find meaning, choose to learn skills that give them a choice about whether to return to crime or not, and as important as anything, to learn that adults may be with them rather than against them'. She goes on to conclude that, grimly ironic as it may be, many of the offenders she spoke to, 'could not have got themselves out of the spiral of chaos and crime they were in without being physically removed from it, in many cases detoxed and being obliged to live in a different way'.

But although there are more Tonys, there are nowhere near enough, and for every Tony whose life chances we can turn round, there are probably five or six who we do not reach. It seems to me that there is an overwhelming moral and economic case for putting that right, and it might need not a penny more. Accelerate the Criminal Justice process and cut my remand population, persuade the courts to use custody only where custody might work and therefore reduce my sentenced population, and simply removing those sentenced last year to sentences of six months or less would reduce the population at a stroke by 6,500.

So, reduce the population, leave me with the money I have now, and in return I can promise to make a real difference with those with us long enough to come off drugs and get into drug treatment, perhaps to go through a offending behaviour course or to start, what is in most cases, the first serious education in their lives, and as a result we will make them employable and remove the social exclusion. That would be to provide the sort of Prison Service I hoped I was joining 20 years ago and which for the first time in the last few years I thought was on the horizon. We dare not miss this chance to turn aspiration and potential into reality. We look both to the young people in our care, most of whom have had precious little chance in life, but also to the communities, those same young people, will pray upon unless we can turn their lives around. If we can do that, that would be a future for prisons and criminal justice which made real sense.

The Experiment

Steve Taylor, *a Member of the Independent Ethics Panel on 'The Experiment', shown on BBC2 in May. He is a freelance writer on criminal justice and penal affairs, and is currently writing a book on prisoner sexuality.*

The Stanford Prison Experiment

In 1971, Professor Philip Zimbardo turned the basement of the psychology faculty at Stanford University into a 'prison'. He recruited guards and prisoners from his student base, and ran what became known as the Stanford Prison Experiment as a means of testing the psychological argument that in the 'right' situation, normally rational, fair and decent people could become something different — tyrannical, despotic, or even 'evil'.

Things turned sour rather quickly. With only a very basic training, the guards began to emulate prison guards from the movies, acting out what they thought were the appropriate roles of guards. Prisoner participants were subjected to humiliating and degrading performances to gratify the guards and to reinforce this most vivid of power relationships.

Zimbardo placed himself in the midst of the Experiment, as the prison's superintendent. He admits that he became thoroughly absorbed into this new position, and became immune to the treatment being given to the prisoners. So enthralled was he in the events unfolding, he called in a colleague to witness the regime. The response of his colleague, utterly abhorrent of the treatment of the prisoners, brought Zimbardo back to his psychologist self, and he called a halt to the Experiment after just a few days.

The original Experiment was not made for television. Zimbardo did record the goings-on on video tape for the purposes of his own research. But the Experiment quickly achieved notoriety and became known to psychology students across the globe. Not long after the Experiment sprung a new band — called the Stanford Prison Experiment.

Zimbardo remains at Stanford University today, and is currently the President of the American Psychological Association. From the start, he has roundly condemned the BBC's plans to 'recreate' the Experiment, saying — in broad terms — that they should learn from his mistakes.

This warning was heeded. Two academics, Dr Alex Haslam of St Andrew's University, and Professor Steve Reicher of Exeter University, became 'the experimenters'. The Ethics Committee of the University of Exeter were sent plans for the BBC Experiment, and following significant amendments, gave agreement. The BBC also agreed to appoint an Independent Ethics Panel to monitor the planning and filming of the Experiment. Such ethical safeguards were essential not only for the protection of the participants, but also to ensure that the BBC's Experiment did not become as infamous as the original Californian experiment.

The BBC's Prison Experiment

Like many people, the first I had known of this new Experiment was when an article appeared in a supplement to *The Guardian* last autumn. In November, I was approached by the Series Producer, and asked if I would join the Independent Ethics Panel to oversee both planning and production of the programme. After a long chat over coffee, I agreed.

The Independent Ethics Panel consisted of five people, each with a different area of expertise. The Panel was chaired by Lembit Öpik, a Liberal Democrat MP and something of an expert in power relationships. I was appointed through my work with the Howard League for Penal Reform, and my work on prisoners' rights. The other three members were, Dr Mark McDermott of the University of East London, and previously an advisor on the 'Human Zoo' series; Dr Stephen Smith of Beth Shalom, the Holocaust Memorial Centre, and an acclaimed commentator on genocide and human rights; and Andrea Wills, of the BBC's independent Editorial Policy Unit.

We first met at Broadcasting House in late November, when we had the opportunity to meet 'the Experimenters', and the BBC production team. The vetting and selection process for the participants was explained to us. We read through the draft 'Guard's

Handbook' and discussed, at some length, the parameters for punishments and the treatment of prisoners. In the changed world post-11 September, we considered the appropriate course of action if a major news item broke. We negotiated contractually embedded powers by which we could call the whole thing to a halt if we believed it necessary, and agreed the means by which we would make unannounced visits to the set each day during the filming process. The difference between the BBC's Experiment, and that of Zimbardo, was striking: the BBC met all the terms we demanded, and they were clearly as keen to avoid a repeat of the Stanford Experiment's excesses.

Participants were selected from those who responded to an advertisement in *The Sunday Mirror* (which has the most demographically broad readership of any Sunday national newspaper), headed 'Do You Really Know Yourself?'. All were subjected to rigorous screening to weed out anyone likely to have preconceived ideas about 'prison', or who might otherwise be unsuitable, such as those with racist or homophobic views. No-one with experience of prison — whether as prisoner or guard — was accepted. Those short-listed were interviewed by independent clinical psychologists from London hospitals. Above all, although they were all warned that it would be 'tough', none were told that they would be entering a 'prison' environment.

The set was built at the George Lucas Stage at Elstree Studios in London. The Independent Ethics Panel met at the Studios for one final meeting before the filming commenced, and we were given a tour of the set 24 hours before the participants were due to arrive. We were locked in a cell; we jumped on the beds; we tried to break out. It was impressive, and well built. Our only concern was the excessive heat caused by the lighting but, we were told, air conditioning was on its way.

We agreed our own confidential rota for visiting the set, unannounced, each day. Members of the Independent Ethics Panel were given access passes to get onto the site. Paramedics, fire fighters, and security guards stood by 24 hours a day. The two independent clinical psychologists shared an outside broadcast truck with the Panel, and monitored events for up to 20 hours each day, making extensive notes. The facilities in the truck made it possible for us to listen to any participants' microphone at any time, and monitor all cameras within the set. A team of 'loggers' worked in another truck, recording the minutiae of the goings-on. We had access to these logs at any time, and also video recordings of the previous 48 hours.

The Experimenters, Haslam and Reicher, had their own room within the studios, seen frequently throughout the programmes. It was important for the Independent Ethics Panel to visit and discuss happenings with them — and they found it useful to have feedback and discussions with us. We also had full access to the producers, Gaby Koppel and Nick Mirsky, and Panel members were sent regular email updates of the events within the 'prison'.

The Panel exercised its unannounced visits right with some vigour, with visits ranging from 5am to 2am. We were there to observe, and to ensure that due weight was being given to ethical matters, and that the participants were being cared for. But aside from that, it was also compulsive. To listen to and watch the discussions and events unfolding — such as prisoner Bimpson's explanation of the meaning of Orwell's *Animal Farm* — was enthralling.

Some issues of ethical concern did arise, such as the death of the grandmother of one of the participants, and the experimenter's decision to end the Experiment one day earlier than planned. (Participants were told the Experiment would run for 14 days — the intention was always ten. The participants were told 14 to avoid them 'winding down' on day nine.) Other matters were referred to the Panel, such as when one participant asked for some money in his personal property to be paid into a bank. Thankfully, there were no incidents of major ethical concern, although we were both equipped and prepared in the event of a major incident.

The Experiment drew to a close on day nine, on a cold Saturday morning in mid-December. I was on-set from 6am on the final day, and watched the participants get ready to leave the set. All participants had an extensive debrief, followed by a chat with the producers and experimenters. Then it was out into the cold for publicity photographs and to meet the participants who had left the set earlier.

I sat for a while with the participants in the green room. They made calls to family and friends, and exchanged contact details with each other. I asked them what they had missed the most whilst 'incarcerated'. The internet; news; family; sex; coffee; and vodka. Most were planning to spend their participation fee on a good Christmas. By three o'clock that afternoon, all were on their way home.

The substantial part of The Experiment was over. We now had to wait for the programmes to be made, which would involve the cutting of more than 2000 hours of tape.

The Independent Ethics Panel met on four occasions post-broadcast. In March, we met at Broadcasting House to watch the four programmes, and raised a number of objections to the planned programmes. This delayed broadcast by a further month, and meant that at least one programme had to be virtually completely remade. The balance between 'science' and 'reality tv' needed to be addressed, and some participant's portrayals were, unflattering. As far as we were concerned, ethics extended to the point of broadcast — and possibly beyond.

We met twice at Portcullis House in Westminster, to discuss our feelings about the programmes in more detail, and to plan our report. Once complete, we then had the opportunity to watch the second edition of the

programmes. We were pleased to see that most of our concerns had been addressed, and then set about writing our own Report, for submission to the BBC and also as a public document.

Defending 'The Experiment'

The programme quality, or scientific integrity of The Experiment, was not of concern to the Independent Ethics Panel. Our remit was clearly defined, within parameters to ensure the welfare of all participants. But in working on such an exciting project, it became clear that we did have our own opinions on issues outside our remit. Whilst I cannot speak for the rest of the Panel, I have certainly spent some time defending some criticisms of The Experiment.

Some commentators have said that it was not representative of a 'real' prison, a charge which I accept. But it was not meant to be like a 'real' prison — although with the current prison population, three-to-a-cell is not unknown. But what the experimenters set out to achieve was an examination of power relationships within a closed — or total — institution. The set did not have to be realistic in that respect. Those who expected a mix of 'Porridge' with 'Big Brother' will, I think, have been disappointed.

A further charge is that the participants will have 'played to the cameras', which I find a fair criticism. There are two responses. First, it is interesting from a psychological perspective to see how the participants acted in the knowledge that they were being filmed. If the participants were less violent, or less confrontational because they were being filmed, then there is perhaps a lesson to be learned for those concerned with rooting out violence from penal institutions — surveillance may prevent violent behaviour. As one prisoner wrote to me, 'If you had cameras on real screws all of the time THAT would alter THEIR behaviour as well'.

Second, although not shown on the end programmes, I witnessed several occasions when participants were discussing issues 'quietly', and then suddenly remembered that they were wearing a microphone. In much the same way that Zimbardo absorbed his role of prison superintendent, there was an element in which the surroundings and the uniform allowed the participants to absorb the roles they had been given.

'The promise of serious science has been broken', wrote one broadsheet reviewer. In making the television programmes, the producers had to be conscious of the audience. In much the same way that I find programmes dealing with criminological issues not sufficiently highbrow, psychologists will have felt this of The Experiment. The 'serious' science from The Experiment will come in the future work of the experimenters, Haslam and Reicher, who commented to me that they had enough material from The Experiment to keep them in work until retirement.

Finally, the criticism that the participants were only there for their own gratification, '15 minutes of fame', and financial reward. All participants were paid £1000, for two week's work. For many, that was not a great deal more than they would have earned in their 'real world' employment. Some participants, such as Petkan, Bimpson and Quarry, did have important roles in The Experiment but others, such as Perry, did not. The Experiment will not provide the overnight 'fame' one could gain from programmes such as 'Big Brother'.

Conclusion — Television, Ethics and Incarceration

The BBC Prison Experiment was unusual in many ways, not least in the way in which the BBC — normally protective of its own powers — gave a power of veto to the Independent Ethics Panel.

The Experiment shows that ethics and popular television are not anathematic to one another. The two can go together to make interesting and stimulating television. The Report of the Independent Ethics Panel should provide a useful source of reference to producers, directors, and also to students of media and other related disciplines. Above all, The Experiment is an example of how things can be done right.

It was not, and was never intended to be, a realistic interpretation of British prisons. Equally, whilst a prison was chosen for the Stanford Experiment and for the BBC's Experiment, the dynamics of power and control could have been explored in the environment of a boarding school or military base. The choice of a penal institution, however, served two ends — it made it likely to feature well in television ratings for a crime-thirsty British audience, and gave *some* — albeit limited — insight into the sociology of imprisonment.

Despite my initial concern, I was pleased to have been a part of The Experiment. The Independent Ethics Panel was an essential part of the process, and the relationship between the Panel and the BBC was mutually beneficial. It will always be possible to find fault in any major project of this type, but from an ethical perspective, the BBC should be applauded for adopting such a pragmatic and enlightened approach to The Experiment.

'The Experiment' was shown on BBC2 in May.
The Report of the Independent Ethics Panel is online at http://www.uel.ac.uk/psychology/news/panel-report.pdf
The Experiment is at http://www.experimentethics.org.uk

Drugs Policy: Gone to Pot?

Mark Leech, *Chief Executive of UNLOCK.*

Recent Home Office research reveals that well over half of all recorded crime is drugs related, and that a small number of people on drugs can be responsible for a massive amount of crime — 664 addicts surveyed over a three month period were responsible for over 70,000 offences. What should we do about drugs and how can we reduce crime as a result? Mark Leech, the Chief Executive of the national ex offenders charity UNLOCK, argues for a balanced approach.

Occasionally, we get to experience a special moment in our life when we finally discover the person with whom we feel destined to share the rest of our days; 6 June 1992 was one of those rare moments in my life. Thomas was 21, lean, fit, good-looking, with a glowing smile and a wicked Glaswegian sense of humour to match: he was everything I had ever wanted in a partner. Caring, loving, romantic, a fountain of common sense and a model of loyalty — seven years later I was to walk out on the same man who as a result of drug misuse had transformed into an evil, thieving, devious and violent man who I simply did not recognise, which left me devastated.

Six months before I left him I had walked into our home one day and found a syringe on the kitchen worktop. Call it naive but my first thought was 'oh how nice, he's filled up my printer cartridge'. Only then did I notice the piece of cord wrapped around the syringe and my jaw dropped as the awful truth dawned; I was looking at a heroin 'works'.

Immediately when I confronted him Thomas admitted it, asking for help and support that I was only too pleased and eager to provide. I spent five nights watching over him in bed as he struggled to wean himself off the drug and escape the demons which wracked his body and tormented his mind.

We waited a week to see a drugs worker, a further fortnight to see a doctor and were then told the best route was to 'go private' — I was astonished to learn from his drugs worker one day that Manchester has an addicted heroin population of almost 10,000, yet there are just FOUR heroin detoxification beds available for the whole of the City.

In my work with unlock I had seen harsher drugs policies brought in by the government, including a mandatory minimum seven year sentence for a second drugs-related offence. What is the point of putting in place harsher legislation to deal with drug-crime after the commission of offences, if you do not couple it with the provision of resources to help those who want to help themselves before they actually commit the offence?

We spent well over £3,000 on doctors, psychologists and drug-workers fees but each time he came close to conquering the habit he would slip back. His craving for heroin relegated me into runner-up in the relationship stakes. Heroin became his partner not me. I was seen as little more than a source of funding his heroin habit which he obtained by means that ranged from the downright devious to the actually quite comical in retrospect — like the day he took £200 worth of shopping back to ASDA a few hours after we had done the monthly 'shop', convinced them that he had bought the whole lot in error because unknown to him I had apparently already done the shopping, he persuaded them to return the £200: I can smile about it now, but at the time I felt so frustrated at not being able to make progress with him, and completely impotent at preventing the loss of the guy who was the centre of my universe.

I walked out on Thomas six months after I discovered his heroin addiction, in that short time my life had been turned on its head. I was tired of trying to help, drained of resources, sick to death of the violent tantrums he threw whenever he could not get his own way, and saddened to the core that seven years of a relationship had been so casually thrown away: how on earth could it have happened?

It actually happened quite easily, and what's more right under my nose. Thomas had gone over one night to a local friend's house where alcohol flowed freely in celebration of a small lottery win. Other people turned up and drugs appeared along with a piece of kitchen foil. The injection of the heroin was to come weeks later, smoking the drug through a straw was how it all began that night. In a short while he was gripped in the vice that was destined to wrench us apart.

The day after I walked out on Thomas in July 1999 I travelled to London for one of the regular meetings that I have with the Home Secretary and, ironically, drugs policy was at the top of the agenda as I walked into Jack Straw's office that day at the Commons.

Labour, like the Conservatives, have never had a rational drugs policy. They delude themselves into the belief that making drugs illegal will, as if by magic, solve the problem it represents. It will not, it never has done and it never will until we accept that not all drugs

are the same and treat them accordingly.

The real issue that needs to be used to distinguish hard and soft drugs is the issue of addiction. It is the power of the drug to get people physically addicted, and the speed and zeal with which that addiction happens, which should be the defining point in our drugs policies. It is addiction to the drug which leads to crime in order to finance the addiction, and it is the addiction that causes such a chaotic lifestyle as to make holding down a job or maintaining a relationship an impossibility.

No-one is arguing for the legalisation of heroin — certainly not me — but I do believe that we need to look seriously at the whole issue of drugs, accept that we have a problem with our current all-embracing prohibitive approach and accept that the solution lies in striking out in a different and perhaps more radical direction. We need to look around too at how other countries are dealing with the problems of drugs. Holland, for example, has relaxed the prohibition on cannabis and has thereby created an atmosphere in which there has been a toughening of the public acceptance of hard drugs. Whereas we in the UK have again fudged that issue with the Government recently announcing that cannabis is being downgraded to a Class C drug under the Misuse of Drugs Act — which means little other than the production, distribution and pricing of it remain firmly in the hands of the 'black market'.

Not all drugs cause the harm that heroin, cocaine or other opiates create — millions get stoned on cannabis every week without apparent damage, and a brief trip around the night clubs on a Saturday night will show you how many people (who during the week are law-abiding citizens) are happily loved-up and dancing the night away assisted by an ecstasy 'disco biscuit' and criminalized for doing so.

I am not saying that ecstasy cannot be harmful. I will never forget the gruesome pictures flashed around the world of 17 year old Leah Betts on a life support machine before she died after 'popping a pill', but I do say that we have to put that tragedy into context — if for no other reason than the fact that, despite Leah's death, millions of people around the country are still popping a pill every weekend and risking the same fate. Putting our head in the sand and insisting ecstasy is illegal and not open to debate will not change that.

The death of Leah Betts was not caused by 'ecstasy', but by what the tablet she believed to be ecstasy actually contained. And therein lies the problem with illegal drugs: where there is a high demand for a drug which the Government insists is illegal but which the public wish to consume, there is no mechanism for checking its content, and nor as a result any margin for error.

We have to face up to reality. Social drugs like ecstasy that do not cause addiction and are used in a recreational sense without risk to others, are here to stay. It is no good arguing about it, there is no point in denying it, we have turned a corner in our lifestyle over the last ten years and we have to turn a corner in our policies to keep abreast of it — if the theory is ever to match the practice.

What we need is a thorough review of our drugs policies, accept that it is going to mean that we will have to reverse our approach to certain drugs that are currently illegal, and harden our approach to others the use of which we have to seriously deter. Which drugs fall on which side of the line is for others to judge, but draw that line we must, and sooner rather than later.

If we do not then people like Thomas will continue to fall into the same trap he did, spiralling out of control in a world of increasing unlawfulness. In that atmosphere, where we do not focus on individual drugs, resources are wasted with money spent on campaigning, investigating and prosecuting the users of some drugs which ought not to be seen as illegal and, as a consequence, there is less available to treat the misuse of the most harmful ones which rip our people and communities apart.

An End To Prisoners

Stephen Pryor, *former Prison Governor.*

It is not often we have a consensus on defeat in penal policy. Put another way, it is not often that a Home Secretary opens up the whole issue of imprisonment to fundamental reappraisal (for reasons that may not be unconnected with the record level of the prison population?) When we do, it is a good time to ask questions. This paper questions whether we need imprisonment at all.

Over the past 12 years or so we have seen some of the widest variations of approach to imprisonment, with a similar wide range of custodial rates and practice, and of claims as to the effectiveness of imprisonment. The Strangeways riot dragged the prison system and prisoners through the mud. The reforms of the 1991 Criminal Justice Act were set at nought by increasing crime rates, and it needed only the match of James Bulger to set fire to a train of anger with our young which resulted in a seemingly inexorable rise in that population. Along with them we hit out at that other most vulnerable group — women — whose numbers have risen similarly. It seems almost as though we do this whenever we cannot explain our frustration in any logical way. The 90's were a decade of uncertainty: if in doubt as to the causes of crime or their solution, hit out. Now we are trying to make sense of imprisonment by advocating its greater and longer use when the crime rate is falling.

The evidence that 'prison works' is based only on a small number of costly programmes which many believe are bleeding resources from the wider regime provision. Try as we may we seem only to have options of more expense, higher numbers and the precipitous argument that only by locking up more people can we reduce the already falling crime rate. The Inspectorate condemns as many prisons as ever, with no let-up following the change of Chief Inspector. The work on Restorative Justice shows how difficult any attempt at repairing the damage of crime is if you have to start from the position of the perpetrator in prison, particularly if there is any connection between penance and release. The exploration of the extent to which people in prison could and should be treated as responsible people[1] showed how limited the scope for amends can be.

This note therefore sketches some of the main reasons we lock people up and asks whether by doing so we might actually be making people worse and exposing the public to more risk rather than protecting them. 'An end to prisoners' does not mean an end to feelings and fears, only an end to some of the more expensive and futile ways of assuaging them.

That imprisonment might contravene prisoners' human rights, or that the failure to use it might do the same for victims, is not the issue. That imprisonment may or may not be the irrational response of irrational people to irrational acts is not the issue. That the effectiveness of sentences is limited by the ability of the agencies concerned to work together is not the issue. This paper is not concerned with the ethical or moral implications of imprisonment. It considers how the world might look if custody was not an option. 'An end to prisoners' reflects on some common justifications for, and views about, custody. It does not mean that we stop trying to assuage our feelings and fears, only that we re-examine the use of one of the more expensive and futile ways of doing so. These feelings and fears are set out in the following paragraphs.

1. 'We lock up too many. Only a small hard core, who are a real threat to society, need to be locked away'

Who are the hard core? What defines them? Is there a consensus on the definition? Is it for the courts to decide who is a hard core offender? If so, is it on the basis of a guilty finding on a criminal charge? Or might it be on the basis of risk to the public whether or not a crime has been committed? (As we are considering for those with a 'severe and dangerous personality disorder', especially if they happen to be paedophiles, or 'untreatable' psychopaths — people who are not exactly mentally ill, but certainly bad, or at least bad enough and mad enough to be put away.)

The root problem with the 'hard core' idea is the definition; there is not one. There are lots of views as to what it might be: the intractable, or persistent; the most stomach-churning; the most callous; the most expensive; the most desperate or those who will not apologise. If it is true our judiciary are currently reluctant to use custody when another option will 'do' presumably we have got the hard core in prison now.

Preventive sentencing already exists. It is a constituent of longer sentences, including life. There are two main difficulties with it: firstly, determinate sentenced prisoners are eventually let out when the sentence ends, whether or not the offender still presents a risk; and secondly, despite the extension of the life sentence to other offences than murder, we know that detention for life is not really necessary for the great majority of those convicted of qualifying offences.

1. *The Responsible Prisoner — an exploration of the extent to which imprisonment removes responsibility unnecessarily.* (Pryor, S, Home Office, 2001).

2. 'Prisons can treat offenders, given time and resources'

This is a pretty notion. If prison works, as has been claimed, not just by incapacitating prisoners while they are locked up we should lock up everyone who looks likely to offend and for whom it might 'work'. The fact that Grendon 'works' might be an argument for more programmes for that sort of prisoner; but it is not an argument for locking up the Grendon prisoners in the first place. Does Grendon work as a result of duress — the surrounding wall and the bars? If imprisonment were not an option would people accept a therapeutic community sentence? Do Enhanced Thinking Skills programmes work only because they take place behind bars? Do Sex Offender Treatment Programmes work better in prison than outside?

Halliday says only long sentences work in terms of altering offending rates. This argument assumes the custody option. Or it might imply that we should lock people up for long enough for the treatment to work. If the latter is so, why bother with fixed term sentencing at all? Why not give everyone an open-ended indeterminate sentence — or do we not want to face that that would mean Life?

Most of the cost of imprisonment is due to general staffing, not to the additional costs of delivering these accredited programmes. The lower security prisons are also low-control; it is control which costs money. Given that everyone inside is likely to be released long before anyone can be certain they are unlikely to reoffend, we should be knocking down most of the higher security places and testing all prisoners on an assumption of HDC as the natural road back to freedom.

3. 'Prisons deter. They make an example of prisoners and show the road to ruin'

There is not a lot of evidence for this.

It seems to be universally accepted that getting caught is what matters in deterring offenders, not imprisonment per se. It is less widely accepted that prison is evidence of ruin, and more easily understood that it may be the cause of it. Most prisoners seem to come to prison fairly late in their careers, after the Courts have tried several other options. For those who come early it is often asked if they needed to come at all, and they tend to be considered for early release ahead of those with a record — for obvious reasons. And the majority of lifers never offend again.

Imprisonment unquestionably makes an example of prisoners, but it is not quite the equivalent of the stocks or public execution. For those who bother about these things it would seem that prisons are not harsh enough or close enough to the communities they are supposed to deter. Several Home Secretaries have felt it necessary to point out the austerity of prison life to reassure these doubters. Prisons are not surrounded by oases of fearful, law-abiding communities who live with the daily reminder of the wages of sin.

4. 'Prison satisfies the need for retribution and revenge'

This is difficult. It presumes a need for retribution and revenge, when there is evidence that some victims of crime want to put the past behind them, to leave it to others to ensure — if it is possible that lessons are learned to prevent recurrence. It assumes people believe imprisonment will hurt the offender. It assumes that the hurt will satisfy the victim. Of course this is sometimes true, and victims are often reported as saying if they feel satisfied by a sentence; usually to show that they are not.

The problem with prison as a means of retribution and revenge is that it is expensive, often seems to let the offender off the hook, and distorts the normal human responses to hurt of flight, fight and forgiveness. It may also continue the distortion of the initial adversarial judicial process which has painted one party as wholly the innocent victim and the other as wholly the guilty perpetrator: that is seldom the whole or most truthful picture of what happened. Prison seldom solves, salves or satisfies anyone.

5. 'Prison puts prisoners away'

It does that, and more than that. It puts them out of mind as well as out of sight. And it comes as a bit of a shock when they come back. We thought we could forget about them for quite a while. In terms of healing time, measured against the time it takes to get used to the prisoner being gone and to start one's life afresh, prison sentences are really quite short. A sentence of two years might seem a long time. It actually means the prisoner will be out in one year, less if they were remanded in custody before sentence. A year is not likely to have a major effect in changing any spots that escaped the trauma of the trial.

It cannot be said too often that prisoners are not held in custody until it is safe to let them out. Even lifers represent some risk on release. Prison is about lots of things, but protecting the public is one of the least defensible reasons for using it. Prison weakens people who are usually already socially deficient (as shown by their previous convictions), and weakens the ties that keep them straight. There are two facts which get in the way of much penal philosophy. Most young offenders keep offending until they are older, when they stop for good. Second, there are few pensioner prisoners, and those few are a nuisance not a menace. Neither phenomenon seems to be a result of skilled human intervention, other than a process of socialisation. If prison does work, it works for very few; the rest reform despite it.

Do we really think that the short relief afforded by putting people away is a means of reducing offending? Or does it meet a more deep-seated need?

6. 'Prison incapacitates'

We have already touched on this, and (with some provisos) accepted it as true that while the prisoner is behind bars there are limits to what she or he can get up to outside. In the case of some prisoners, we are thankful for whatever protection we can get from them (see section 1 above). But common sense says we cannot lock up everyone who should be incapacitated; and experience says the bad person will sometimes go on being bad in prison, whether as a bully, a drug trader, a sexual predator or as a criminal in other respects. Some criminals flourish more inside than out; and some continue to cause offences to be committed outside while they are inside.

The point to hang onto while facing the cost of custody is just how little crime is prevented by locking up criminals. Even statisticians would not notice if we stopped doing so. The amount of crime prevented by incapacitating offenders through sentencing is statistically insignificant; but the cost is not. If the public does draw comfort from the belief that full prisons protect them, they should perhaps ask why there seem to be as many as ever who are not incapacitated. If the community does draw comfort from seeing full prisons, it is deceived. Which it may wish to be, given the alternatives.

7. 'Prison reforms'

Here we mean the reform resulting from active intervention. We now know with greater certainty 'what works', and have a greater understanding of the processes which result in that are-formation'. This is not the place to explore or challenge that, other than by asking if prison is the best or only setting where the process can happen. If it is the only setting, that alone is not a reason for imprisonment: it is a small bonus if imprisonment can also bring a possibility of reform.

The idea that the Prison Service might accept directions from the courts to carry out a specific programme is very new, and the community has not demonstrated any real confidence that it might actually be able to hold the Service accountable for doing so, other perhaps than with the remarkable efforts of the Youth Justice Board and Youth Offending Teams with the young. Though we have moved toward this, we still believe fundamentally that the offender is responsible for offending, and for choosing to reform: if not, there is not a lot others can do about it. Whether in custody or not we believe that the chances of reform, as with reparation, are much improved outside the custodial setting, particularly an overcrowded one.

8. 'Prison provides opportunity for reflection and restoration'

This is true, but does not of itself justify imprisonment.

9. 'A bit of imprisonment does more good than no imprisonment at all'

The judiciary is instructed not to remand unconvicted people in custody so as to give them a taste of it. There is a chicken and egg argument as to the value of a first taste of custody. Was the person who did not offend after their first taste of custody put off by it, or was it something to do with the fact that few first offenders reoffend anyway? You can only have a first taste once. Most would perhaps agree that a little imprisonment usually fails to satisfy: the victim seldom says that it is better than nothing. Halliday and others recognise that short sentences are pretty meaningless when it comes to doing something useful with custody, unless they take the form of some sort of phased release, or merge with HDC as a type of custodial curfew.

So there are two main problems with this statement. How long is 'a bit of imprisonment'? And how can we use 'no imprisonment at all' most effectively, especially with the people — like women and children — who we feel should belong in the community whatever the risk they appear to present.

10. 'Prison works, and more prison works better'

This is not quite the obverse of 'a bit of imprisonment does more good than no imprisonment at all'. This argument is much more persuasive and insidious, and can be put forward by perfectly respectable social engineers. But it ignores the motives underlying imprisonment, or at any rate puts them in an artificially enhanced light, especially the motives we least like to recognise. Whenever we argue for sentences long enough to 'do' something with the time', or for treating longer-term prisoners (especially lifers) with more consideration, we have already seduced ourselves into a love of custody. No one is more susceptible to this argument than prison people. Lifers and long-termers are most attractive prisoners. They depend on safe and predictable prisons, which have become their homes. They and prison staff share common aims in this. A good bunch of lifers are the most stabilising influence in a prison. A jail full of vulnerable prisoners, who help to run the prison as long as they are not constantly reminded of their criminality, is hardly a prison at all. All prison staff depend to a large extent on the good will of prisoners, which they seek actively to promote. But the fact that a prison is running with such help does not hide the fact that it is still a prison, with all the removal of freedom and choice and institutionalisation — and expense — which that entails.

The trouble with long sentences is not that they cost a fortune, provide a rather chancy opportunity to address offending, or create the paradox of the most biddable as well as the most dangerous prisoners. The

trouble is the system needs them more than they need the system. The facts that the system has become so good at managing them, and has persuaded them of the rightness of their condition, are a source of immense relief and pride to a service which specialises in locking citizens away. Since Strangeways there has hardly been a squeak out of them, certainly not out of the most dangerous or the longest term. They jump through the hoops of parole, lifer management and accredited programmes nimbly and without challenge. They accept the rightness of their exclusion and the decent intent of their jailers. More prison works better — for prisons.

The current argument that short sentences simply disrupt grows from this belief: a good long sentence gives us a chance to reform people. It denies the motive of banishment, and the spur to banish for as little time as is needed to make a point. We are doing people good by locking them up for longer. They should appreciate the cost we are paying for their privilege. The truth is more likely to be that the longer the custody the harder the road back to responsibility — for family, for work, for contributing, for coping. No matter how well prison works, that does not justify imprisonment. It may help to excuse it.

11. 'Prison destroys'

It might be disingenuous not to put the other side of the Prison Works argument. Prison is designed to destroy, to treat prisoners with less humanity than free citizens. Humanity is about freedom and choices and responsibility. Prison intends to reduce these, in theory no more than is necessary to lock people up, but in practice ensuring all are treated as equally potentially dangerous and prone to offending. At least to begin with. Which is why we still put all remands in high security prisons. If we did not need to destroy this element of freedom then we would not, at least we should not, lock them up.

It might stand to reason that prison weakens. Indeed no one seriously doubted a distinguished Home Secretary[2] when he said that it is an expensive way of making bad people worse. But since it was only a few weeks later that he said that it 'works', we perhaps should take note of the main damage it causes:

- It damages family ties
- It brings people into close touch with criminals
- It tends to treat people at the lower range of abilities
- It humiliates people
- It denies people breadwinning
- It denies the right to a family
- It denies the opportunity to vote
- It shows society as willing to exclude
- It exposes people to highly dangerous and anti-social behaviour
- It institutionalises people, training them to cope in a highly structured community
- It denies many people the opportunity to reach their full potential
- It encourages idleness
- It affords access to offending behaviour programmes to a very small proportion of prisoners.

It is perhaps worth remembering that imprisonment and its consequent damage is the state of anyone in prison, whether convicted or not

Some may feel that this outweighs the advantages of 'what works', and that we should question the value we get for £27,000 per prisoner per year. Not question the Prison Service, but question ourselves. You do not need to be better informed to make this assessment; you need to be better aware of your own views.

12. 'Prisons punish'

If it is correct that we are now able to face things with a more open mind than for some years past, we can acknowledge that, dress it up how we may, imprisonment is by any definition punishing. People go to prison as a punishment, not for punishment. Sure. But prison is punishing. It hurts. It costs. It serves as an example. It restricts freedom. Ask any remand. The fact that around half of all remands do not end up inside and yet do not wish to get their own back on the system astonishes many visitors to prisons. Only where there is evidence of maladministration as the cause might that apply. Everyone accepts that prison punishes: the fact that it does so indiscriminately seems to be accepted as fair. And the fact that there are no performance standards or Inspectorate 'Expectations' to legitimise the punishing role of prisons (as against punishment of indiscipline by prisoners) may indicate how unwilling we are to confront this.

Recognising that prison punishes is one of the starting points in any debate on its validity as a disposal available uniquely as a sentencing option to the courts. Failure to recognise that prison punishes leads to dangerous self-deception. Whether we are talking about 'camps' (boot, 'X', POW, North Sea) or 'Detention facilities', 'Holding Centres', Young Offender Institutions or Special Units of various kinds, or prisons which are so open that we do not even recognise that we are in one, if we are holding people by order of a court against their will we are imprisoning them, and that is punishment.

13. 'Prisons make us feel better'

A symbol of our disapproval of bad behaviour is important. Much of punishment is symbolic. No one

2. Douglas Hurd.

thinks a two-month sentence is more or less effective than a three-month or one-month sentence as judged by its capacity for promoting reflection or reform. The difference is symbolic. The fact that prisons and prisoners can get up and bite you is not an argument for doing away with them. But the fact that they make us feel better might be something very powerful and unexplored. If you removed prisons, you might just have to acknowledge that their very existence may not be tenable in a civilised society. So we have to ask ourselves what life would be like if we foreswore their use.

Prisons are rather like hospitals or church buildings, or the House of Lords. They show balance, and test our tolerance of misfits. They allow debate. They show a width of our humanity, and that we are prepared to pay for that evidence. They provide an option short of the death penalty (though some would protest that this analogy does not run to the House of Lords). And, if we can run them properly, prisons show some skill in social engineering. They are useful in Politics and politics. But they are very expensive, and that in itself is symbolic of the importance we attach to them.

It is when the symbol no longer serves its purpose, no longer makes us feel better, or is quite obviously doing a lot of harm, that we need to consider if other symbols would reassure us better. Restorative Justice offers one way of combining the symbol of retribution with the reality of restoration and repair.

14. 'Prisons protect the public'

Patently they do not, because they cannot. They can only expose the public to more or less risk. They cannot hold all the risk, nor can they hold any risk for ever (barring Life tariffs, many of whom do not present a significant risk anyway). Nor do the courts expect them to for any longer than the sentence (and their duty is only to hold those whom the courts send to them).

What is more important is that they may actually increase the risk to the public. If crime is a young man's game, might locking up the young contribute more than it prevents? Might the high reconviction rate be a result of custody? Might the convenience and ever-open door of the jailhouse prevent any serious attempt at addressing offending or community collapse? Might our capacity for self-delusion encourage us to believe that prison works absolutely rather than relatively? Might we be ready to see that prison is not so much a moral or social policy issue as a practical one which underpins the sense of security with which we go to bed at night — which may itself be a delusion?

If we foreswear imprisonment as an option for preventing or punishing crime, are we making for a less safe society, given the inadequacy of imprisonment in achieving that now?

Summary

Imprisonment is a solution to many things, most of which call for a high level of self-deception, and for which we are prepared to pay a seemingly unlimited amount as long as it is possible to present it as being delivered 'with humanity'. There are alternative ways of satisfying almost all of these requirements, and we need to check why we have not considered them or, if we have done so, that the alternative is not simply imprisonment by another name.

Conclusion

When considering doing without it, imprisonment is best understood as banishment, putting away, exclusion, de-humanising. And it is best tackled by accepting that there is nothing wrong with that as a natural human response to crime. We need some machinery for saying certain behaviour is not acceptable. We need some machinery to give us a chance to collect our thoughts. We need some machinery which allows, indeed insists on, reparation and restoration where that is possible. And we need some machinery which ensures the inclusion of the excluded, the reinstatement of the barred. Without the last we face barbarity, the limitless exclusion to the unknown. That may be what we want, but it is not what we can afford. Not if we call ourselves human.

These actions are not necessarily sequential; we do not have to wait for reparation before reinstatement. Nor are they absolutes. Indeed the more absolutely we exclude from society, the more work we give ourselves when it comes to reinstatement. If we will only receive back those who have fully repented, there is going to be a big queue of penitents waiting for the lie detector — and meantime we are paying £27,000 a year each for the principle.

We should not think of 'humanity' as 'love'. Humanity is about human society, human achievement, human frailty — and neighbourliness as far as that is necessary to live together. Love is about giving and forgiving, until seventy times seven, without question or judgement as to humanity. If we are to forego imprisonment we may need to recognise that forgiveness is a very practical weapon in the penal armoury, a desire to understand is a shortcut to handling offending not a cul de sac, and that humanity is a contract, an exchange between peers, not a gift from those who have to those who lack it.

If we are to face our humanity it would be easier and cheaper to forego exclusion, recognising it for what it is rather than pretending it is a solution. If prison symbolises an attitude of mind which denies humanity, we need to deny it as an option in dealing with those whose behaviour we abhor — but who are part of us. If it is possible to execute a sentence without executing the offender, then we must do so.

Apologia

Some of those who have been kind enough to comment on this in draft have asked why there are not more suggestions as to alternatives. There are also murmurs that the author seeks to make amends for his previous career as a prison Governor, and that more credit should be given for the good work done in prisons. The purpose of the paper is to ask if we should replace imprisonment, not to suggest how we do it. It does not follow that you go on doing something bad because it is too awkward to face the alternatives. And the only thing worse than imprisonment of the prisoner is the imprisonment of the jailer. It seems to me that if I can make amends for my work as a jailer, this is not a bad way of doing so — unless I seek to excuse. A good prison is still a prison.

Prisoners as Citizens

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Arguments that prisoners should be treated as citizens can be pursued from different directions and different perspectives — as matters of human rights and responsibilities, the management of institutions, and the reform and resettlement of prisoners. The arguments do however point to similar conclusions about the nature and purpose of imprisonment, the organisation and culture of the Prison Service, and the character of the relationships within prisons and between prisons and the outside world. They also reflect some common values — that people may be in different positions of power, status and authority and have different relationships with one another, but they are all entitled to equal dignity and respect as human beings; and that the state has both to protect its citizens but at the same time to limit so far as possible the extent to which it interferes with their personal lives.

Rights and Responsibilities

The idea that prisoners might have rights and responsibilities is quite recent. There is virtually no mention of either in prison legislation. The Secretary of State and governors have various duties to provide facilities which might be seen as rights — correspondence, visits, confidential legal advice, medical attention, opportunities for complaint — but the Prison Service has a lot of discretion of the way in which they are provided. There is no formal procedure, apart from the vigilance of the board of visitors, the Inspectorate and the Ombudsman, for ensuring that prisoners have access to them. The resulting entitlements, or privileges as some of them are significantly described, are limited and conditional. Responsibilities, apart from the enforced responsibility to comply with prison discipline, are not recognised at all.

The situation has to some extent changed over the last 30 years. The change came about partly as a result of changing attitudes in the Prison Service itself, and partly through a series of judgements — conveniently listed in the Prisons Handbook — in the domestic courts and the European Court of Justice. The process of change is likely to continue, although perhaps not at a rapid pace, as a result of the Human Rights Act 1998 and the incorporation of the European Convention on Human Rights into domestic law. Some of the rights in the Convention and its protocols are absolute and inalienable, for example the rights to life, freedom from torture and degrading treatment and freedom from slavery and forced labour. Although the Convention does not actually say so, the right to equal consideration, dignity and respect, regardless of race, ethnic origin or culture, must be similarly regarded as absolute.

Other rights are qualified by references to what is necessary for public protection in a democratic society. Examples are the rights to respect for private and family life and to freedom of thought and expression. But they all apply to people as human beings, and therefore to prisoners just as they do to anyone else. They are not automatically abrogated or forfeited by the fact that a person has been sentenced to imprisonment. Any restriction on those rights must be justified, proportionate and legitimate. The Act's influence on prisons may come about as a result of specific challenges in the courts, but more probably and more effectively if it helps to generate a stronger sense of respect for individuals, and to reinforce changes in approaches and attitudes which may already be taking place.

A citizen is however, more than a bearer of rights. He or she also has duties and responsibilities — obviously to obey the law but also to play a part in society, to support themselves and their dependants, to show consideration for others, to be a good neighbour, to have some concern for those who are vulnerable or disadvantaged, to support the institutions and legitimate authority of the state but also to hold them to account. These are responsibilities from which

prisoners are at present largely absolved. This paper does not attempt to discuss the position of prisoners who are not citizens of the United Kingdom, except to make the obvious points that it interprets citizenship as meaning much more than a person's status under nationality law, and that there should be no distinction between 'first class' and 'second class' prisoners based on that distinction.

To make a connection between rights and responsibilities is not, as has sometimes been implied, to say that only those who discharge their responsibilities are entitled to enjoy their rights. A person's rights as a human being or as a citizen should not be dependent on someone else's judgement of their good behaviour, any more than a person's responsibilities should be thought of only as a means of gaining access to their rights. Nor should the responsibilities of citizenship be thought of simply in terms of individual good behaviour: they include protecting the rights of others and concern for those who are vulnerable or disadvantaged, as a matter of public duty as well as, ultimately, self-protection. They apply not only to individuals but also to organisations and institutions.

Management of Institutions

Prisons must inevitably be seen as serving the society of which they are a part by protecting citizens from people who are dangerous. But they also uphold the rule of law by giving effect to sentences of imprisonment imposed by the courts; and they try so far as possible to reform offenders so that they will not commit more offences. All three aims, which are implicit in the formal aims and objectives of the Prison Service, require offenders to be enabled successfully and effectively to exercise their rights and responsibilities as citizens. They imply that the principles of rights and responsibilities should inform the ordinary life of a prison no less than the pre-sentence stages of the criminal justice process (in the case of rights), or the period after release (in the case of responsibilities).

There is no shortage of texts on what this notion of citizenship might or ought to involve. They include:

- Lord Wilberforce's judgement in *Raymond v. Honey* that prisoners should in effect be able to function as citizens to the extent that they are not prevented by law or by the fact of their imprisonment — although as Tim Newell has pointed out, that fact is inevitably a serious limitation;
- Lord Woolf's theme of 'justice in prisons' in his report on the disturbances in Strangeways and other prisons in April 1990;
- the discussion of 'legitimacy' in prisons in *Prisons and the Problem of Order* by Richard Sparks, Anthony Bottoms and Will Hay, in particular the conditions necessary to achieve legitimacy such as integrity, fairness, explanation of decisions, and consent.
- Tim Newell's book *Forgiving Justice*, including his ideas on sound and political responsibility, and his current work on applying the ideas of restorative justice to the management of prisons and relationships within them in conjunction with the International Centre for Prison Studies and the Thames Valley Partnership;
- Martin Narey's emphasis on decency, in the training of prison officers and throughout the Prison Service;
- Alison Liebling's work with David Price on *The Prison Officer*, and especially the passages on role, culture, relationships, fairness, respect and the uses of power;
- Stephen Pryor's recent paper on *The Responsible Prisoner* and its references to personal autonomy and choice, the nature of punishment, attitudes to risk and authority, prisoners' families and racial and cultural diversity — although the prisoner's responsibilities need to be matched by corresponding responsibilities on the part of the State (and especially the Prison Service itself) and civil society;
- The Prison Reform Trust's forthcoming study of the ways in which prisons are already giving prisoners the opportunity to be active citizens through socially useful work within or outside their establishments.

Indicators of the extent to which institutions, and society more generally, treat prisoners as citizens include the extent to which prisoners are able:

- to make choices for the way in which they spend their time in prison, and for the contact they maintain with their families and accept responsibility towards them;
- to retain their personal identity, expressed through the possessions they are allowed to keep and the clothes they are allowed to wear;
- to have some stake in the institution in which they are detained, for example through some form of consultative process;

But also:

- the extent to which disputes can be resolved by restorative procedures rather than traditional, adversarial form of discipline;
- the way in which prisoners and staff talk to each other, the use of names and tones of voice, and the mutual respect which it reflects.

Two illustrative examples have special symbolic significance. One is a prisoner's right to vote in national elections. This is both a right and responsibility of

citizenship, but it is at present denied to prisoners on the ground, as a former Home Office minister once put it, that 'those ... serving a sentence have no moral right to vote'. The other is the right of children under 17 to protection from physical or sexual abuse, and of looked after children to a special degree of care, with a corresponding responsibility for the state, through social services, to provide that protection and care. These are statutory rights and duties under the Children Act 1989, but although the Prison Service tries to observe the spirit of the Act, it regards the Act itself as not applying to children held in its own establishments or in secure training centres.

Legislation to correct both anomalies should be a high priority.

Most of the aspects of citizenship mentioned so far can in theory be developed in prisons without legislation (the last two are an exception), and probably without new material resources. Some of them are quite well established, at least in principle, in existing regimes at individual establishments. But their development is for the most part piecemeal and haphazard. They all require commitment, shared understanding and a degree of stability and freedom from distraction which are difficult to achieve in an overcrowded system, with competing demands expressed through sometimes inconsistent performance indicators and a culture which is averse to risk. Whether those conditions can be satisfied without radical reform is a more open question.

There are of course corresponding issues for staff — the relationship between staff and management, the kinds of professional practice which are or are not respected and rewarded, and indeed the style of and need for staff uniform. The 'soft' uniform which can now be worn in establishments for juveniles as an interesting example.

Reform and Resettlement of Prisoners

The issue here has two main aspects. One is the extent to which it is a responsibility of the state, of civil society, or of individual citizens, to help the reform and resettlement of those citizens who are or have been prisoners — either as a matter of self-protection against the possibility of re-offending, or more positively as a matter of civic duty in a spirit of social inclusion. The other is the extent to which the fact of imprisonment, or a criminal conviction, should in effect disqualify a person from what could be seen as the normal expectations of citizenship — most obviously employment, but also housing, insurance, financial services and even compensation for a criminal injury. This aspect is the issue which was raised, and intended in part to be resolved, by the Rehabilitation of Offences Act 1974. It has now to be re-examined, together with the degree of protection which must necessarily be provided for those potentially at risk, in the review of the Act which is now taking place.

Both aspects will be crucial to the Social Exclusion Unit's forthcoming report on resettlement, for which high expectations have been raised.

Conclusions

A policy of treating prisoners as citizens does not by any means resolve all the tensions and conflicts which are inherent in imprisonment. In particular, it does not decide the balance which has always to be maintained between respect for individuals on the one hand and the protection of the public and the needs of the institution on the other. But it does provide a conceptual framework within which those tensions and conflicts can be resolved on a consistent basis of principle; it indicates the sort of practical measures which can make a positive contribution to the integrity and legitimacy of prison establishments, to the reform and resettlement of prisoners and hence to a reduction in re-offending; and it has important implications for the location and design of prison buildings. It challenges the Prison Service to manage its institutions in ways which are outward rather than inward looking and which place the needs, hopes and expectations of its prisoners, of its staff and ultimately of society above the convenience of the Service and its institutions themselves.

Above all, an approach of this kind challenges communities, and society as a whole, to feel some sense of ownership for their prisons, and some sense of responsibility for their prisoners, as they do for their schools and hospitals. They should not see prisons as a means by which that responsibility can be avoided.

To achieve that sense of ownership and responsibility may demand a more radical review of the structure and accountability of the Prison Service than any which has so far been attempted.

Lifers Who Maintain Their Innocence

Nigel Newcomen, *Head of Sentence Management Group, Prison Service Headquarters.*

In the wake of some high profile cases in which life sentence prisoners have — after many years — proved their innocence, there have been a number of highly inaccurate articles in the Press claiming that if lifers do not admit their guilt for the offences of which they have been convicted they will remain in prison literally for life. This brief article seeks to set the record straight and offer some clarification for prisoners, prison and probation staff and others interested in this issue.

The fact of the matter is that lifers who do not admit their guilt are not in consequence kept in prison literally, for life. Indeed we have the figures to demonstrate this. A survey of cases dealt with in one of the two main caseworking commands in Lifer Unit in Prison Service Headquarters, showed that nine out of the 48 lifers who were released between January 2001 and January 2002 continued, at release, to maintain they were innocent of the offence for which their life sentence had been imposed.

Despite this, no-one would pretend that there are not difficulties involved in managing the cases of those who do not accept that they were rightly convicted. Life sentence planning and the parole process are based on risk assessment and risk reduction. Once the tariff (that part of the life sentence prescribed for punishment and retribution) has been served, the question of progress towards release hinges on a prisoner demonstrating that he or she is safe to release and that any risk has been reduced to a minimum. Clearly, it is not easy to set the risk reduction process in train where prisoners do not accept that they committed the offence, or that the risk factors identified as connected with the offence apply. Nevertheless, and contrary to recent media claims, this does not make participation in the sentence planning process and ultimately the Parole process impossible.

There is a further fundamental point to stress: for any Prison Service working, as we do, under strict adherence to the rule of law, it is right that we assume that those sentenced by the Courts have been rightly convicted. It is not for prison staff to question a conviction or sentence and double-guess a court of law. Our duty is to do what we can to ensure that such offences are not committed again. If an individual working in the Prison Service uncovers evidence that suggests a prisoner is innocent then it is important that that evidence is placed before the relevant authorities. It is for the courts and the independent Criminal Cases Review Commission to review alleged miscarriages of justice, not the Prison Service.

So what can the Prison Service do to help a person who maintains their innocence through a life sentence? Obviously this makes it more difficult to form a proper assessment of the factors contributing to the prisoner's offending. Consequently, there may be less certainty about the level of risk and the extent to which it has been reduced during sentence. This is particularly the case as far as accredited offending behaviour programmes are concerned. These are programmes accredited by a panel of independent, international experts as those, that research evidence suggests, are most likely reduce the risk of future re-offending. The Government has invested heavily in these programmes and they are increasingly used as our principal method of enabling prisoners to reduce their risk of re-offending.

Accredited programmes, such as the Sex Offender Treatment Programme (SOTP) and Controlling Anger and Learning to Manage It (CALM), to a large extent depend on an offender being willing to discuss their offences, either during the initial assessment stage or during the programme itself. They are therefore not usually made available to those individuals who do not accept their guilt. This can make it more difficult to judge whether an individual's level of risk has diminished. There is also the problem that many 'deniers' refuse to undertake any offending behaviour work whether it involves discussing the index offence or not.

However, the two cognitive skills programmes, Enhanced Thinking Skills and Reasoning and Rehabilitation, and work on addressing drug and alcohol problems do not require offenders to talk about their offences. So prisoners who do not accept their guilt but are willing to take part in this work should be able to do so without difficulty. Assessment of the impact of their attendance on offending behaviour courses is measured through the use of psychometric tests. Such tests are carried out before and after the courses. If the tests show that the offender still possesses cognitive deficits, which can be shown to be linked to offending, then a clinical judgement can be made about the extent to which they are at risk of re-offending.

Although denial undoubtedly makes it harder to conduct a risk assessment, it should nevertheless still be possible to make one. This can be done, for example,

by using police reports about the offence in combination with social history information, the prisoner's performance in interview and his behaviour during sentence. By taking all this information into account, it should be possible to form a reasonable assessment of the factors that underlie the prisoner's risk. Once the factors which underlie the lifer's offending have been provisionally identified, it should be possible to judge how far these factors continue to be expressed in their current behaviour. On this basis, an assessment of whether the prisoner's risk is increasing or declining can be made.

The assessment of the prisoner's current level of risk must be the pre-eminent factor in determining whether he is ready to progress to lower security conditions or be released. Denial of guilt is only one element to be taken into account in reaching that decision.

International research and our own experience indicates that it is not at all uncommon for offenders, and especially sex offenders, at some point to deny the offences for which they have been convicted. It is also true that a number of these individuals, for a variety of reasons, subsequently admit the offence. Approaches to addressing the offending behaviour of deniers vary because offending behaviour programmes differ in the extent to which they are able to treat those who refuse to admit their guilt. Although, as we have seen, the SOTP requires participants to discuss the offence for which they were convicted or the sexual elements of their offence, and is therefore not available to those who completely deny their offence, it can be undertaken by those who admit partial guilt. For example, those who concede that an incident took place but attempt to minimise their culpability.

However, inevitably with many deniers the emphasis has to be on working on the offending behaviour identified in any pre-convictions and or other/identified problem behaviour, such as alcohol, drugs, anger, relationships, poor social skills. For instance, although participants on the Controlling Anger and Learning to Manage It (CALM) programme are not expected to talk about their offending during the programme sessions they *must* do so during the assessment process. With the Cognitive Self Change Programme (CSCP), it is within the Treatment Manager's discretion as to whether a denier should take part, based on their discussions with the individual.

Of course risk assessment does not just depend on successful completion of offending behaviour programmes. There are a range of factors which need to be taken into account and weighed in the balance. There may, for example, be cases in which the nature of the index offence was such that the circumstances leading to it are very unlikely to be repeated. Or there may be factors about the convicted person's own circumstances at the time that risk is being assessed which allow us to conclude that the risk of future offending is very small. We have to be on guard against constantly looking for 'progress' which for many who continue to maintain their innocence throughout their sentence is inherently unlikely. When completing reports on lifers the question prison staff should be asking is 'what is the risk currently presented by the prisoner?' not 'what has the prisoner done since the last reports to reduce risk?' — although the latter will often provide a guide to the former. In all risk assessments we need to weigh positive factors, such as stable family support, employability, accommodation, lack of alcohol problems etc., against the negative factors which might, for example, include the denial itself, poor and aggressive relationships in prison, difficult custodial behaviour or refusal to participate in programmes such as ETS which do not require the acceptance of guilt.

Prison Service Lifer Unit has issued detailed guidance along these lines to all staff who manage lifers in prison (it is set out in the Lifer Manual). The guidance emphasises that denial of guilt should not of itself prevent progress and ultimately release. Many lifers will be released after they have served the tariff set to meet the requirements of retribution and deterrence if the Parole Board, and Ministers in the cases of those convicted of murder, are satisfied that risk has reduced to a level where it is safe for them to live in the community again.

The Prison Service accepts that the general presumption that the conviction was correct does not meet the case of the person who is genuinely innocent and who has exhausted all avenues of appeal without success. But the key issue affecting a lifer's progress and ultimate release is whether their level of risk, irrespective of their denial, has reduced. Similarly, the Parole Board's first duty is to assess the risk that a life sentence prisoner may commit further offences if he is released on life licence. For that reason it is *unlawful* for the Board to refuse to consider the question of release solely on the ground that the prisoner continues to deny guilt. We can therefore state categorically that refusal to admit guilt does not preclude release for life sentence prisoners — despite what you may have read to the contrary in the media.

Book Reviews

In the last edition of the Journal Steve Taylor reviewed 'The Prisons Handbook 2002'. He was incorrectly described as being a Council Member of the PRT. He is in fact a Council Member of the Howard League for Penal Reform.

Self Esteem — The Costs and Causes of low self-worth

Nicholas Emler 2001 Joseph Rowntree Foundation York Publishing Services — A free summary, reference N71 can be obtained from www.jrf.org.uk ISBN 1 84263020 2 £15.95 (plus £2.10 p&p) from York Publishing Services. (Tel: 019104 430033)

This report written by **Nicholas Emler** of the **London School of Economics** and supported by the **Joseph Rowntree Foundation** critically examines the long held assumption that low self-esteem, particularly among young people, is a risk factor for a broad range of psychological and behavioural problems and questions the effectiveness of a myriad of interventions aimed at raising self-esteem. The report comprises five chapters. Chapter One attempts to proffer a definition of self-esteem and ultimately raises the question as to whether self-esteem can be measured. The conclusions suggest that whilst the popular view is that low self-esteem is the source of all manner of personal and social ills it questions whether systematic research can accurately assess levels of self-esteem and that this in turn depends on clarity as to what it is one is trying to measure. Broadly, self-esteem has been regarded as an attitude and measures constructed on this assumption have met the basic test. However, the author suggests that whether this attitude is a feeling or a set of judgements it also has the properties of a state and a trait. He questions as to whether variations in self-esteem are really distinct from opinions about the self that go by such labels as depression, neuroticism, self-efficacy and locus of control. In light of this the author argues that good practice in psychological measurement would be to demonstrate that similar results can be obtained using different methods of measurement. He believes that this has yet to be shown with self-esteem and suggests that we should be looking for patterns of evidence with the methods of measurement that are available. The author contends that if these patterns are coherent and consistent, then their validity is unquestionable.

Chapter Two looks at **the consequences of self- esteem**. It examines the problem of distinguishing causes and effects. It considers several possibilities of the way in which self-esteem could be related to behaviour or other outcomes. The author suggests that the fact that all research has examined possible effects of self-esteem on such outcomes as health-threatening behaviour patterns, antisocial activities, poor life-management (poor work habits) has meant that it has been conducted in such a way that it cannot distinguish between direct or indirect causal influences, mediators, correlated outcomes or effects. In particular, the author states that wherever a relationship has been found between self-esteem and some pattern of behaviour, it has not been possible to rule out that some other condition affects both self-esteem and the behaviour in question, or that this behaviour influences self-esteem.

The author believes that research that can distinguish between the various possibilities assumes particular value in deciding policy implications. He highlights two research designs as significant; longitudinal design (or prospective study) in which self-esteem and/or an outcome are, at the very least, measured on more than one occasion; and true experiment which enjoys high status in scientific research as a consequence of its unique power in deciding questions of cause and effect.

The author goes on to suggest that to review the role of self- esteem in the genesis of social problems, the best that one can do is to consider behaviours that do have clear and significant costs and about which there is enough research to allow some sensible conclusions. He examines a range of problems (such as crime (including violent crime), racial prejudice, teenage smoking and child maltreatment) but no impact of low self-esteem is apparent. In the case of racial prejudice, high self -esteem rather than low appears to be related to the outcome and in the case of violence there are indications that *high* self-esteem in combination with other factors carries a risk. With respect to teenage pregnancy, eating disorders, suicide attempts, and low earnings however, low self-esteem appears to be a risk factor. The author raises a number of questions which he considers significant for policy decisions:

- does self-esteem mediate the impact of certain of the other risk factors'? If it can be shown to do so, then we would be in a position to decide whether interventions should be directed at these more remote causes or at breaking the impact they have on low self- esteem;
- does self-esteem operate as a risk factor independently of any others and, if so, to what extent does it affect risk compared to other factors? Determining this would enable a decision to be taken with regard to whether resources should be focused on this risk factor rather than the others. However, the relative costs of alternative interventions should be considered;
- does self-esteem amplify or moderate the impact of other risk factors? If this can be determined then a focused and appropriate intervention could be devised.

Chapter Three examines the sources of differences in self-esteem. The author suggests that what has emerged about the roots of self-esteem is not entirely what was anticipated and consequently this has led to a reappraisal of the nature of self-esteem Many of the factors which might be expected to result in low self-esteem do not do so. The author considers factors that have weak effects or none including ethnicity or race, social class and gender. He examines factors that have modest effects which include concepts such as successes and failures, rejections and acceptances and appearance. Finally he explores factors that have a more significant impact, such as (the behaviour of) parents, genes and whether there are any other significant others. The chapter concludes that the largest single source of variations in self-esteem is genetic. Next in importance is the behaviour of parents and the author concludes that these effects continue into adolescence and beyond. Next, there are various circumstances, experiences and conditions that have some effect on self-esteem. The author suggests that whilst real successes and failures and appearance do matter, it is more to do with perceptions of and beliefs about these.

In Chapter Four the author goes on to consider the prospects for interventions intended to raise self-esteem. Three

sources of ideas about how self-esteem could be raised through deliberate intervention are considered, namely theory, the research evidence on the determinants of self-esteem and the methods that have in practice been developed and tried. Finally, in this Chapter the author raises the question as to whether any intervention works at all. He concludes that the effects of interventions are stronger if the intervention was specifically intended to raise self-esteem and not to produce some other change, believed somewhat erroneously, to be a product of low self-esteem. The author suggests that other factors, such as the length of the programme, the training and experience of those delivering it, or whether those for whom it is provided participate individually or in groups, have not been shown to be influential. The author also found that interventions show clearer effects if participation versus non-participation is decided on a random basis. The exception to this is that interventions work best for those identified with a relevant problem, rather than as 'prevention' programmes. The author concludes that further research needs to be undertaken on the long-term effects of interventions, their cost-effectiveness and more importantly on why interventions work.

Chapter Five provides a summary of the report and a number of general conclusions. The author maintains that in the popular imagination low self-esteem has become an all-purpose explanation for any significant social or personal problem from crime to racism and drug use. He contends that its full range of consequences has been the subject of numerous research studies and because the effects of low self-esteem have been assumed to be so damaging, there has been particular interest in identifying its causes and potential remedies. However, the author argues that a more dispassionate appraisal reveals numerous faults with the popular view and that further 'good' research is required. He does not discount the cost implications of this. However, he argues that evidence-based practice is as desirable in the mental health realm as it is in medicine and good research to provide this evidence would be a better investment of resources than unproven treatments promising what he describes as 'illusory benefits'.

The report provides a comprehensive literature review which in itself makes interesting reading and provides some food for thought. Whilst a relatively short report it does make for heavy reading in places and I found the language to be confusing at times. Overall, I have to say I was disappointed by the report. The subject matter is extremely interesting but the direction in which the author leads it is not. This said, however, I would suggest that policy makers and managers will find the report highly relevant and invaluable within the current what works arena.

Audrea Haith, *Senior Lecturer, Sheffield Hallam University, Sheffied.*

Making Good

by Shadd Maruna. Published by the American Psychological Association, 2001.

Anyone who wants to know the fundamentals of what works in the rehabilitation of offenders should look to this new book by Dr. Shadd Maruna, a lecturer at the Cambridge Institute of Criminology, as essential reading. Maruna's aim is to define the difference between those who persist is criminal behaviour and those who, after significant criminal careers, eventually desist. The key processes highlighted through this research cry out to be incorporated into our day-to-day practice.

In seeking out what creates the turnaround from criminality Maruna uses the Liverpool Desistance Study, which compares the self-narratives of desisting ex-offenders to those of a carefully matched sample of active offenders. All of them had 'spent around a decade selling drugs, stealing cars and sitting in prison'. Specifically, the study looks at how these individuals framed their lives, and what enabled the ex-offenders to make good and stay that way. Self-narrative is developing an increasing profile in psycho-therapeutic work and its use in this context is timely to say the least.

This is no idealistic tract. Maruna has long removed his rose-tinted specs. As he states: 'The most consistent personal trait among interviewees in this study, by far, was a superlative sense of humour and an interpersonal assertiveness that would make most stage performers jealous.' He identifies criminogenic traits, backgrounds and environments and accepts the age-crime curve, which shows that the most crucial factor in reducing arrests for an individual is increasing age, that is, growing up. This has remained unchanged for 150 years. But Maruna can take us an important step forward and thankfully concludes that we can do more in terms of rehabilitation, and crime reduction, than wait for criminals to age.

Maruna explains that if they are to permanently reform, ex-offenders have to convince themselves that they really have changed, and in order to do this they have to make some sense of their past. So we find that in the desisting narrative, the individual emphasises how the criminal is not the 'real me'. And instead of discovering a 'new me', which feels unreal and is therefore not sustainable, desisting offenders have to reach back into their past to make contact with an 'old me' to make the change. This is always possible because offenders are more than just criminals; they have all played (and often still play) other, non-deviant roles such as loving parent, loyal friend and so on.

Having decided that this 'real me' is valid and worthwhile, the desisting criminal needs to give meaning to his criminal career to be able to manage his past, and that meaning becomes the positive path to making contact with that 'real me'. The criminality is thus not rejected but seen as having a purpose, and desistance can be fully embraced and maintained.

This is of course a vast simplification of a well-rounded and approachable thesis. But what strikes is that such conclusions, drawn from careful and legitimate research, seem at odds with much accepted wisdom, such as blaming and shaming. What Maruna has uncovered must be taken account of if we are really prepared to go with what works in offender rehabilitation, to develop programmes that are successful, and to achieve Home Office targets in the reduction of re-offending.

Such a well-researched, authoritative and highly readable book strikes at the heart of the problems we face, with the prison population at an all-time high and threatening the sector's ability to maintain regimes that are manageable, humane and effective.

Ruth Wyner, *Independent consultant and former prisoner.*

Does it really have to be like this?

Review of BBC's 'The Experiment'

The Experiment, a rehashed, glamorised and sensationalised version of Professor Zimbardo's notorious 1971 Stanford University experiment was the most brilliant rubbish I have seen this year. Marketed as some kind of bold

exploration of closed institutions, *The Experiment* provided four hours of glorious entertainment, but the makers should be careful in staking their professional reputations on it and just hope that nobody takes it too seriously.

A small group of carefully screened volunteers were selected to participate in an exciting social experiment. That was what they said about *Big Brother* when it was first screened, but the makers of that programme have since had the good sense to drop any pretence at scientific value and have accepted that 'It's only a game show ...'. In this new game show, the players were separated into guards and prisoners in a movie set prison on the George Lucas sound stage.

Although the programme had some lofty scientific ambitions, it often fell into ridicule. At one point, the master keys were stolen from the central control pod and were only subsequently returned in exchange for regular hot beverages. This reminded me of an episode in *Porridge* where McKay sneezes his false teeth into a vat of curry and has to pay Fletcher in order to have them returned. Little did viewers know that McKay's false teeth provided an insight into how valuable commodities influence power in a closed institution.

One of the eminent academics running the programme rightly claimed 'we will not have versions of *Big Brother*'s Craig and Anna'. However, the introduction of McCabe, a mysterious newcomer with a secret who changes the group dynamic then disappears as quickly as he arrives, did seem familiar. In the first *Big Brother*, Claire, with her secret plastic surgery arrived, got Craig in a lather, Mel in a strop and was then voted off in short-time. They might not have had their Craig and Anna, but they certainly had their Claire. Who knows, maybe McCabe will follow in her footsteps and turn up in a year pregnant by another one of the contestants.

The most ridiculous part, though, was 'Operation Mayhem' where two prisoners broke out of their cell and occupied the officers' mess. What was the response of the guards? One of them gave them a stern telling off for jeopardising the experiment and all the others went to bed. The makers would probably argue that what had occurred was that within the non-violent rules order had broken down. They would argue that in a real-life situation this would have been the point at which there was a riot or a breakout. Anyone watching, though, could hardly fail to notice that this really marked the point where even the participants resigned themselves to that fact that the experiment had turned into a bit of a joke.

Did the makers really expect anything different to what happened? Zimbardo degraded his prisoners right from the outset, blindfolding them, stripping them and delousing them. Simultaneously, he empowered the guards, giving them threatening looking attire and clubs and became one of them by acting as Chief Warden. Did he expect anything else other than the guards would start to assert strict, brutal authority?

The makers of this programme put the guards in a situation for which they had no training, there was no leader appointed, they had no effective sanctions and they had no protective arms. This was further undermined by the fact that they had appalling physical security (the lockable gates could easily be forced, the ceilings could be detached) and they were deliberately given poor procedural controls (the master key was kept on a hook on the control panel which prisoners could access). When the most ineffectual guard Tom Quarry decided to go mad, asking everyone 'Does it really have to be like this?', The inevitable conclusion is; yes.

The makers have claimed that the programme was not about prisons, it was about behaviour in closed institutions or more general social behaviour where inequality exists. Whether most viewers would have drawn this conclusion is more debatable. The set had been carefully constructed to resemble a prison and the participants were referred to as guards and prisoners. As one of the participants, Grennan, said , 'It's not exactly a seminary is it?'. This is important as many people would draw the conclusion that this provided a degree of insight into prisons and staff-prisoner relationships and behaviour.

However, what did the viewer see? The viewer saw prisoners who were disrespectful, dishonest, manipulative and verging on violent. They also saw guards who were helpless, disorganised and ineffectual. This programme could only support the superficial media and public perception that prisons are in perpetual crisis and criminals are worthless. Unfortunately, there is a risk that the pseudo-scientific facade would lend some spurious credence to that perception. It would be unfortunate if anyone took the programme seriously.

At times, *The Experiment* really did have something valuable to say about prisons. The most enlightening scene for me was where one of the guards, Grennan, engaged in a conversation with some prisoners about Twiglets and curry flavoured crisps. This epitomises the mixture of banality and surrealism that pervades the everyday staff-prisoner interactions. It was at times like this, when the programme and the participants stopped playing around and really started to get closer to the reality of imprisonment. However, like the fake headline 'Well Run Prison Has Quiet Day', that was never going to be a ratings winner and so we returned to *Porridge* and *Big Brother*.

Ultimately, this was enjoyable entertainment, not an experiment. At the end of the series, they tried to assert that they had cast some light upon the rise of fascism and the worst excesses of the twentieth century. In truth, this programme cast light on the more recent past; a May night in 2000 when ten young people entered a house in South London.

Jamie Bennett, *Manager of the DSPD Unit at HMP Whitemoor.*

PRISON SERVICE
JOURNAL

Purpose and editorial arrangements

The *Prison Service Journal* is published by HM Prison Service of England and Wales. Its purpose to raise and discuss 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 work 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.

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