Race in Prisons

Structured Communications in Prison:

a project to achieve more consistent performance and fairer outcomes for staff and prisoners

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What do prison landings have in common with aircraft cockpits and operating theatres?

This article is based on the idea that these are all situations in which the accurate transmission of information across hierarchical boundaries is crucial to solving complex problems. It argues that lessons learned — and in particular the tools developed to structure communications — in these parallel environments will prove useful to prison staff, improve prison performance on a range of indicators and reduce the levels of disproportion seen in outcomes for prisoners of different racial groups.

It goes on to outline the structured communication approach being piloted in HMYOI Aylesbury and other prisons during 2010. This has been adapted from similar techniques already used in aviation, medical, military and financial sectors[1], and argues that as well as helping staff to achieve greater consistency, and therefore operational effectiveness, this approach may also change factors in a situation sufficiently to change default responses, and thereby reduce the level of inequality in outcomes that we see across a wide range of activities and interventions in prisons.

Unconscious Bias

'Race Review 2008'[2] argues that the disproportionality in outcomes for prisoners of different racial groups seen in prisons, occurs principally where individual staff enjoy a high degree of autonomy in making decisions directly affecting outcomes. This leads us to examine the role of discretionary decision making and the potential for race bias to affect outcomes. Research on pervasive, unconscious race bias and its significance in predicting behaviour, described in more detail in Matt Wotton's article in this issue, as well as the progress already made in reducing the incidence of expressions of explicit bias, suggest that it may be fruitful to invest at least part of our organisational effort to ensure equality on tackling the effects of unconscious, or implicit, bias (as well as, or instead of, continuing to work on explicit bias through conventional, classroom-based diversity training sessions).

It is important to note that recognising the existence and impact of pervasive implicit bias does not mean that an organisation is relieved of responsibility for its consequences in terms of the unfair service that is provided for particular groups of prisoners. Just as a haulage firm or coach operator would not be permitted to manage shift patterns without taking account of the well-known phenomenon of driver fatigue, so a prison cannot continue to operate services without reference to the fact that the implicit biases held by its staff are likely to lead to unfair outcomes.

This is not an entirely new thought. Prison officers are trained to anticipate stress and 'tunnel vision' during the use of control and restraint techniques because we know that these naturally occurring phenomena can contribute to serious negative outcomes without mitigating strategies in place. We need to accept that implicit bias is a similar naturally occurring phenomenon in the operation of the brain, and to prepare for it in a parallel way.

Evidence from helping studies, described in more detail in Chris Barnett-Page's article in this issue, and research on strategies to compensate for prejudice[3] suggest that the impact of implicit bias on behaviour can be reduced or increased by changing situational factors. A structured communication approach, as well as having the performance benefits found in clinical, aviation and military settings (where it mitigates the effects of tendencies such as forgetfulness, stress, cognitive overload and over-familiarity or over-confidence), may also be a method of changing the situation in a way that reduces the disproportion in outcomes. And doing so without necessarily addressing explicit attitudes to race.

1. Soar, J., Peyton, J., Leonard, M. and Pullyblank, A.M. (2009) 'Surgical safety checklists' *British Medical Journal,* 21 January 2009 (338:b220).
2. National Offender Management Service (2008) 'Race Review 2008'.
3. Singletary, S.L. and Hebl, M.R. (2009) 'Compensatory strategies for reducing interpersonal discrimination: the effectiveness of acknowledgments, increased positivity, and individuating information', Journal of Applied Psychology, 94(3):797-805.

The tools

The remainder of this article introduces a suite of three tools that form the structured communication approach that is being piloted in a number of prisons in England and Wales during 2010. The first two, the Checklist and the briefing tool SBAR (Situation, Background, Assessment, Recommendation), are taken directly from the clinical setting and are for use between staff. The third has been developed specifically for the prison environment.

The Checklist

The checklist (as when surgeons ensure the correct personnel, instruments, machinery, drugs and patient details are in place before surgery) is inserted into a range of staff briefings at routine moments in the working day where vital information can be conveyed or lost. In prisons, from the governor's morning meeting, where an orderly officer's report is already recognisable as a kind of checklist, to a senior officer's wing briefing with landing staff, the checklist ensures each team begins operational tasks with a common understanding of essential details. Where factors such as disparate, conflicting individual assumptions and lack of specificity tend toward operational inefficiency or failure, the checklist creates a reliable team focus.

Experience of its application in clinical settings suggests that important factors in its usefulness are: that teams create their own checklists which are therefore of direct relevance, use language already commonly understood locally, and take account of local exigencies; that a given team checklist is then a consistent document physically present at the time of its use; that all its elements are verbally confirmed out loud among the relevant staff; that the checklist is brief, including only those elements critical to the success of the following operational tasks[4]. The

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checklist reduces human error and supports team effectiveness as seen in international trials of the surgical safety checklist, where mortality rates (death due to surgical error) fell by over 40 per cent.[5]

SBAR

SBAR is a briefing tool[6], usually used by one person passing information to one or more others, for example in routine scheduled staff handovers, other staff interactions where accurate and timely transmission of information is important, and in handling incidents. Like the Checklist, SBAR is aimed at consistently ensuring the timely understanding and application of critical information.

'Situation' is the punch line in 5-10 seconds. 'Background' is the context — objective data on how we got here; 'Assessment' is specification of the current status of the problem — in the medical context, the vital signs. 'Recommendation' is a positive suggestion of immediate next steps.

SBAR helps staff to get the important information across in a few seconds in a predictable and reliable way under conditions of stress and high cognitive load, conditions under which we know that communication and decision-making can be impaired. SBAR is also intended to benefit outcomes when staff alert senior colleagues of operational exigencies and the 'hierarchical gap' (as seen in aeroplane cockpits, military operations and hospital wards) can inhibit the flow of necessary, timely information.

SBAR provides a flexible and reliable aid to staff deploying sound professional judgement more consistently: for example the first on scene knows more precisely what is expected of their communication.

So, structured communication used in an operational environment between staff achieves greater consistency through simple memory aids.

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4.   Gawande, A. (2010) *The Checklist Manifesto: how to get things right,* London, Profile Books.
5.   Haynes, A.B. et al (2009) 'A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population', *New England Journal of Medicine*, 360 (5):491-499.
6.   Haig K.M., Sutton, S. and Whittington, J. (2006) 'SBAR: A shared mental model for improving communication between clinicians' *The Joint Commission Journal on Quality and Patient Safety*, 32(3): 167-175.

RECODE

RECODE also aims at consistency of skilful practice: in this case, the ability of prison officers to manage the needs and expectations of prisoners. It aims to help officers create conceptual simplicity and order when dealing with the myriad needs and requests of prisoners and also when communicating necessary instructions to prisoners.

This prototype assertiveness tool follows the principles underlying assertive communication models in Offending Behaviour Programs (OBP) delivered within NOMS, using a predictable sequence of informational categories to achieve the best result for both parties in a potentially contentious exchange. RECODE is a memory and communication tool for staff to get the best outcomes from exchanges with prisoners. It differs from SBAR in that it is a framework for dialogue (rather than briefings and reports of incidents), but makes available the benefits of clarity and consistency to officers and prisoners in the massive volume of their interactions.

The mnemonic RECODE refers to:

Prisoner	Officer
Request	Restate
Context	Consequences
Describe impact	Decision

This prototype is intended to be refined through operational testing, in concert with guidance from NOMS colleagues responsible for authoring and managing our Offending Behaviour Programmes. RECODE may give landing officers, and all staff, routine opportunities to reference and reinforce the learning and development occurring already in OBP group room settings. The pilots will investigate the effectiveness of RECODE and its refinements, in giving staff and prisoners an opportunity to slow down an interaction and insert a value-neutral exchange of information, so as to understand each others' perspective quickly and efficiently.

The piloting of communication tools found useful in diverse professional settings with recognised formats for a variety of conversations may help avoid adverse outcomes caused in prison by such universal experiences as memory-lapse, hierarchical gaps, inter-disciplinary unfamiliarity and even the fundamental and absolutely necessary power difference between officers and prisoners. Structured communication's potential contribution to race equality is being tested in an attempt to translate the growing understanding of the impact of unconscious bias into a practical means of reducing its harmful effects on the lives of prisoners and staff. If successful, as measured by a reduction in indicators of stress, conflict and ethnic disproportionality within prison, the findings will be of wide significance.