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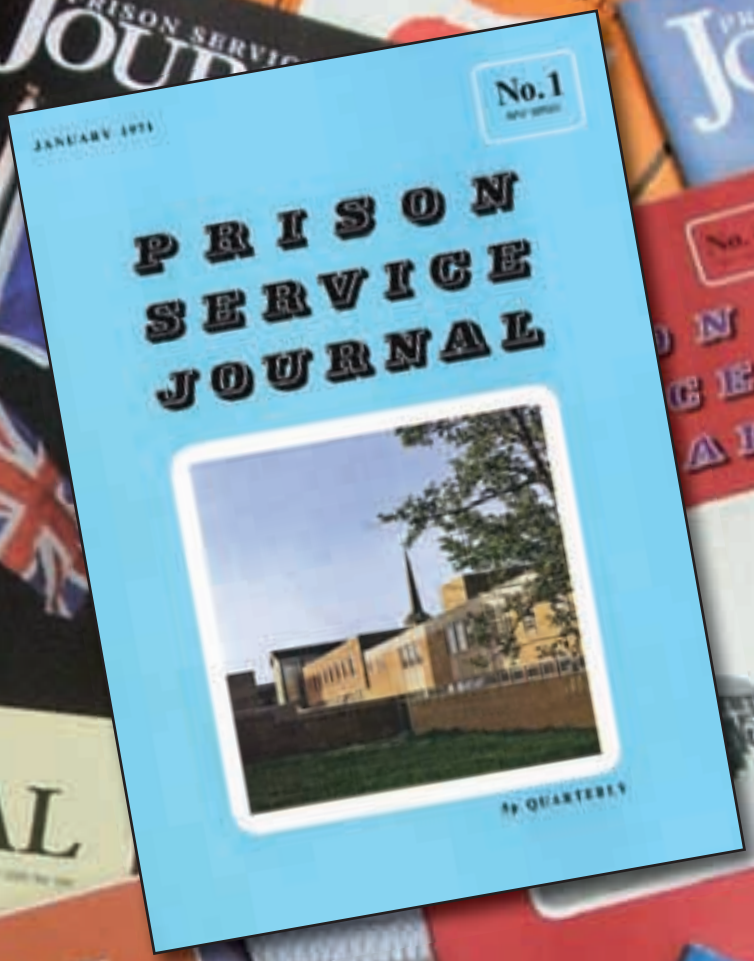

200th Edition

Reflections on 'Future Role of the Prison Officer'

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Writing in the first edition of the Prison Service Journal in 1971, Hospital Officer D W Mannering did not intend his views on the future role of the prison officer to apply to officers working in all prisons. Overcrowded local prisons necessarily required more 'authoritarian regimes'. Rather his preferred model for the most part reflects his ideal of officers working in treatment regimes, particularly those of his uniformed colleagues at Grendon and even more particularly of his fellow Hospital Officers who were at the time employed in the delivery of therapy. For me, his comments have a special relevance precisely because they confront issues of authority, discipline, security and training which remain to this day pertinent to the prison officer's dual role as discipline officer and rehabilitative therapist in Grendon's therapeutic communities.

Having recently retired after nine years of governing Grendon, I have inevitably spent time reflecting on the developments and trends underpinning Grendon's therapeutic tradition. There is much on which to focus my attention for, besides drawing on personal experience, there is a vast literature on Grendon covering half a century. Grendon would appear to be the most researched prison in the UK. Its unique status, along with its highly distinctive regime, articulated by democratic principles of openness, trust, individualism, tolerance, challenge, respect, humanity and decency, attracts a wide range of comment and debate. It's effectiveness in the positive engagement of prisoners with personality disorders and histories of disruptive behavior, along with its low levels of bullying, self-harm, drug use and resort to the use of force as a means of control, have earned the prison consistently good reports from Her Majesty's inspectors. Relationships between staff and prisoners are highlighted as being exceptionally positive. The latest unannounced report on an inspection conducted in the summer of 2011 comments again on the prevailing climate of respect, decency and humanity.

Judging by Mannering's opening comments it would appear that some trends never change. 'Our prison population, in 1970, rose to over 40,000', and with an eye on the latest forecast, 'will rise to 50,000 by 1980… the problem is reaching crisis proportions'. What is more, in an 'enlightened world' ideas of 'freeing the minds of our law-breakers from their delinquent habits… is a splendid ideal… rarely supported by realistic suggestions on how it could be realized, especially at a time when we… are constantly reminded that the Chancellor's purse strings control the rate of our progress'.

And yet despite overcrowding and financial constraint, Mannering finds reason to be optimistic. By analyzing themselves and their work, prison officers can help seek solutions to current problems. They could work with probation officers in providing alternatives to custody such as hostels, community work projects and even weekend imprisonment (as in Holland and Belgium). Prison officers could be trained to develop such projects thereby preventing a further rise in population — 'the day of the uniform clad ostrich is over!' Somewhat surprisingly, he misses the opportunity to argue that good professional training in preparation for the treatment role which he advocates could also lead to a reduction in reoffending and a halt to the ever rising population.

Mannering was writing when the rehabilitative dimension of imprisonment had held sway for some time. He describes how borstal boys can be encouraged to develop self-discipline and to overcome their suspicion of authority. Moreover, Grendon had, as it does now, an enviable reputation for its rehabilitative ethos and regime. It held a special place in the Prison Service's strategy to treat difficult prisoners, including those with personality disorders. Less than a decade old, Mannering's Grendon had opened in 1962 accompanied by a fanfare of optimism as a 'unique experiment in the psychological treatment of offenders whose mental disorder did not qualify them for transfer to a hospital under Section 72 of the Mental Health Act 1959[1].

Grendon's inception had deep roots. A report by Drs Norwood East and Hubert in 1939 had recommended that 'the most satisfactory method of dealing with abnormal and unusual types of criminal would be by the creation of a penal institution of a special kind'. Meanwhile, in the twenty years or so which followed, the therapeutic community philosophy and methods of

1. Genders, E. and Player, E (1995) Grendon: A Study of a Therapeutic Prison. Clarendon Press: Oxford, p. 5.

practice were developed, notably by Wilfred Bion, and subsequently by Tom Main, at Northfield psychiatric military hospital, and also by Maxwell Jones at Mill Hill in north London. Jones led a social rehabilitation unit for the treatment of personality and psychopathic disorders. Three years of independent research by a team of social anthropologists, encouraged by Jones and led by Robert Rapoport at the Henderson Hospital 'identified four complementary and independent principles… intended to realize the inherent therapeutic and rehabilitative potential residing within the community' including democratization, communalism, permissiveness and reality confrontation.[2] But the outbreak of World War II and other bureaucratic delays meant that Grendon did not finally open until 1962.

Although Mannering and his contemporaries were still enjoying strong official support, he might also have sensed that rehabilitative philosophy in the wider Prison Service was already on the wane. Genders and Player paint a bleak picture of the two decades which followed, populated by prison staff engaged in a desperate and relentless task of damage limitation in the face of successive waves of industrial action, rising population and the mutinous activities of prisoners, culminating in 1990 with the disturbance at HMP Strangeways in Manchester: 'the Prison Department became preoccupied by issues of security and control'.[3]

Open Mind reported on the threat to Grendon: 'There are few constructive initiatives within the British prison system and Grendon appeared to be an island of care, compassion and help in a sea of indifference, decay and squalor'.

Grendon was not untouched by rumblings in the wider estate. In January 1984 the Guardian cited a report by the National Association of Probation Officers pointing out that Grendon was overcrowded and 'so seriously understaffed that it can no longer offer the kind of therapy that has earned it international acclaim since it was established 21 years ago'. Open Mind[4] reported on the threat to Grendon: 'There are few constructive initiatives within the British prison system and Grendon appeared to be an island of care, compassion and help in a sea of indifference, decay and squalor'. A therapist at Grendon had complained that a response to an escape in 1981 had led to restriction of access to areas outside the therapy units contributing to 'an atmosphere more closely resembling a conventional prison'.[5]

The time was ripe for rethinking Grendon. In March of the same year the Home Secretary responded by setting up an advisory committee (ACTRAG) to review the therapeutic regime. Grendon had until this time treated less serious offenders mainly serving sentences for acquisitive as opposed to violent offences. For some critics of Grendon the therapy was excessively focused on the welfare of the patient more than the need to reduce prisoners' likelihood of reoffending. Senior Prison Service managers became concerned for Grendon's inflexibility and lack of response to the needs of mainstream prisons to manage difficult and disruptive prisoners.[6] The final report included recommendations which would require Grendon to provide for the treatment of sociopaths, sexual offenders and long-term and lifer prisoners.

Along with these recommendations came a decision which would establish a fundamental change to the Grendon management structure. The Medical Superintendant, hitherto in charge of the prison, would be replaced by a non-medical governing Governor. This decision only served to exacerbate fears for Grendon's survival as a unique treatment facility; and there was the ever present threat that it would become a mainstream prison. It also stirred concerns for the authority of the medical or clinical line, a tension which exists to this day. But these fears were not new. They were in circulation when Mannering wrote his piece for the Prison Service Journal. Tim Newell, my predecessor at Grendon, recalls the early days when he undertook a shadowing placement as a young governor grade at Grendon in 1970. He mentions a major conflict 'between health matters and therapy issues on the one hand, and safe custody and security on the other'[7].

2. Stevens, A. (2010) Introducing Forensic Democratic Therapeutic Communities. In Sullivan E and Shuker R *Grendon and the emergence of therapeutic communities: Developments in research and practice* .London: Wiley, p. 10.
3. Genders, E. and Player, E. 1995: 1-2.
4. OPENMIND. (April/May 1984) No. 8.
5. Ibid.
6. Cullen, E. (1998) *Grendon and Future Therapeutic Communities in Prison. London: Prison Reform Trust*.
7. Smartt, U. (2001) *Grendon Tales: Stories from a Therapeutic Community*. Winchester: Waterside Press, p. 98.

This then is the context in which D W Mannering set out his vision for the future role of the prison officer and these are some of the themes which have continued to have lasting relevance at Grendon. The ambiguous structure of Grendon as a therapeutic community within a prison, as well as within an encapsulating Prison Service, generates a play of power relationships which are both internal to Grendon and extend beyond Grendon. It is this context that helps us to understand more fully how Mannering's views on the role of the prison officer reflect, and indeed are shaped by, the complex dynamics, tensions and conflicts that are integral to the life of a therapeutic community prison.

For Mannering, then, the kind of authority exercised by Prison Officers in mainstream prisons is unsuitable for prisons like Grendon 'where treatment is the first essential'. For the rehabilitation of 'delinquents' he advocates not the authority of the 'rule book and uniform', but a 'reduced authority' which removes the 'them' and 'us' syndrome and expects the prison officer to employ his day-to-day contacts with prisoners in encouraging self-discipline through reasoned discussion and good example. He takes particular issue with the influx and influence of prison officers from the armed forces. He considers them to be too rigid and military in character, totally unfitted to a treatment role. Although I can understand Mannering's concerns about the possible adverse effects of importing a strong military influence, I should also add that my experience of former armed forces personnel working in Grendon is generally one of highly successful adaptation to the principles of therapy.

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In his wish to reduce authority, Mannering also confronts the issue of uniforms. Because all officers should ideally be involved in treatment as a means of encouraging a 'better and useful life', all uniforms should be discarded. For Mannering, the argument which supports the wearing of uniforms as assisting in asserting authority does not hold water. Uniforms have been unsuccessful in reducing tensions in prisons. He concludes: 'abolishing all prison dress must surely be inevitable, for it is incompatible with enlightened practice.'

That Mannering's prediction has not come true is perhaps largely due to Grendon's integration within the mainstream Service dating from 1985 with the appointment of a Governor in charge. Although I was aware of the occasional Grendon officer who would have preferred to wear civilian clothes, most seem to be perfectly comfortable in uniform. Prisoners seldom complain. Rather the prevailing view is that prisoners who are accustomed to feel wary of authority figures learn that officers can be trusting and trusted in spite of the conspicuous display of their authority. What is important is that an officer's individual personality shines through and the prisoner begins to see that authority need not be oppressive or threatening and can be warm and respectful. Besides, prison officers at Grendon, although dedicated to their therapy duties, also tend to value their official identity as part of a wider public service and would not be prepared to give up a fundamental symbol of their status, especially when it seems to be unnecessary. A similar justification was voiced a few years ago in a debate at Grendon on the Prison Service requirement for all officers to wear batons. Most were in favour even though I cannot recall a single incident when batons have been drawn.

Mannering reflects another longstanding debate when he complains about excessively high levels of security. As he saw it, over-reaction to an escape led to unfortunate recommendations being implemented following the Mountbatten Report. While special attention should be given to men considered to be dangerous, the overuse of limited resources in containing petty criminals is unnecessary. Mannering's idea of good security is unobtrusive security; more like the dynamic security described by Ian Dunbar some years later.[8] It arises inevitably from a prison officer's close engagement with prisoners, or as Mannering explains, 'if he follows the behavior pattern of those he is responsible for closely, he will be aware of the atmosphere which hints at a breach of security'.

Physical and procedural security arrangements are much tighter nowadays; escapes and their ensuing political repercussions are less tolerable. We have already mentioned that most Grendon prisoners in Mannering's day were serving sentences for less serious offences. But there has been a recurring theme in the approach to security at Grendon which values dynamic or therapeutic security and the intelligence which emerges from close prisoner-staff relationships over and

8. Dunbar, I. (1985) A Sense of Direction. HMSO.

above excessive measures of control, surveillance and containment. An over-rigorous approach can damage relationships of trust painstakingly built up in therapy. That effective security is essential is not in question, rather it should be exercised subtly and unobtrusively. I have discussed these issues at length elsewhere, along with the need to ensure that staff maintain a balance between the potentially opposing interests of security and therapy.[9] There are of course times when rigorous interventions are necessary, a full search of prisoner accommodation, for example. But unless undertaken with due care and sensitivity, such actions are likely to hinder the therapeutic process. I was to learn this lesson the hard way soon after arriving at Grendon in 2002. The loss of an electric drill had necessitated a full search. The insensitive way in which the search had been conducted enraged many staff and prisoners alike, revealing ancient fault lines which I later described as 'a playing out of the stereotypical conflicts between therapy and security and more specifically of where authority and power should ultimately lie, in the therapeutic or operational line'.[10] Maintaining a balance is a constant preoccupation. No doubt Mannering would have insisted that officers should pay due regard to both aspects of their role.

Mannering's vision of the ideal prison officer is therefore one of the consummate professional. As such he, for he is invariably male, must be better equipped for the specialized work envisaged. He suggests a two-tier training programme beginning with an induction course and followed by a more academic course once the probationary period has been completed, dealing with 'aspects of social work a prison officer would be likely to encounter'. Syllabuses should include 'subjects with social implication', with additional courses in social and economic history. These would help to encourage an 'enlightened attitude'.

He was acutely aware of the need for qualifications and training, particularly in his position as a hospital officer. Therapy at Grendon was largely the preserve of hospital officers in association with other specialists. He was also aware that as a hospital officer he was often required to undertake work which required medical knowhow. It is unsurprising that he encourages hospital officers to 'extend their knowledge and satisfy State registration standards'. I think he sensed that the writing was already on the wall for hospital officers; perhaps he thought that professional qualifications might well secure their future in prisons.

Hospital Officer Mannering emerges as a dedicated, compassionate and skilled professional who gave a great deal of thought to the development of the prison officer's role. He was prepared to pursue the necessary qualifications for his clinical work. He was also keen to acquire a broader knowledge of social issues. In his spare time he helped out at the local hospital casualty department. As such he belongs deservedly to the well-established Grendon tradition in which prison officers work alongside specialist staff in delivering high quality therapy and demonstrating over and over again that prison officers can make a deep and lasting difference in treating and rehabilitating offenders with complex needs. If D W Mannering could see his officer successors at Grendon today he would be justifiably proud of their attitudes and achievements.

9. Bennett, P. (2010) Security and the maintenance of therapeutic space: a Grendon Debate. In *PSJ* no. 187.
10. Bennett, P. (2007) Governing Grendon Prison's Therapeutic Communities: the Big Spin. In Parker, M (ed) *Dynamic Security: The Democratic Therapeutic Community in Prison*. Jessica Kingsley: London and Philadelphia, p. 211.