

# PRISON SERVICE JOURNAL

March 2018 No 236



**Perrie Lectures 2017:  
Can any good come of  
segregation?**

# Segregation — Creating a New Norm

*Richard Vince* is Executive Director of the Long Term and High Security Estate in HM Prison and probation Service.

*'I've seen a lot of men broken by segregation since I've been here. That's not right; that's why it is so important that we do this. We have a responsibility to make this better. It's early days — changing the culture of a segregation unit, particularly in a dispersal, is a big thing to do. But we've seen already that the HOPE(s) approach has started to change the mind-set of staff working in segregation. People are asking questions now which they didn't used to ask. They are starting to question whether it is right to keep someone in segregation, whether it really should be all about punishment, and to start to look for ways to get them out rather than just accept some prisoners staying in there for a very long time. That's a significant achievement'.*

Segregation Unit Custodial Manager, Long Term and High Security Estate.

The Long Term and High Security Estate (LTHSE) is a heavy user of segregation. We have the highest proportion of long term segregated men in all prisons in England and Wales. LTHSE currently holds 248 prisoners in segregation across 15 establishments.<sup>1</sup> The length of stay varies with the longest serving prisoner being held for a total of 598 days. Of the current population:

- 54 Have been in segregation for less than one week
- 80 for more than a week but less than a month
- 69 between 1 month and 3 months
- 35 between 3 months and 6 months
- 5 between 6 months and a year
- 5 men have been in segregation for over 12 months

In recent months we have seen a reduction in the number of long term segregated men however we have seen an increase in the number of prisoners staying between 42 and 84 days.

LTHSE currently holds 52 prisoners under Close Supervision Centre (CSC) conditions. Although the length of stay varies, these individuals tend to be held in CSC conditions for considerable periods of time for intensive work and progress. Of The current CSC Population:

- 3 have been in CSC for less than 6 months
- 1 for between 6 and 12 months
- 11 between 1 and 2 years
- 17 between 2 and 5 years
- 10 between 5 and 10 years
- 4 have been in CSC for longer than 10 years

We have a large group of men who are serving long terms in segregation, many self-isolating and choosing not to leave our segregation units, often for many weeks, months and in some isolated instances a number of years. We are also an estate that has the highest use of deep custody — segregating men in our CSCs under Prison Rule 46 — those that are the most violent in our system. We operate a Managing Challenging Behaviour System (MCBS), which includes a discrete 'central' unit, and some may think that our recently opened Separation Centre for the management of those who present the greatest risk around extremism and radicalisation is another form of segregation. Not so. Whilst removed from general association, these are not segregated conditions that would meet the type of definition internationally accepted as:

*'Confinement of prisoners for 22 hours or more a day without meaningful human contact.'*<sup>2</sup>

I will come back to the specialist units but will begin by looking at segregation units.

There are 12 segregation units in the LTHSE ranging in size from 12 to 35 cells. All are small and isolated. The units contain complex, vulnerable men who frequently have unmet or even unknown needs that contribute to their location and predicament. To deal with this, we relocate these men into a restrictive, intense environment which is well established to be both potentially physically and psychologically damaging and can generate secondary effects of seclusion, perpetuating a vicious cycle whereby segregation makes a person's behaviour worse, which in turn makes it more difficult to relocate them, and so on. This can be compounded by other issues such as the use of force — in men with trauma histories for example, this can re-traumatise them and result in more refractory and violent behaviour.

1. Correct as of 07 September, 2017.

2. UN Standard Minimum Rules on the Treatment of Prisons (2015 Revision) ('Mandela Rules') available at <http://solitaryconfinement.org/uploads/MandelaRules2015UNdocRev.1.pdf> accessed on 05 December, 2017.

Small groups of staff are tasked with the care of this highly complex, challenging and often volatile and violent group of men: add to this complexity high levels of extreme self-harm, dirty protests and various other forms of maladaptive behaviour and you have arguably one of the most challenging environments in which to work, and of course live. The staff receive comparatively little training, supervision or professional development compared to similarly intensive and complex environments. We ask them to work with the men in the units, to seek to intervene and provide them with support to return to main location. We expect them to work across a range of services and co-ordinate care and intervention. For their part the men are expected to modify, or at least moderate, their behaviour, to comply with the unit 'regime' and to 'progress' back to normal location — if they do not then they have been punished, the expectation being they will 'give in' and do as they are told: comply, accept the discipline and authority of the prison.

This is often the reality of the units and it is significantly different to the expectations set out in policy, of which I will speak next. Large groups of highly complex men held in small intense units with the expectation that this will do anything other than compound their situation let alone provide a suitable environment to achieve positive outcomes, either for the establishment or the individual. Could there be a worse environment for an autistic man for example to 'address and improve' his behaviour? The reality is that the complexity of the task means that providing even the most basic care — showers, telephone calls, exercise — can be compromised and, in the absence of any meaning to the situation, a vicious impasse, almost a battle of wills, ensues; a cycle of resistance and punishment.

International research would suggest that such segregation is ineffective and indeed counter-productive.

In this edition of *Prison Service Journal*, Flora Fitzalan Howard's article reviews the literature on the effect of prison segregation. The research, albeit emanating largely from the US, suggests that using segregation to manage custodial misconduct may be ineffective, as it does not lead to differences in later misconduct or violence: therefore segregation when used similarly to our R45b does not seem to act as a deterrent. This paper also highlights that segregation may actually increase people's risk of future serious or

violent recidivism, with some international studies showing significantly higher rates of reconviction for these crimes in segregated prisoners post-release than non-segregated prisoners. Being released directly from segregation is also potentially associated with poorer outcomes. This adds to the dilemma; as I read it, the message from this paper is that unless you are using segregation as a last resort to manage imminent custodial risk in situ, then it is pretty ineffective at dealing with violence, both in custody and beyond.

Given the operational realities and the international research into the effects and outcomes of long-term segregation we must question whether how segregation is used is consistent with a reforming organisation placing safety and rehabilitation at its centre? Indeed, is it an acceptable level of humanity in a modern society? Is the current use of segregation actually an outmoded concept, something that we will

look back on in years to come and regard as archaic in the same way that we now view the practice of placing suicidal men in 'strip cells'?

Can such an approach do anything more than strip away a man's hope, destroy any meaning that he has in life that enables him to make sense of his predicament and deprivations? Do we debase his humanity and make him merely an object to be managed, devoid of the most

fundamental needs of the human condition; meaning to life and hope? Or can we fulfil the need to maintain order and control, protect others and the person from harm in ways that do not result in further harm and do not debase the individual or indeed our profession? I argue that we can.

To advocate such a position is a difficult proposition in the current operating context but all evidence indicates that whilst segregation, or isolation, can help to contain the immediate presentation or acting out — and we will always need capacity to this — it does not reduce the risk of violence. Indeed it can compound and increase such risk — the diametric opposite of what was intended. Evidence indicates that such use of segregation in fact undermines safety, rather than increases it.

Within LTHSE we choose to focus on the best a person can be, not the worst they have been; we believe in creating meaning, purpose and hope for men often held in the most restrictive conditions that our society tolerates. As Friedrich Nietzsche said: 'He who has a why to live can bear almost any how'.<sup>3</sup>

Within LTHSE we  
choose to focus on  
the best a person  
can be, not the  
worst they have  
been...

3. <https://www.working-minds.com/FNquotes.htm>

## Setting Practice within Policy

Current policy determining segregation practice is set within Prison Service Order 1700.<sup>4</sup> Surprisingly the policy itself has only been subject to three main revisions in the last 17 years: 2003, 2006 and 2009, with amendments to authorisations for long term segregation made as administrative changes in late 2015. Given the pace and nature of change during this time within HM Prison and Probation Service, the lack of policy shift seems surprising, and without being personally critical of those involved, disappointing.

Reviewing the now online, paperless version of 1700 quickly reveals a prioritisation of audit compliance, protocols to offer administrative assurance and a distinct focus on managing those segregated through template forms and paper-based systems. These systems focus on safeguarding and regime access rather than the underlying necessity and original driver for segregation, and do not link explicitly to any exit planning or reducing the duration or depth of segregation itself.

1700 sets the purpose of segregation as per the prison rule being used to authorise its use. This rather sterile application of purpose as set out in the policy is again linked to the associated procedures that must be adhered to dependent upon the rule applied — frequency of observations for example. I accept, of course, that much of our work in the custodial world has to be underpinned by process and given the justifiable level of scrutiny to the use and application of segregation, assurance and compliance are a necessary part of this policy. It is however the seeming lack of any language that speaks of hope, of restoration, of reengagement and reintegration in its most meaningful sense that appears absent from our own policy.

Indeed, you must go through nine sections of 1700 detailing process and audit compliant paperwork before reaching the penultimate section titled 'General Information' to find discussion relating to exit planning and alternatives to segregation. One of these alternatives is transfer to another prison when the following is determined to have occurred — *'the prisoner's attitude and behaviour has become such that staff and others have lost confidence in the prisoner's*

*ability to change in their current environment'*. That is a hard hitting sentence for me to reflect what exists in our current policy, live in 2017. That we have lost hope. That the only option is to transfer that person and their difficulties and likely perennial issues, carried no doubt for years, to another place, for others to begin the process afresh. For those colleagues in the audience joining me from prisons — how many times have you seen this happen? How many Tornado<sup>5</sup> moves have carried these very men across the country, over and over again? This is segregation and segregation policy at its worst. Admitting defeat, sacrificing hope and moving the problem. Our policy allows it, or allows us to consider it at least.

That the only option is to transfer that person and their difficulties and likely perennial issues, carried no doubt for years, to another place, for others to begin the process afresh.

This is not intended to be a heavy critique of the policy wholesale. Indeed there is a necessity for us to manage refractory behaviour and to manage it safely, safeguarding our staff and other men, for us to ensure the impact of activities such as dirty protest and active violence toward others is minimised. 1700 allows us to do this lawfully, safely and discretely away from the rest of the population. It allows us to ensure external scrutiny has a framework against which to offer a measure of consistency and that a measure of independent authorisation is applied. These are of course necessary and feed into our own very key arguments about why procedural justice need to be central to our practice.

As we head into a thorough revision of the policy this year, and I am very aware those responsible for carrying this out are here today in the audience, I implore those colleagues to create a policy that challenges us to do what needs to be done — to create a policy that can be so successful that it eliminates the need for segregation and segregation units as we know them today. To be ambitious, to have hope, responsibility, reengagement and integration at its heart and to ensure that our staff have absolute clarity of purpose, unshakable confidence and the resources to do what we are asking them to do.

## An Alternative Way

High Security prisons have been on a journey that aims to re-orientate what Ben Crewe, Alison Liebling

4. Available at <https://www.justice.gov.uk/offenders/psos> accessed on 05 December, 2017.

5. 'Tornado' is a system of regionally and nationally co-ordinated operational support in order to respond to incidents in prisons.

and Susie Hulley would call a 'heavy present' culture<sup>6</sup> dominated by security considerations into being places where there is a clear Rehabilitative Culture.<sup>7</sup> That is not to say, I must be clear, that there is no less a focus on security and preventing escape but we have gradually continued to change our prison cultures into environments that put the person, personal relationships, choice and active citizenship at the heart of the secure communities that we are responsible for.

In the LTHSE context a Rehabilitative Culture is one where all aspects (our behaviours, attitudes, the observable things around us) are safe, decent, hopeful and optimistic about stopping offending. It is a culture that focuses on creating the circumstances, conditions and opportunities to help people change their behaviours and not simply managing them, requiring a careful balance of control (to provide safety) and flexibility (to provide opportunities for learning and change). Rehabilitation isn't something that is done by one particular team or activity. Our environment, relationships, management approach, and the policies and processes we employ across our prisons can all support or undermine rehabilitation and our use of segregation is a key part of this. Focusing on circumstances, conditions and opportunities for people to change rather than simply managing their presentation can change the way we think about how we use segregation. A rehabilitative culture also has a key focus on generating hope; something that is critical for change but something that was lacking for some of our staff and prisoner groups. In working towards developing a more rehabilitative culture people need to know what is in it for them — we are clear that this type of culture improves safety.

### Progress

Alongside our development of Rehabilitative Cultures within our prisons we have, successfully I would argue — but I await a HM Inspectorate of Prisons report on the system shortly to say with authority — changed the CSC system and its ethos. CSC separates the most violent men in our prisons from

Focusing on circumstances, conditions and opportunities for people to change rather than simply managing their presentation can change the way we think about how we use segregation.

the mainstream and holds them — as you would expect — under close staffing supervision. Much of what we have done within CSCs resonates with the chance to change from the current norm of segregation. We have an overarching ethos in CSC of putting the prisoner — the person — at the centre of our approach. We undertake risk assessment, psychological and mental health assessments, multi-disciplinary case management and ongoing review. The aim being progression out of the CSC system permitted by the lowering of risk. We do hold men in CSC in 'deep custody' but this by no means implies that we aim for confinement in a cell without interaction. We work to progress prisoners to open, individualised regimes. A

man living in the CSC at Full Sutton for example will get access to on-unit work and education, regular individual sessions with personal officer and psychologist, association with the other men, self-cook, access to the gym and access to the exercise yard which has poly tunnels and work cultivating a lush floral array of plants and hanging baskets. Such regime expansion is developing across the system. We do not try to 'fix' everything about the man and why he is in prison prior to progression, but we focus on addressing the reasons, issues and needs that brought him in to CSC.

The lessons from the CSC system and the very enabled and therapeutic environments we are creating with rehabilitative culture, and a focus on the person and progression at their heart, whilst still managing risk, and still operating very detailed procedural security, I think, is the best example and lesson for how a system can change and where we can go with segregation. This will allow us to change from the norm where the blunt instrument of segregation and cellular confinement is the only solution to risk.

So, in real terms, what precisely have we done to reduce seclusion in our CSC and segregation units since 2015, and to improve the quality of life and progression prospects of the men living within them?

Firstly, as discussed, we are working hard to develop the culture and environment in segregation and CSC units: the foundation for this is the continuous

6. Crewe, B., Liebling, A., and Hulley, S. (2014) *Heavy/Light, Absent/Present: Rethinking the 'Weight' of Imprisonment* in *British Journal of Sociology*, 65(3): 387-410.  
7. Mann, R., Fitzalan Howard, F. and Tew, J. (2018) *What is a rehabilitative prison culture?* In *Prison Service Journal* No. 235, p.3-9.

development of a rehabilitative culture within segregation and CSC/MCB units which empowers, involves and supports both prisoners and staff. Developing cultures which create hope and better support change and progression is of critical importance for men within CSC and segregation units. All CSC units are working towards obtaining Enabling Environments (EE) status with the Royal College of Psychiatrists,<sup>8</sup> with the first assessments taking place at the end of August — we await the outcome.

We have introduced the Ashworth Hospital model for reducing long term seclusion: Ashworth Secure Hospital, Mersey Care NHS Trust, use a model called the HOPE(S) recovery based approach to reducing long term segregation which is based on research and clinical practice. The HOPE(S) approach aims to:

- ❑ Harness the system and engage the person
- ❑ Provide Opportunity for positive, structured activity in an enabling environment
- ❑ Looks at Preventative and protective factors
- ❑ Enhances and maintains individual coping skills
- ❑ Within the context of management of the wider System throughout

This approach consists of a checklist (the Barriers to Change Checklist or BCC) to assess barriers to progression from seclusion, a model to guide interventions, and practical strategies to use to work with staff and individuals in segregation. The model offers practical ways to affect the progress out of segregation. The HOPE(S) training package, revised to fit into prison segregation unit practices and issues, was delivered in July 2016 to 30 staff in HSE segregation and CSC units. This was followed by a supervised/supported plan for implementing the programme from Ashworth Hospital within the three segregation unit pilot sites (at HMP Long Lartin, Belmarsh and Wakefield and the inspiring work on the First Unit at Full Sutton). A number of men in the three pilot sites, and at Full Sutton, have now been managed in segregation in line with this approach as part of the pilot phase. The HOPE(S) manual has also been adapted for use with relevant CSC prisoners and has been incorporated into their care and management planning accordingly. Further HOPE(S) training has been delivered by in-house trainers in July 2017.

Developing cultures  
which create hope  
and better support  
change and  
progression is of  
critical importance for  
men within CSC and  
segregation units.

A big part of the HOPE(S) approach is changing culture in prisons and segregation units regarding the use of segregation. Some of the initiatives introduced as part of the HOPE(S) approach into pilot sites includes:

- ❑ Use of a pre-segregation risk assessment to divert from segregation where possible.
- ❑ Low stimulation areas.
- ❑ In-cell activities.
- ❑ Protected personal officer time.
- ❑ All-in-one segregation unit rounds to release staff for constructive engagement.
- ❑ Risk assessed group exercise and meals.
- ❑ Individualised care and management plans based on BCC.
- ❑ Escorted engagement in programmes and education.
- ❑ Positive staff briefings.
  - ❑ Post-incident debriefs.
  - ❑ Exit interviews with prisoners to learn from their experience of segregation.
  - ❑ Off unit adjudications — wing based.

One of the experiences drawn from the pilot is that, paradoxically, efforts to progress men too quickly from long term seclusion can be counter-productive and result in their remaining in segregation for longer. To overcome this, one of the pilot sites has formally introduced the concept of the 'Progressive Segregation

Pathway' for identified prisoners, for whom it has been agreed that a slow and supported reintegration plan is going to be more effective at retaining a successful, safe move to normal location in the longer term.

The Motivation and Engagement (MandE) component of the *Chromis* programme (an intervention for violent psychopathic men currently delivered in the Westgate Unit at HMP Frankland) has been introduced into segregation pilot sites and four CSC sites, to try to provide men with a formal opportunity to review their choices and decisions related to their present circumstances and to consider a more progressive future. It is early days for segregation units, but a number of men in CSC have now successfully completed MandE and have progressed onwards within the CSC system — in some cases these are men who have historically not engaged for a number of years.

A significant element of the work we are doing is better equipping staff working in segregation and CSC

8. Royal College of Psychiatrists (2013) *Enabling environment standards* London: Royal College of Psychiatrists. Available at <http://www.rcpsych.ac.uk/pdf/EE%20LS%20Standards%20Document%202015%202.pdf>. Accessed on 29 June 2016.

with the knowledge and skills to work with the array of complex needs presented by the men residing there. To achieve this, we have:

Delivered Autism Awareness training to staff in all units in collaboration with a fantastic initiative being delivered at HMP Wakefield, a prison which is acutely aware of the complex and vulnerable needs presented by men on the autistic spectrum and/or with intellectual disability. Unfortunately, these men often struggle to adjust to, cope with or even understand life in prison. Their consequent behaviour and ways of dealing with confusion, overload and often distress can present as disruptive, difficult to manage or even violent — these difficulties will in my view make these men more vulnerable to a one-size-fits-all approach to managing 'strange' or disruptive behaviour: relocation to segregation. But do we really understand their complex needs to help us both prevent this happening in the first place, and support progression from segregation where this has not been possible? To help with this, Operational Autism Champions have been identified in each segregation and CSC unit. Autism Awareness Training has been delivered to them for expansion in situ.

Staff across all segregation and CSC/MCB units within the LTHSE attended 'Becoming Trauma Informed' training in June 2017, delivered by *One Small Thing*,<sup>9</sup> who have already done a lot of work in the Women's Estate. The goal of this was to increase understanding of the impact of trauma upon prisoners, particularly those with complex needs in segregation and CSC/MCB units, how to identify/support and understand this, and to try to consider how restrictive practices can impact upon men with trauma histories, further linking with both custodial violence and distress. This was an initial awareness event, following which the service will be developed further in early 2018, taking into consideration close links with Rehabilitative Culture developments. This will incorporate a more comprehensive, bespoke awareness package for staff which can subsequently be rolled out across each prison accordingly, the development of a toolkit for making units trauma informed and the ultimate delivery of interventions for men with trauma histories. I think that appreciating the

impact of trauma upon male prisoners, and its links with their behaviour in custody, is something which has traditionally not been given the attention it deserves. We hope to change this.

A 12 month contract with the *Disabilities Trust*<sup>10</sup> has been developed, which will introduce an acquired brain injury assessment and rehabilitation service (this will include staff training and support) into two CSC sites. Due to commence once the appointed Linkworker and Clinical and Neuropsychologists have been security cleared, it is anticipated that this service will be expanded to provide an outreach service into identified segregation units as well as the two CSC units. This will hopefully better equip us to understand and support men in segregation who have a brain injury which might impact upon their custodial behaviour and reason for segregation in the first place.

The CSC system employs an Offender Personality Disorder Pathway Strategy<sup>11</sup> funded Progression Support Officer (a Band 3 Prison Officer) who is trained to train staff in the Knowledge and Understanding Framework (KUF). This is a nationally approved training course to encourage participants to both understand more about personality disorder and develop skills when working with personality disordered individuals. This training will be offered biannually to CSC and

segregation unit staff.

To support staff the first part of *Working with Challenging Behaviour Training* (WCB) (a mandatory training package for staff working in LTHSE discrete units) has been rewritten to ensure that it is more rehabilitative, progressive and strengths-based, whilst simultaneously ensuring that staff working in LTHSE small units have a better understanding of prisoners' complex needs — including mental health needs — in addition to risk. A bespoke one day training package has been developed specifically for segregation unit staff which has been added to this. This package provides segregation unit staff with a better understanding of the reasons for and impact of long term segregation upon prisoners, stimulates debate about the purpose and desired ethos of segregation, and what can be done to make segregation units more progressive. This has been piloted with representation

This package provides segregation unit staff with a better understanding of the reasons for and impact of long term segregation upon prisoners ...

9. <http://www.onesmallthing.org.uk/about/>

10. <https://www.thedtgroup.org/>

11. <http://personalitydisorder.org.uk/the-offender-personality-disorder-pathway/>

from all LTHSE sites and will be incorporated into the WCB training programme from now on.

As I mentioned earlier, the CSC system has undergone a number of significant changes in the past two-three years to develop more progressive, psychologically informed units. A CSC Clinical Review was completed in 2015 in conjunction with the implementation of a new joint Clinical/Operational management model for the CSC system. This made a series of recommendations based on psychologically informed principles of working with complex, high risk personality disordered individuals in restricted environments. As a consequence, a number of changes have been made to multidisciplinary services within CSC and MCB to ensure that men are offered bespoke, multi-modal psychological interventions in the context of richer psychologically informed, progressive and enabling surroundings and regimes.

All CSC units have developed richer and more collaborative regimes in line with the Conditions of Success and Strategy of Choices, and the EE standards, which has increased prisoners' autonomy and involvement in decisions relating to their environment and regimes. Two CSC units are designed to provide a full regime with full association, risk permitting, and do so for the majority of the time. Two further units are equipped to provide greater association levels than previously with formalised arrangements for men to go onto association up to four times daily. We have introduced a variety of means of increasing prisoners' ability to be heard, including community meetings and prisoner EE representatives. In-cell activities and options for engaging purposely with staff for those men who are not able to associate with other prisoners due to risk have improved. Facilities in the more restrictive CSC units have improved, and include the development of games and hobby rooms so men can leave their cells and engage in activities in a brighter, different environment and interact more with staff.

We have trained Psychologists working in CSC in a variety of new treatment and assessment techniques so we are better able to be responsive to the broad array of presenting needs.

We have enhanced involvement and engagement with prisoners' families and support networks, including family days at HMP Full Sutton and increased

involvement of families and support networks in Care and Management planning, the cornerstone of CSC progression.

Closer links between quality of life, regime and progression have been formalised in the new Operating Manual and Care and Management planning arrangements. These are linked to the EE standards and the Good Lives Model.<sup>12</sup>

It is important to develop these initiatives within both CSC and segregation units within the context of prison-wide practices, an appropriate and supportive establishment ethos, and general staff/prisoner relationships which are more rehabilitative and progressive. This will hopefully provide a better level of support and engagement with the population as a whole, thereby both making prisons better equipped to

engage and progress men irrespective of their needs, whilst also ensuring we are more successful at diverting men from extreme custody in the first place, and before the cycle of problem behaviour/impact of restrictive practice can embed in individual cases. We want to remove the 'out of sight, out of mind' ethos which can sometimes happen in prisons once a complex individual has been relocated to segregation.

What has been the outcome of these developments?

### **Segregation:**

As we have reduced the number of men we have reduced capacity not increased it.

We have undertaken evaluation of the work in our segregation units. I have only the initial findings and there is more to do but I wanted to share these, with the caveats applied.

Overall the pilot period seems to have moved the pilot site segregation units in a positive direction. We have some issues with missing data and small sample sizes causing methodological issues. However:

The overall numbers of men in long term segregation (held for six weeks and over) across the three pilot sites seem to have reduced. We had a number of months where data for one or more of the sites was missing, so September 2016 was taken as a pre-pilot 'snap shot'. Post pilot we had complete figures across the three sites in February, March and April 2017 to act as comparisons.

Based on the September 2016 figures, the following was found:

We want to remove the 'out of sight, out of mind' ethos which can sometimes happen in prisons once a complex individual has been relocated to segregation.

12. <https://www.goodlivesmodel.com/>

❑ In February 2017 there was a 35.7 per cent drop in the total number of offenders held in long term segregation (overall segregation figures reduced by 18.4 per cent).

❑ In March 2017, when compared to September 2016, there was a 28.6 per cent reduction (overall segregation figures reduced by 10.2 per cent).

❑ In April 2017 there was 17.9 per cent drop compared to September 2016 (overall segregation figures reduced by 12.2 per cent).

Again, the small sample size is an issue, but overall the long term segregation figures seem to have reduced at greater rates than overall segregation numbers when compared to available pre-pilot data.

The quality of the OTO30s,<sup>13</sup> the form authorising segregation beyond 42 days, pre-and post-pilot phase was formally evaluated, and showed that this has improved: Plans for returning individuals to normal location are becoming more apparent, and include the application of BCCs / HOPE(s) model more frequently.

Staff are reporting more positive relationships with prisoners, increased feelings of motivation and willingness to undertake new ways of working. Members of staff interviewed for the evaluation also talked about the changes being initially positive, but also mentioned ways to maintain the changes which have been made during the pilot. For example:

*There is a feeling that relationships between staff and prisoners have improved, and are of a good quality within the unit*

*There is a feeling that the staff in the unit are a really good team.... This is not felt to be specifically linked to the pilot although the knowledge of the pilot and the direction the management wanted the segregation unit to head in, is felt to have informed the selection and development of the staff group.*

*Morale has been raised and there is more motivation to work.*

*There have been noticeable changes in how staff talk about prisoners.*

*Staff are moving away from an austere approach... more willing to give things a go, willing to try things out than before.*

### Case study

*Mr. A was segregated for both GooD and own interest reasons. Mr. A had been in segregation for many years, and was caught in a cycle of poor, disruptive and sometimes violent behaviour, which in turn was managed by ever-increasing punitive measures — effectively closing his world down in order to control and minimise the opportunity for problem behaviour, and frequently transferring him between segregation units for staff respite.*

*Mr. A was in one of the HSE progressive segregation units during the pilot phase, and was an ideal person to work with using the HOPE(s) approach. It was important for the approach to work that the prison accepted that any progress or change was going to take a long time, and for staff to have a positive and relentless approach to instil hope and opportunity for this prisoner and others in their care.*

*We have seen some small but very significant results with Mr. A. Firstly, spending more time engaging with him meant that we found his 'hook', which was his religion. We worked with Chaplaincy and Psychology to establish how we could incorporate this interest into a progression plan. We gradually and regularly increased his exposure to people outside of the segregation unit, which increased over time until Mr. A became a paid worker in the Chaplaincy, and takes part in small groups.*

*This man was adamant that he would never leave segregation and mix with other prisoners for many years. It wasn't easy: there were a number of setbacks along the way, periods of non-engagement and non-compliance. However, the constant positivity and persistence of the staff resulted in huge progress for this man. Our ultimate goal is to move him out of segregation entirely. This will take time but we now think this is achievable.*

There have however been some reported frustrations with the physical environments within the segregation units not being suitable for working in more therapeutic ways, and these frustrations have been perpetuated by the amendments and changes which were planned as part of the pilot period (such as gym equipment being placed in exercise yards) not being authorised or completed. This is something that we will continue to work on.

13. OTO30 is the form mandated by PSO 1700 that requires Governors to secure deputy director/prison group director authorisation for continuous segregation beyond 42 days under Prison Rule 45 / YOI Rule 49. The document outlines the reasons for the initial segregation decision and asks for an explanation of the arguments in favour of a return to normal location and the efforts made to do so, as well as to outline the case for continued segregation and plans to support an eventual return to normal location in due course. The prisoner is involved in the process through the ability to make representations in advance of the deputy director/prison group director decision, which can be authorisation for a further duration of up to 42 days or a decision not to approve a further period of segregation.

## Close Supervision Centres:

CSC deselection levels have increased significantly. We have not increased capacity since 2014, despite operational pressures.

Since July 2014:

- ❑ Two prisoners have progressed to a 'psychologically informed planned environment' (PIPE) with one further prisoner deselected and currently undergoing a phased/supported move to a PIPE
- ❑ Five prisoners have progressed to a personality disorder treatment unit
- ❑ Seven prisoners have progressed onto normal location or to a small unit under central MCB
- ❑ Three prisoners have progressed to normal location under local MCB or to a small discrete unit
- ❑ Eight prisoners have moved to hospital

We have made use of ex-CSC prisoner testimonials (all obtained in 2016 and 2017) to instil hope in men that change and progression from CSC is entirely achievable. Historically, a misconception — of prisoners *and* staff — that men never get out of CSC has impacted upon hopelessness, distress and a belief that a prisoner has nothing to lose, which can further impact upon risk to self and others. It is important to change this. These testimonials include:

*When I first arrived on CSC I thought my life was finished. I used to hate staff and never speak to them. But then I realised that staff are there to help and support me.....I would advise any CSC prisoner to give [staff] a chance to help you change. I received the help I needed and progressed onto the Fens Unit.*

*The most beneficial thing I've found is that engaging fully and honestly with the process is helpful and encouraging and it does work, meaning to engage fully it is very possible to come off CSC and take a lot away from it.*

*It's not easy trying to change a lifetime of beliefs and habitual thinking but that's what I've done. I managed to pull myself back from the brink of self-destruction. It took years, but I had years to work on myself. I progressed*

*through the CSC from Wakefield to Woodhill and then Whitemoor where I was deselected.*

*If there was one thing I would want to say to somebody on the CSC it would be ALWAYS KEEP HOPE... my personal advice would be don't waste your time, use it to better yourself, and always believe you can improve your circumstances.*

## The Future

I strongly believe that we can and must create a new norm. We can through developing our practice and establishing new pathways for men, both address the factors that lead to segregation or quickly address the reasons why a man may dwell in segregation for an extended period of time. We have described this work as 'Pathways to Progression' and I think that we are at the start of an exciting journey which will lead to much less use of segregation.

The goal of 'Pathways to Progression' is to find an alternative way of managing the complex minority group of prisoners within LTHSE who present as refractory, violent, difficult to engage or simply stagnating in their sentence — men who frequently end up in segregation or even CSC. The focus is twofold: firstly, to create other opportunities and methods with which these men can be supported to divert them from either extreme forms of custody, and/or a life in prison characterised by conflict, lack of engagement and stagnation, by providing specialist services equipped to support and address their unique needs more effectively; and secondly, to provide more constructive means with which those for whom this has not been achieved (for example, men already in segregation or CSC) are progressed from these conditions into suitable onward services.

In addition to the developments already in existence that I have already outlined, I will conclude by setting out how it is proposed that the aims of 'Pathways to Progression' will be achieved.

The development of existing discrete units within LTHSE to form LTHSE-wide specialist progressive pathways for complex cases. This will both ensure that all the units work together to progress identified men accordingly, that resources are effectively used to do

We have described this work as 'Pathways to Progression' and I think that we are at the start of an exciting journey which will lead to much less use of segregation.

this (i.e. that each unit has a specific function and work is not replicated where the need does not arise) and that the group of specialist units meet the range of identified complex prisoner needs as a collective. To do this a scoping study is underway to identify the correct range of small units across LTHSE, what they aim to achieve and how, what the admittance (and de-selection) criteria are and what multidisciplinary resources are allocated to each.

Completion of a comprehensive analysis of the needs of this complex minority group of prisoners in question within LTHSE. As I mentioned previously, these needs are often unknown or misunderstood. How can we meet them until we know what they are?

Both of these pieces of work will inform subsequent decisions about (a) whether existing units meet the array of complex prisoner needs and if not, how this can be developed, making best use of resources, and (b) how the proposed series of specialist units can evolve to form a holistic progressive pathway for complex men (including links with segregation and CSC units, and — importantly — with mainstream residential units, to try to overcome a frequently cited perceived lack of connection between men in discrete units and the wider prison community).

Other areas of work include the development of calm down areas where post incident or outburst we can intervene — not by just holding someone securely behind a cell door and hoping they will calm down, but by taking the experience of CSC and applying a multi-disciplinary approach to identify the issues and risks and set a plan in place to work together to address the issues if the prisoner chooses to engage with us.

Indeed, if we are to truly reduce the over reliance on segregation we need to get upstream of the problem. The typical use of segregation by staff and

often prisoners is either in response to an act of violence or indeed avoidance of such an act. Can we do more to tackle violence? Can we learn from the excellent work that has been done with ACCT and managing those at risk to themselves with an approach to those that are a risk to others? Can we develop a similar ACCT approach for violence? Can we develop day care and outreach to support and engage those at such a risk? Can we provide therapeutic environments for those at acute risk of harm to others with escalating behaviour warranting time out on the wing or in a dedicated residential setting, which provides close supervision and support, and not the approach of locking the man away and hoping he will get better and comply.

Should we aspire to a future where our response to a violent outburst or identified risk sees immediate intervention, focused on assessing the risk and the right response to that person and the given circumstances? A complex problem requiring a bespoke set of actions to resolve it. Can we create and use alternate locations on a wing and smaller units in a prison where services can be accessed to address the issue? A change of physical location or some increased time locked away may be appropriate for some but it is not seen as healthy or effective to rely upon this as the sole means of de-escalation and intervention. Can our keyworkers be trained and supported to actively engage with men to address potential violent risk or maladaptive behaviours before the issue arises, signposting services and offering choices and advice to allow the man to progress safely and effectively?

Can we aspire to a future that concentrates not on punishment and compliance but integration based on meaning, purpose and hope?

## Perrie Lectures 2018

Wednesday 6th June

Newbold Revel

*Sex Offender – Ex-Offender – Citizen: A Safer Future?*