

Runnymede and University of Greenwich Report

Have prisons become a dangerous place?

Disproportionality, safety and
mental health in British Prisons

Runnymede: Intelligence for a Multi-ethnic Britain

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Introduction and Context

In 2016, the Chief Inspector of Prisons reported that the prison service was in crisis and that ‘our prisons have become unacceptably violent and dangerous places’. In this year’s HMIP report he argues that ‘the situation has not improved; in fact, it has become worse’.¹ It is clear that prisons in England and Wales are in chaos. A record number of people are dying, violence is at an all-time high and the living conditions for those in prison are far below acceptable standards. Moreover, there is significant evidence that many of the negative outcomes and deteriorating conditions of prison life are even worse for Black, Asian and ethnic minority (BME) prisoners.

Unless we have a friend or family member who is in prison it is easy for us to ignore this crisis, or to hope that the government will prioritize the needs of those in prison who are most vulnerable. People in prison are viewed as ‘criminals’ who have been given the harshest sentence possible by the courts, the denial of their liberty. But based on the work that The Runnymede Trust and The Centre for Criminology at the University of Greenwich have conducted over the past four years, as well as that of many other respected organizations and individuals, we believe that the current state of prisons has moved from ‘a denial of liberty’ to, in many cases, ‘a denial of human rights’ – particularly in relation to safety. This has profound implications for those serving time in prison, those working in prison and for the wider community, of which we are all part.

The purpose of this report is make sure that the basic human conditions of prison, and the treatment of people in prison with regard to safety, equality, dignity and decency do not fall off the government’s agenda. But it also aims to ‘hold up the mirror’ to the disproportionate impact of the government’s prison policies – particularly staff cuts and benchmarking – on Black, Asian and ethnic minority prisoners.

A revolving door for the wrong people

Theoretically, prisons serve an important function in our communities, containing those who have committed serious offences, offering them rehabilitation, such as drug and alcohol treatment, and thus protecting the public. However, it appears that prison is being used more often as a funnelling

channel for certain groups of people – such as those who have committed non-violent offences, those who have had chaotic lives, sometimes abandoned by their families, those who have mental health issues overlooked in the community, and those from black and Muslim backgrounds. Moreover, there is evidence of an increasingly revolving door for these groups, through which they experience ever increasing risks of self-harm/suicide, reoffending and re-incarceration, all of which are costly for society.² These are issues that ought to be addressed, but because of the dire state that prisons are in, injustices and disproportionality continue unchecked.

We have learnt from our own research, and by other studies commissioned by the Independent Advisory Panel on Deaths in Custody, that people with mental health issues are being sent to prison wrongly (instead of receiving help within the community). The David Lammy review³ tells us that BME people are more likely to be arrested and sent to prison compared to white people. We also know that the number of Muslim prisoners has almost doubled in the last decade. But what we are less aware of is how these structural inequalities, that affect people with mental health issues and many BME individuals outside of prison, persist inside of prison, with overwhelming evidence of poor and unequal treatment and outcomes for them.

Disproportionality in prisons

There are now more than 82,000 men and 4000 women in prisons in England and Wales.⁴ This is the highest imprisonment rate (145 per 100,000 population) in Western Europe. But perhaps more importantly, these figures hide the disproportionality in imprisonment numbers. Around 22,500 prisoners, a quarter (27%) of the prison population, are from BME groups (males and females); this compares to 14% of BME groups in the general population. Gypsies, Roma and Irish Travellers represent just 0.1% of the population, but account for around 5% of the male prison population. And Muslim individuals represent 5% of the population in the UK, but reflect almost three times that figure in the prison population.

Many complex reasons lie behind these disproportionalities, but “ethnic or cultural characteristics” is not one of them. The dramatic rise of Muslim prisoners (increasing from around

5,500 in 2002 to 13,200 in 2016) is a case in point, particularly given that the rise in prison numbers (128% increase of Muslims) does not reflect the rise in the general population (74% increase of Muslims from 2001). In addition, less than 1% of Muslim people in prison are serving time for terrorist-related offences. Explanations for the increase in Muslim prisoners in British prisons are more likely to be around the rise of foreign nationals who are Muslim (around a third of Muslim prisoners are not British), the proportion of Muslims who are black (29%), white (16%) and mixed-race (9%) – some of whom may be converts/reverts in prison, – and the average lower age profile and poorer backgrounds of Muslims – both of which are known to be factors associated with crime.

Inequality and safety in prisons

Whatever the reasons for entering prison, the research, including our own in this report, overwhelmingly shows racial disparities (and racism) in the way BME and Muslim prisoners experience the day-to-day life of the prison regime. These issues are not new; they were logged back in the early 1990s by academic researchers and government-commissioned studies. But what is new is how staff cuts and restrictive regimes have severely exacerbated the risks and vulnerability of prisoners with mental health issues, and the treatment of and outcomes for BME and Muslim people in prison.

Our research highlights the gaps in the ways prisons are currently addressing the needs of prisoners who are ‘at risk’ or who have mental health issues; and it draws attention to the day-to-day racial inequalities and discrimination experienced by black and Muslim prisoners by staff and the prison regime. These problems appear to exist despite the fact that prison is a tightly controlled environment where racism and inadequate services/provision should be easy to identify and address.

Significantly our findings (2013–2017) on disproportionality in prisons are reinforced by the recent HMIP report (2016–17) which found that BME people were less likely to feel they have been treated fairly by the rewards (Incentives and Earned Privileges – IEP) scheme: some 35% of BME prisoners felt that the rewards scheme was fair compared to 44% of white prisoners, and 31% of Muslim prisoners compared to 43% of non-Muslim prisoners. BME prisoners were less likely to be released on temporary license (ROTL), less likely to be located on favourable wings, and more likely to face adjudications. (HMIP, 2016–17). Moreover, HM Inspectorate found that racial inequalities were also prevalent in younger

offender institutions (YOIs). Inspections revealed that boys from black and ethnic minority backgrounds were more likely to report being physically restrained than white boys, less likely to feel that they had been treated fairly by the rewards scheme (27% BME boys felt they were treated fairly compared with 44% white boys), and only 36% of Muslim boys said they usually had association (time out of their cells) every day, compared with 60% of non-Muslim boys.

More worryingly, our findings show that not only are these gaps not being addressed, but they are getting worse. Ministerial decisions to close prisons but not cut the prison numbers (leading to overcrowding), to cut staff and not replace them quickly, or not to replace them with equally skilled staff, to increase the punitive aspects of the IEP scheme, to increase the length of sentences and to increase recalls from shorter sentences, these have all had a cumulative impact on the mental health, safety and disproportional treatment of those in prisons.

The statistics on self-harm and deaths in custody are shocking. By March of this year there had already been 40,414 incidents of self-harm across all custodial sectors: an increase of 17% from March 2016 and an alarming 64% since 2010. Around 344 people died in prison in 2016, the highest number of deaths since recording of this data began (1978). Worryingly, a third of these deaths were self-inflicted – almost double the number of self-inflicted deaths since 2012. In 2016 we also saw a dramatic rise in the number of self-inflicted deaths of women in custody to 12 – this rise contrasting with the declining female prison population.

But our report starkly illustrates how current prison policies, including staff cuts, have exacerbated the negative outcomes for BME (particularly black) and Muslim people in prisons, as demonstrated directly in the outcomes of Incentives and Earned Privileges (IEPs), in complaints, in use of segregation, in use of force, and also in terms of these groups’ general experiences of and treatment within the prison system.

Moving forward

Much work is needed to reform our prisons. We would argue that this includes a fundamental re-thinking of the purpose of imprisonment and what we hope to achieve by sending different types of people to prison. Certainly, it would benefit society if those with mental disorders, the young, the vulnerable and the emotionally immature who have committed less serious offences were to be diverted to interventions which would facilitate their rehabilitation. In addition, we must ensure that those for whom prison is

deemed a suitable disposal are treated fairly, decently and have their basic needs provided for. Prison can be a powerful tool for providing opportunities for rehabilitation, but currently it is ‘punishment upon punishment’.⁵ While it is attractive to assume that harsher punishments will deter reoffending, there is clear evidence from the research literature that deterrence is not an effective strategy (Lipsey, 2009).

As well as identifying current issues in prisons with regard to mental health, safety and disproportionality, our work also attempted to address the question of whether ‘self-development’ cultural interventions, which take into account the identities and experiences of BME and Muslim men, contributed to reducing their negative perceptions of treatment and outcomes in prisons. Our evaluation research across four different prisons conclusively showed that well-thought-through self-development cultural workshops administered by the Ipswich and Suffolk Council for Racial Equality had a significant and positive impact on the negative perceptions of the black and Muslim prisoners involved.

What follows is a chapter by chapter account of the work commissioned by the Independent Advisory Panel (IAP) on Deaths in Custody, conducted over the period of 2013 to 2015 and work commissioned by the National Offender Management Service (NOMS), undertaken between 2014 and 2017. The research projects used a combination of desk-based reviews, ethnographic research and quantitative and qualitative evaluation research. We have brought together the findings that we think has relevance to safety and disproportionality in prisons in order to improve the mental health and everyday experiences of people in prisons.

Overview of the Research

Between 2013 and 2015, the Centre for Criminology at the University of Greenwich and The Runnymede Trust were commissioned to undertake several research projects around deaths in custody for the Independent Advisory Panel (IAP) on Deaths in Custody. These projects fall under the broad category of “Safety and Mental Health in Prisons” in this report and are discussed briefly under the following headings:

- Project 1: Understanding and addressing self-inflicted deaths in prison amongst those aged 18-24 (2015)
- Project 2: Mental Disorders and Deaths in Custody: Making the Case for Mental Health Literacy (2015)
- Project 3: Identifying mental health issues and monitoring prisoners at risk through Assessment, Care in Custody and Teamwork Processes (ACCT) 2014

Between 2014 and 2017, the Centre for Criminology (University of Greenwich), The Runnymede Trust and the Ipswich, Suffolk and Council for Racial Equality were commissioned to undertake two separate projects on disproportionality in prisons – the first one on assessing and improving negative outcomes for BME prisoners, and the second on assessing and improving disproportionality in use of force involving black and Muslim male prisoners. These research studies (below) are discussed under the broad category of ‘Disproportionality in Prisons’:

- Project 1: Improving Outcomes for BAME Prisoners to Improve Equality, Safety and Decency in Prison (2016)
- Project 2: Improving disproportionality in use of force incidences for black and/or Muslim prisoners in custody through self-development

SAFETY AND MENTAL HEALTH IN PRISONS

1. Project 1: Understanding and addressing self-inflicted deaths in prison amongst those aged 18–24 (2015)

This section discusses work that was commissioned by the Independent Advisory Panel on Deaths in Custody as part of the Harris review of self-inflicted deaths of young people in prison

A rapid-evidence approach with the existing academic and non-academic literature was undertaken to locate evidence about methods, interventions or approaches to working that have proved successful in reducing self-inflicted deaths amongst those in the age range 18 to 24. Several broad intervention types were identified, including those targeted at the individual at risk of self-harm or suicide (e.g. cognitive behavioural therapy; De Silva et al., 2013), those working within the prison (e.g. increasing the mental health training of prison staff; Awofeso, 2010) or restricting the means available (e.g. use of Safer Cells; Burrows et al., 2003).

Our review found that whilst many approaches appeared to have promise, there was limited robust evidence available on the impact of such interventions for reducing self-harm or suicide. These are the key points identified:

1. *The impact of retrospective perceptions.* Most research related to self-inflicted death (and self-harm) is retrospective, meaning that the research starts with those who have harmed themselves and then looks back at this person's characteristics or situation. This approach artificially increases the perception of the strength of the relationship between risk factors and self-harm/self-inflicted death. For example, research has suggested that almost all those who commit suicide had suffered previous instances of self-harm (strong retrospective prediction; e.g. Hawton et al., 2014). However, relatively few of those who self-harm actually progress to committing suicide (weak prospective prediction). This means that communicating to staff in prisons that self-harm (or other risk factors) is associated with suicide will be viewed as incorrect and unhelpful.

2. *Understanding that risk is not static.* There are demographic (e.g. White ethnicity, male) criminological factors (remand, single-cell, life-sentenced), and clinical factors (past use of psychotropic medication) that have been shown to be associated with suicide in prison in a number of studies (e.g. Fazel et al., 2008). This is referred to as an individual's risk state. Individuals who possess these features are at an increased risk compared to those individuals who do not have these features.

However, an individual's risk status, or their likelihood of committing suicide/self-harm, is dynamic and influenced by numerous individual factors (e.g., coping, active symptoms of psychiatric illness, insomnia), environmental factors within the prison (e.g. prison regime, quality of relationship with prison staff, bullying), environmental factors outside the gates (e.g. relationships with significant others, impending court dates) and the availability of means to commit self-harm/suicide (e.g. ligature points – see Table 1).

Factors associated with risk

1. There have been significant links between a facility's population size and death from suicide (Gallagher and Dobrin, 2006). This is either a function of who is in such prisons or something about larger prisons.
2. The presence of mental disorders increases the risk and, in addition, "symptoms of one disorder may mask or exacerbate symptoms of comorbid disorders, in turn potentially complicating treatment in an already difficult-to-treat group" (Marzano et al., 2010: 224).
3. Prisoner distress can contribute to risk. An association between mean (aggregate) levels of prisoner distress and average suicide rates in prisons was identified. Distress was therefore used in the *Safer Locals Programme Evaluation* as a 'reasonably reliable indicator of levels of suicide risk in each prison' (Liebling et al., 2005).

Table 1. Specific factors associated with Self-harm/Suicide (both within and outside prison) in the Literature Review (IAP on Deaths in Custody, 2014)

Overarching Factors
Genetic and Biological Factors
Family history of suicide
Gender (male – suicide, female – self-harm)
White Ethnicity
Young Age
Psychiatric Disorders
Active psychotic disorders
Personality disorders, especially borderline personality disorder and antisocial personality disorder
Depressive Disorders
Co-morbidity
PTSD
Anxiety Disorders
Past psychiatric treatment (psychotropic medication)
Negative life events or social problems
Guilt associated with offence
Trauma of criminal justice process
Low SES
History of Homelessness
History of Sexual or emotional abuse
History of Poor parenting
Relationship disintegration
History of Low educational attainment
History of Substance misuse
History of Local authority care

Overarching Factors
Aggression/Impulsivity
Aggressive behaviour (bullying others)
Impulsivity
Low Optimism
Attributional style
External locus of control
Psychological Distress and Hopelessness
Uncertainty about future (in prison – remand status, life sentence, ¹ first incarceration)
Parole refusal
Unexpected sentence
Poor coping abilities
Prone to loneliness
Prone to boredom
'Unhealthy' prison ²
Meaningful relationships with staff
Physical or psychological isolation (segregation, single cell)
Bullied by staff or inmates
Exposure to Self-harm/Suicide
Contagion or clustering, especially with younger people

Notes:

1. The finding that those on remand and those on life sentences are at an increased risk of self-inflicted death (Fazel et al., 2008), could be an artificial finding driven by the 'snapshot' research approach.
2. An 'unhealthy' prison is one with poor communication (between staff and prisoners, between different departments in prisons), poor staff morale, and where programmes and courses do not run as planned (Liebling, 1999).

4. Time in cell can contribute to risk. High-vulnerability prisoners were significantly less distressed when they were in prisons where they spent less time locked in a cell, they had employment in the prison, association was infrequently cancelled, they were attending offending behaviour courses, and they had regular contact with their families (Liebling et al., 2005).
6. Lack of contact with family can contribute to risk. Individuals who self-harm were less supported by people outside prison than those who had not self-harmed; individuals who self-harm had less contact with family and friends outside prison and perceived less support to be available to them (Harvey, 2007; Liebling, 1999; Dear et al., 2001).
7. Lack of staff support can contribute to risk. The relationship between social support and self-harm is complex within prison. Those who did perceive support in prison generally cited one or two specific members of staff who had helped

them rather than generalizing to the staff as a whole; the source of support was important in determining how effective the support was felt to be (Harvey, 2007).

Chapter summary

It was clear from our review of the evidence that once a young person has been convicted of an offence, in order to reduce self-harm/suicide, prison should be used as the disposal of absolute last resort. Our findings reinforced previous findings in this area of work which is that the general experience of imprisonment, but particularly the way prison is experienced in terms of an individual's coping abilities (Liebling, 1999), can significantly increase the likelihood of self-harm/suicide. Our review made clear to the IAP Deaths in Custody Panel that by virtue of their youth (and especially the disparity between their physical maturity and their psychosocial development) most young people have limited coping resources, and their experience of prison can

be particularly traumatic, often leading to despair, hopelessness and potentially self-harm/ suicide (Liebling, 1999).

The experience of prison has a profound impact on the likelihood of self-harm/suicide, but is also an established risk factor significantly increasing later reoffending and re-incarceration compared to non-custodial alternatives (Jolliffe and Hedderman, 2015). In addition, it's clear that placing a young person in custody can create a revolving prison door, with associated ever increasing risks of self-harm/suicide reoffending and re-incarceration, and that these represent an ongoing cost to society as a whole.

Overwhelmingly, the research suggests that once a young person has been placed in prison, approaches to identify and address the needs of those 'at risk' of self-harm/suicide should be delivered immediately and consistently. Our research showed that approaches for reducing self-harm/

suicide should involve accurately identifying mental health needs (including multiple mental health needs), and a combination of cognitive behaviour therapy (Townsend et al., 2010) and dialectical behaviour therapy (Hawton et al., 1999; Steele and Doey, 2007). As these programmes have established benefits for reducing reoffending (Lipsey, 2009), increased use of such interventions could slow the revolving doors of prison and the associated risks of self-harm and suicide.

Importantly, however, the successful delivery of such interventions is dependent on prison resources, particularly the critical resource of prison staff. 'Healthy' prisons have dedicated and caring staff who play a crucial role in ensuring a quality of life for prisoners (Liebling, 1999; Tait, 2011); they do this through delivering the regime with empathy and understanding. Any successful intervention to reduce self-harm/suicide and reoffending relies on engaged staff to facilitate its delivery.

2. Project 2: Mental Disorders and Deaths in Custody: Making the case for mental health literacy (2015)

As part of our work with the Independent Advisory Panel on Deaths in Custody, the University of Greenwich (led by Professor Darrick Jolliffe) and the Runnymede Trust (led by Dr Zubaida Haque) also undertook a literature review⁶ investigating the link between mental disorders and deaths in custody.⁷ Approaches to mitigate the risk of deaths in custody amongst those with mental disorders were also explored.

Mental disorder refers to an incredibly broad category of disorders of mind each with a number of potential symptoms (and severity of these symptoms), which can manifest themselves in different behaviours in different individuals. Some of the following mental disorders have been linked with deaths in custody:⁸ excited delirium,⁹ major depression, substance-abuse disorders, schizophrenia, and borderline personality disorders.¹⁰

It is important to note that the issue of linking a specific mental disorder with deaths in custody is complicated by the fact that an individual is rarely diagnosed with a single mental disorder. For example, in their study of 496 prisoners in England and Wales, Ullrich et al. (2008) found that, of the 43 individuals who were identified as having a depressive disorder, 87% also met the criteria of having a personality disorder. This so-called co-morbidity is particularly relevant to the study of deaths in custody, as major depression and personality disorder were the two most common primary diagnoses in the case notes of those who committed suicide in prison in 2010 (Shaw et al., 2011).

Numbers of suicides and 'natural-cause deaths' of prisoners with mental health issues are much higher than in the general community (Singleton et al., 1998). There is a plethora of evidence (e.g. Edgar and Rickford, 2009) which highlights the gaps in provision for prisoners who are vulnerable (at risk) or have severe mental health issues. These gaps include:

1. A lack of adequate access to psychiatric assessment on entry to prison so that key aspects of that individual's mental health are missed. Changes to or gaps in the provision of prescribed medication were a particular risk (Bowen, Rogers and Shaw, 2009).
2. Staff not sufficiently trained in mental health. For example, some research noted that segregation units were sometimes used by prison staff for those with mental disorders as this made these individuals easier to monitor and observe than when they were in the general population. Segregation has been found to increase the sense of isolation, which can have a significant negative impact on those with mental disorders and increase the risk of suicide and self-harm.

In addition, segregation can contribute to a lack of communication between the vulnerable prisoner and clinical staff (and between clinicians themselves) and may prevent appropriate medical care from reaching the individual (Shaw, 2007).

3. Mental health problems being treated as behaviour issues. For example, Edgar and Rickford (2009) found that the Incentive and Earned Privileges (IEP) scheme,¹¹ designed to encourage good behaviour in prison, could unwittingly exacerbate the symptoms of certain mental health conditions, such as paranoia or other psychotic conditions. Prisoners with mental health issues may be less likely to comply with staff requests or standard procedures, thus resulting in the removal of their privileges (fewer family visits), more austere conditions (removal of TV) and increased time alone in the cell. These actions increase the risk of suicide in prison by contributing to a sense of isolation. Similarly, research has shown that individuals with mental disorders (particularly those with recurrent relapses and resistance to conventional psychiatric and psychological interventions) are sometimes perceived by staff as manipulative, provocative, unreasonable, over-dependent and feigning disability. Those with fluctuating 'suicidal ideation' are particularly more likely to be categorized in this way, and in turn lead to staff ignoring their risks and vulnerability. This is despite the fact that previous self-harm is the most prominent predictor of later suicide amongst those in prison (Hawton et al., 2014).
4. Symptoms of mental disorder could also contribute to death in custody because individuals with mental health issues may neglect their physical health or avoid disclosing physical ailments. Cuddeback et al. (2010) compared the

medical history of seriously mentally ill individuals, some of whom had experienced prison in the last 5 years. They found that those who had experienced incarceration were significantly more likely to have infectious diseases, skin disorders, blood disorders and injuries. Overall, individuals who had serious mental disorders and a history of incarceration were 40% more likely to have a general medical problem, and had a 30% increase in multiple medical problems.

Mental health literacy essential for police and prison officers

'Mental health literacy' refers to the knowledge and beliefs about mental disorders which aid their recognition, management or prevention, and was introduced as a concept by Jorm et al. in 1997.

There has been some research on the attitudes or mental health literacy of the police (e.g. Kimhi et al., 1998). Police officers could identify certain mental disorders better than the general public, but this varied considerably depending on the mental disorder described. Over 90% of police officers correctly identified paranoid psychosis (compared to 80% in the general public), and 28% of police officers correctly identified alcohol dependence (compared to 18% in the general public). However, almost half (48%) of police officers in the study stated their reluctance to work with a former mental health patient, and 54% would not hire a former mental health patient. In addition, 50% noted that they would refuse to work in a psychiatric hospital.

While the amount of research on the attitudes of police to mental disorder is somewhat limited, there appears to be considerably less research on the attitudes of prison officers to such issues (e.g. Cook and Lane, 2014). Certainly, the training of prison officers does not appear to contain sufficient coverage of issues related to the care of those with mental disorders, especially considering the prevalence of such disorders in prison (e.g. Liebling and Karup, 1993). For example, a parliamentary report on prison officers observed that mental health and substance abuse was insufficiently covered in the basic training of all prison officers (House of Commons, 2009). This report observed that only half a day of the initial prison officer training was dedicated to covering mental disorders, and that prison officers had reported that they felt unprepared to deal with mental health issues.

Importantly, interventions targeted at raising the mental health literacy of police officers have proved to have some success. Hansson and Markstrom (2014) evaluated the impact of an additional mental health awareness course which was added to the regular police officer training course for a sub-set of police trainees. The results suggested that those who had completed the course had significantly improved attitudes to those with mental disorder at post-test compared with those who had not attended the course. In addition, those who had completed the course were more willing to work with those who had mental disorders, and their mental health literacy had significantly improved. Importantly, this group had significantly improved their knowledge of how to advise those with mental disorders so that they could seek professional help.

This suggests that prison officers would potentially benefit from greater training in mental health literacy.

Chapter summary

Those with mental disorders are over-represented in prison, and these individuals are at a significantly elevated risk of death in custody. While there are a number of reasons why mental disorders and deaths in custody might be linked, it is also clear that high-quality care from those working in the custodial sectors can substantially mitigate this risk. When those with mental disorders are provided with adequate health care and support and sufficiently monitored, their risk of self-harm and death diminishes substantially (Clayfield et al., 2011).

However, a key barrier to providing such a level of care is a lack of 'mental health literacy', that is, adequate knowledge and understanding of mental disorders, which prevents vulnerable or 'at risk' individuals from being identified early and streamlined for mental-health support. Without this literacy there is evidence that prisoners with mental-health disorders could be considered difficult, manipulative and challenging, eliciting less care rather than more.

Evidence about the level of knowledge and understanding of mental disorder held by those working in prison is limited, but what was available suggests that improving staff attitudes and knowledge may have a beneficial effect on improving the experience of custody for detainees with mental disorders (Hansson and Markstrom, 2014).

3. Project 3: Identifying Mental Health Issues and Monitoring Prisoners at Risk through Assessment, Care in Custody and Teamwork Processes (ACCT) 2014

As part of our work with the Independent Advisory Panel on Deaths in Custody we were asked to undertake a scoping review of the Assessment, Care in Custody and Teamwork (ACCT) in a handful of prisons. An initial review by the University of Greenwich team of 16 HMIP inspections (until 2014) of ACCT found that there was considerable variation in how far institutions were viewed to be complying with ACCT policies and procedures.

What is ACCT?

The ACCT document (ACCT v.5) is a series of forms held together in a bright orange folder opened in response to concern that an individual in prison is at risk of self-harm or suicide. Any person can open the document to suspected risk (by completing the Concern and Keep Safe Form (CKSF) within the ACCT folder), but once opened there are clear procedures that must be followed. This includes the completion of the Immediate Action Plan (on the back of the CKSF) by a Unit manager within one hour, and an Assessment Interview and First Case Review within 24 hours by a trained ACCT Assessor.¹² All of these forms are completed with the prisoner present and aim to determine the cause of the risk and develop strategies to reduce the risk in both the short and long term. On the basis of these forms a CareMap Form is completed in which a series of actions are considered. These include actions that could be taken to:

- Disable any suicide plan
- Link the person to those who could provide support
- Build on strengths or interests that the person might have
- Encourage alternatives to self-injury
- Reduce emotional pain caused by practical problems
- Reduce vulnerability because of mental health or drug and alcohol problems

Working with a member of the IAP on Deaths in Custody, we visited a cross-section of prisons where we explored all aspects of the ACCT process. This included informal interviews with those involved in the ACCT process, examining ACCT documents, observing case reviews and investigating the process of flow of prisoners from reception to the wings to view how the ACCT process operates.

Key findings from the ACCT review

1. *It is desirable to have an ACCT process.* The ACCT was noted to be a good development. It was felt to increase staff focus and perceived to lead to better identification of those at risk. It also provided a way for the evidence of risk to be systematically collected and made available to all those working with the prisoner. It was also noted in all prisons, however, that a great deal of

good work with those 'at risk' is not recorded as part of the ACCT process.

2. *Who should be on an ACCT?* An ACCT was always opened for a clear reason, but whether this was a sufficient reason was not always obvious. The threshold for opening an ACCT appeared to vary considerably. In one prison ACCTs had a low threshold for being opened, with a high proportion (20%) being closed at the first case review (24 hours), while other prisons appeared to have a higher threshold for opening an ACCT, resulting in comparatively fewer ACCTs being opened but being opened for longer. Most ACCTs are opened in Reception and First Night centres. Some staff members were concerned with the difficulty in separating between prisoners who were manipulating the system and those in a genuine state of crisis. It appeared that

sometimes an informal triage system may exist within the ACCT process, with those perceived to be in genuine crisis getting more support, and those perceived to be less serious getting less support.

3. *What is the best way to communicate that someone is on an ACCT?* Between the different wings in the same prison there was variation in communicating who was on an ACCT. This information was commonly available in the Observation log, but sometimes there were other flags, for example cards with orange dots on them, and sometimes ACCT documents were in plain view in the wing office. There was confidence that whatever method was being used, those coming on shift would know who was on an ACCT.
4. *Resources available to conduct the ACCT process.* Between 30 and 70 ACCT documents were opened each month in each of the prisons. Concerns were expressed that benchmarking had resulted in reduced staff to deal with these. This was having an impact on the ability of staff members to complete essential elements of ACCT in a timely manner, for example, case reviews being delayed because there are not enough trained ACCT assessors. In addition, it would be rare that an ACCT document would actually follow a prisoner around the prison as they attended workshops for example.
5. *ACCT Forms (Incomplete/Litigation protection or Record of Care/ Ambiguity within Forms).* A number of issues were raised about the ACCT forms. In every prison there was evidence of the forms not being fully completed as intended. For example, it was rare to find an ACCT document in a male prison that had a prisoner signature.¹³ Prisoners are meant to sign the cover of the ACCT document as well as the Immediate Action Plan and CareMap. Staff signatures were often missing. It was suggested that prisoners might not have sufficient trust to sign the form. We acknowledge that these were live documents, and internal quality checks by safer custody teams might have addressed some of these issues retrospectively. This raises the question of the extent to which the ACCT process is

a shared between the prisoner and those responsible for their care or something that is 'done to' the prisoner.

Some questioned whether, in the current form the document provided the best possible record of care for an 'at risk' individual. This was especially the case with the On-Going Record form which was originally designed to record quality conversations and observations, but typically recorded banal observations (e.g. X still sitting on bed) every 15 minutes. It was noted that these observations would be useful in Coroners' Court if something went wrong, but were not useful in getting to the bottom of how to help the prisoner. There was a sense that the ACCT document was litigation protection and at best loosely related to attempts to help the person, and at worst taking away time from helping the prisoner. For those on ACCTs for long periods of time the On-Going Record form made the ACCT document physically large and unwieldy with pages occasionally out of order.

Many of our findings reinforced some of the recent observations made by HMIP (2016–17) on the Assessment, care in custody and teamwork (ACCT) processes in several prisons in England and Wales. The prisons inspectorate found that the ACCT documents lacked important detail about all the issues, case management was inconsistent, few care plans were updated after reviews and there was very little mental health staff help for prisoners with mental health issues (HMIP, 2016: 21).

Chapter summary

The review of 16 HMIP inspections (until 2014) of ACCT found that there was considerable variation in how far institutions were viewed to be complying with ACCT policies and procedures. Our visits to 4 prisons, together with the review of 16 HMIP reports about ACCT identified continuous gaps in Assessment, care in custody and teamwork (ACCT) processes. Our main conclusions are that the ACCT process are still failing to accurately identify people at risk of self-inflicted deaths as there were still a significant number of people (usually well under half) who had died from self-inflicted deaths but had not been on ACCTs at the time - let alone been involved in any type of continuous assessment.

DISPROPORTIONALITY IN PRISONS

The University of Greenwich, the Runnymede Trust and Ipswich and Suffolk Council for Racial Equality (ISCRE) were commissioned by the National Offender Management Service (NOMS) in 2014 and 2015 to undertake two research projects related to race and religious inequality in prison (each project took approx. 2 years). These are presented below and in chapter 5.

4. Project 1: Improving Outcomes for BAME Prisoners to Improve Equality, Safety and Decency in Prison (2016)

Previous research and monitoring (e.g. MOJ 2008; HMIP 2010; NOMS 2013) highlighted the disproportionate outcomes in specific areas for BAME and Muslim prisoners. This included the use of force, Incentive and Earned Privileges (IEP) and use of segregation units. Our research was commissioned to identify the causes of this disproportionality in prison, but also to ascertain whether it was possible to reduce the perceptions of negative treatment and disproportionality in outcomes for BAME groups through the delivery of a ‘culturally-based’ self-development intervention.

The self-development intervention consisted of two broad objectives:

- To improve negative outcomes for BAME male prisoners
- To empower BAME male prisoners (particularly those experiencing the most negative outcomes) to take responsibility and work towards an alternative and positive future.

Three practitioners, led by a Community Development Officer (Keiran Manners) from ISCRE, delivered a 4-week intensive motivational workshop to BAME prisoners with the most negative outcomes. The groups consisted of 5–10 BAME male prisoners per group. A total of 54 male prisoners were involved in the intervention across two prisons, although there was variability with attendance, and in the nature of support (one to one and/or group support) received.

A number of activities were delivered during the 4-week intervention by ISCRE. These included:

- Presentations and discussions by mentors
- Peer-to-peer support sessions (sharing experiences with each other)

- Practising role-playing
- Homework
- Practising reflective thinking
- Developing relapse prevention strategies

The 4-week intervention was delivered in two different prisons in order to gain a better understanding of how this intervention would work in different circumstances.

The main goal of the intervention was to support self-development towards better outcomes for BAME prisoners through changing participants’ attitudes towards progression, engagement, desistance, rehabilitation and the prison regime. The evaluation of the intervention involved pre- and post-intervention questionnaires (to 374 prisoners), observations and semi-structured interviews to capture the range of potential causes and correlates of experiences and perceptions of disproportionality in prison.

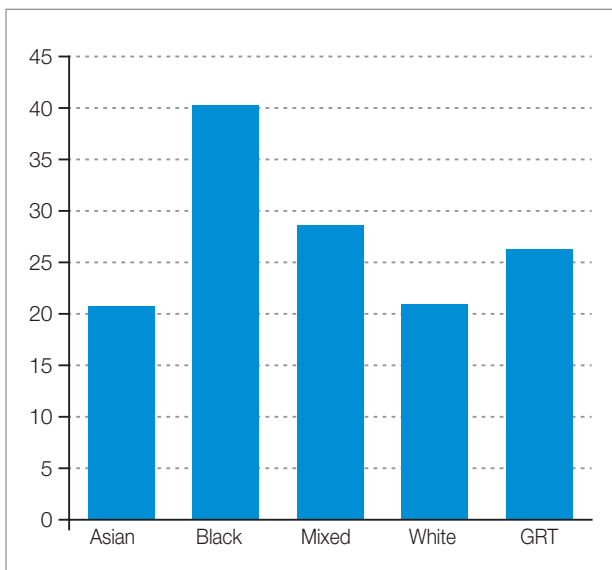
Questionnaires were administered to provide a general picture of the amount of disproportionality that might exist (to complement officially recorded statistics), and to allow for an exploration of the factors that might be associated with these negative outcomes. The questionnaire was completed by an overall sample of 374 who answered questions about their demographic characteristics (age, ethnicity, religion, disability); length of sentences; nineteen questions relating to their perceptions and treatment in prison and four questions relating to measures of ‘negative outcomes’; *this included whether they had been on the Basic Regime, had been in the segregation unit, had been restrained or had a non-progressive move in the last six months*. Participants were also asked whether they were currently in education or employment.

The research project began in September 2014, fieldwork began in January 2015 and ended in May 2015, and the research project was completed in August 2015.

What evidence was there for disproportionate treatment?

The key findings from the quantitative study revealed that Black prisoners were (statistically) significantly more likely to experience negative outcomes, and were less likely to be in employment and education, compared to White prisoners. Over 40% of Black prisoners who completed the questionnaires had experienced a negative outcome compared to 21% of white prisoners. Prisoners with a mixed ethnic background and the Gypsy Roma Traveller group had the next highest prevalence of negative outcomes after those of Black ethnicity (Graph 1).

Graph 1. Negative outcomes reported by ethnic group (%)

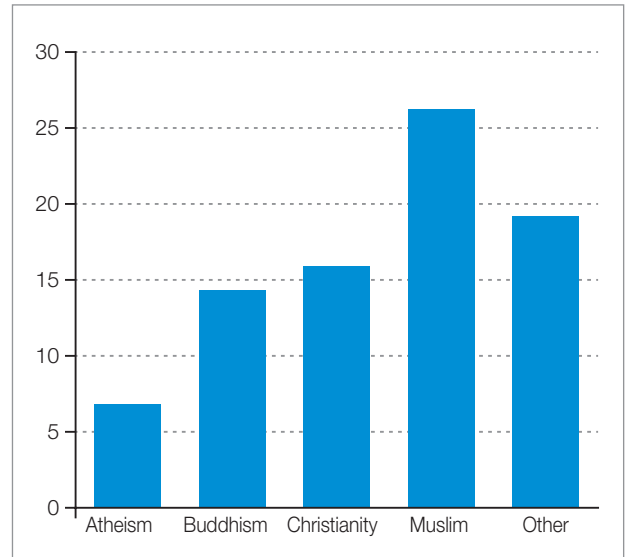


In addition, those who reported being Muslim had the highest prevalence of negative outcomes (40%) compared to those of all other religions, and were less likely to be in employment or education compared to those from other faiths (26.2%; see Graph 2). The difference between the prevalence of negative outcomes for Muslims compared to all other religions was statistically significant.

The results of a regression suggested that four variables were independently related to negative outcomes. These were: having previous experience of prison, having less than 2 years left to serve and being 'prisoners of Black ethnicity and Muslim'. Prisoners who were both 'Black and Muslim' were

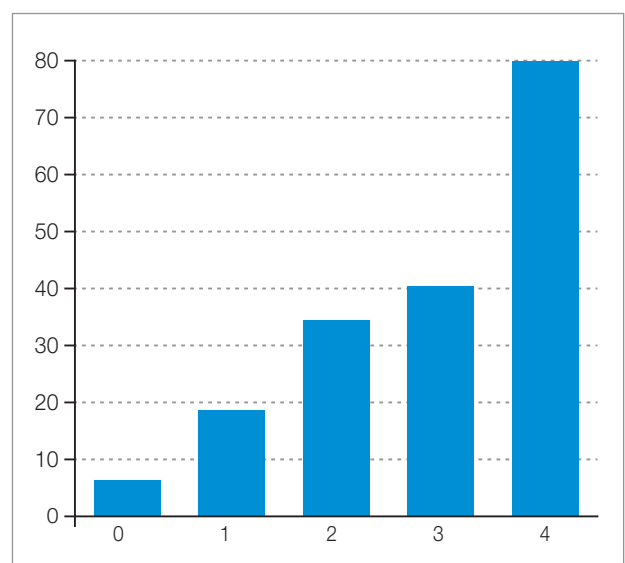
close to being at a four-fold increased risk of having a negative outcome compared to those of other ethnic groups and faiths, and controlling for all other variables.

Graph 2. Not being in employment or attending education courses reported by religion (%)



Graph 3 shows that only about 6% of those who didn't have any of the four key characteristics [that is, (1) having previous experience of prison, or (2) having under 2 years left to serve, or being (3) Black or (4) being Muslim], had a negative outcome. Just under 20% of those who had one of the key characteristics had a negative outcome; and 80% of those who had all four characteristics reported having a negative outcome.

Graph 3. Factors associated with negative outcomes (previous years in prison, having less than 2 years in prison, being Black and being Muslim)



Note: the risk factors are not in any order as the analysis is additive.

Experiences and Perceptions of Treatment in Prison

A total of 40 interviews were undertaken with male prisoners across the two prisons. The interviewees included 8 white male prisoners, 13 Black and/or African-Caribbean male prisoners, 10 Black Muslim and 5 Asian Muslim male prisoners, 2 mixed-race male prisoners and 7 GRT male prisoners. Some of these interviews were on a one-to-one basis, some took place in group forums and others took the form of informal discussions with the researchers in various locations within the prisons (e.g. the wings, workshops). Each interviewee was asked about their general treatment in prison, their experience or perception of the IEP Scheme, access to courses, access to jobs and education, their relationships with staff and, finally, about their experiences or perceptions of inequality and discrimination.

The findings from the qualitative research reinforced many of the findings from the questionnaire survey, with many BME prisoners complaining that they were discriminated against, and were treated less favourably and with less respect by the prison staff. Negative experiences included examples of IEP downgrades without procedural clarity or perceived fairness, cultural or racial stereotyping and lack of cultural awareness by prison officers, and a lack of empathy by the prison regime in relation to family or sensitive issues. Across the interviews and surveys, negative views and complaints about differential/unfair treatment far outweighed positive comments. However, without much prompting, BME prisoners were also keen to report 'good' prison officers and 'good relationships' with particular prison officers.

Perceptions of racism and discrimination in prison

Across most of the interviews the view prevailed that there was substantial inequality in treatment within the prison regime. The BME prisoners widely acknowledged that benchmarking had a big impact on their experience in prison: 'There are too many cuts and more work [for staff] to do. This means we get banged up earlier...', but still felt that racism (anti-Muslim, anti-GRT and/or black racism) and inequality of treatment were major issues:

I want to be a rep or an orderly, but there are not enough positions. These seem to go to certain groups [white groups] more often. [Black Muslim male prisoner, Cat C]

Some individuals reported that, while they had no direct experience of experiencing discrimination from staff, they had witnessed problems between staff and other prisoners which affected their own views:

Some staff are racist but I haven't experienced it personally. People are mistreated in the block. Everyone else says they have a problem so it must be an issue. Generally guards are racist, openly racist. They don't care. People are not acting professionally, they should be professional. [Black male prisoner, Cat C]

Largely, the examples given in interviews and discussions emerged out of direct personal experience, and certainly for many Black prisoners there was widespread agreement that they were 'misunderstood' by white prison staff, who they believed perceived black prisoners as 'threatening

and/or aggressive', duplicitous and culturally different. For some BME prisoners, this contributed to them feeling marginalized and alienated:

You feel subversive and cautious if you question anything; you feel alienated. You're seen as a problem or a potential problem...during family visits there's more scrutiny. The way people speak from Black cultures – they're seen as more aggressive. Prison officers says things like, 'You're not what I thought you would be like' – which means they have perceptions of you.

Some of the GRT and Asian prisoners also felt marginalized, although their experiences were less direct:

It's all undercover the way the staff treat you. [Asian male prisoner, Cat C]

Some of the GRT male prisoners suggested that they had not experienced "direct racism" at the prisons, but highlighted prison officers' and prisoners' derogatory stereotypes and assumptions about their lifestyles, including the use of terms such as 'pikery' or 'paddy':

They think we just live in a field surrounded by rubbish that we dumped. [GRT male prisoner]

Moreover, for some prisoners, this 'cultural gap' between white prison staff and BME prisoners was perceived as inevitable, leaving BME prisoners resigned to how they were viewed and treated:

We're not trusted; we're viewed with more suspicion. It's all subtle; they don't even realize they're doing it.

Maybe it's human nature – you feel more comfortable with someone that looks like you.

If you feel that someone has a problem with who you are, then it's a problem. Because you can't change who you are.

Interestingly, while BME prisoners agreed that white prison staff were more likely to respond 'positively to white prisoners', their views about the importance of having more BME prison staff were slightly more mixed. On the one hand, BME prisoners argued that there was a need for more BME staff because they would have an 'instinctive' understanding of prisoners from minority ethnic backgrounds:

Warmth would be natural from a [Black] prison officer. Prison officers from around here are not used to being around [us]. [Black male prisoner, Cat C]

There's more understanding about the way I'm talking, body language, tone, being passionate, raising my voice but not being aggressive... That's what we're saying about BME prison officers. [Black Muslim male prisoner, Cat C]

But, conversely, other prisoners suggested that training about 'cultural issues' might be sufficient:

Officers need to get taught how ethnics act – I don't think they are racist; just ignorant. [Black male prisoner, Cat C]

Some prisoners even suggested that BME and GRT community groups [outside the prison] could help address the 'cultural gap':

We need someone who comes in and who would fight for us. Talk to the governor about issues. [GRT male prisoner, Cat C]

For others serving their sentences in prisons, which included higher numbers of BME prisoners (as opposed to more BME staff), it was the lack of familiarity with diverse ethnic groups which was the critical factor:

[We are] treated more fairly [in diverse prisons]. There's more understanding. People are used to dealing with us. Sometimes it is the first time that staff have ever met [diverse] groups.

One Black Muslim prisoner noted that it was important to have more BME staff as it would address the broader issue of white staff 'looking down' on BME people as seeing them as 'just prisoners':

Just having a few BME staff will get white staff used to seeing BMEs as equal.

Prisoner–staff relationships and empathetic prison officers

Prisoners were asked: 'What do you think constitutes a good relationship with staff?' This prompted both positive and negative replies. One Asian Muslim male prisoner observed:

It's a two-way relationship between prison officer and prisoners. When prison officers are willing to be helpful and assist with catalogue orders and things. When staff ask about delicate issues and spot signs of stress – show that they're aware of it... Some prison officers are genuinely ignorant – so they go on training and they're better afterwards; others are arrogant and don't change.

Generally speaking, prisoners were almost always able to identify individual officers who went 'out of their way to help' or who empathized with their predicaments.

When my wife was in hospital, he came over and asked how she was doing... [GRT male prisoner]

One Asian Muslim male prisoner stated:

Staff are understandably looking for easy and straightforward shifts, but I have met two officers [names of both officers], who I find have tried, and at times gone above and beyond, to help me with any issues. They are a real credit to the prison

Other prisoners highlighted treatment with 'decency and courtesy' with regard to their 'good relationship' with staff:

[Specific officer] doesn't treat you like you're different; he engages with you on a genuine level. He comes to sit down next to you, and asks how are things going. [Black male prisoner, Cat C]

[Specific officer] doesn't speak down to you. They ask you your first name – they know your first name! They don't call you 'prisoners'. [GRT male prisoner]

Others observed that they simply want respect and to be treated with humanity:

We would like good communication, respect [from officers]. We are criminals; not animals.

But in one BME forum, there was consensus that if prison staff were happy doing their jobs, they generally treated everyone better:

If someone likes doing their job, they treat people like people.

Despite some of the negative views about prison officers, a number of prisoners recognized that the prison system was under more pressure than ever before:

Due to understaffing of the officers, they are under serious pressure, to the extent of doing the right thing is always difficult. They just want to get on with the job and go home – even if at the expense of inmates' rehabilitation. [Black Muslim male prisoner]

The whole prison system is expected to facilitate what you need to progress and what you need for resettlement – but with less money, resources and support. [Black male prisoner]

Experience of the Incentives and Earned Privileges (IEP) scheme and progression

Almost all of those interviewed raised issues in relation to the IEP scheme.[14] The complaints were broad-ranging, but many reiterated the view that with the changes in the IEP scheme it was 'almost impossible to get enhanced status, and too easy to be downgraded to basic'. The grievances were almost entirely against wing officers, with most criticism focused on the lack of transparency and accountability with regard to the decisions that staff make about downgrading:

It's very difficult now. You have to go above and beyond. It takes over a year to become Enhanced, but yet you get moved to Basic within minutes. [GRT male prisoner]

You do something wrong; you get written up right away. But if you do something good, it doesn't get written up, unless you make them write it up. [Black Muslim male prisoner]

Prisoners also complained that they were often prematurely placed on Basic on the IEP scheme without any recourse or opportunity to explain: One prisoner complained that he had been on Enhanced status for over 4 years, but when he had become 'upset and vocal' about the prison not recognizing that a visit from his wife had been booked after his brother had died, he was placed immediately on Basic without means of recourse. Several prisoners reported that they had been put on Basic for alleged incidents, but even when they were found not guilty, they still had this written up as a 'negative incident' in their records:

I got put on Basic while a charge (adjudication) was being investigated. I was found not guilty, but I still

spent 5 days on Basic, and I still have a bad write up. How fair is that?

Some prisoners felt that prison officers were motivated by covert racism when they used their discretion about IEP or progression. One prisoner stated:

Staff appear to infer stuff because of me being mixed race. White blokes [have] been in trouble but they don't get their decategorization. There are only token gestures for Black and minority ethnic people. [Mixed heritage, prisoner]

The complaints system

There was dissatisfaction – across all ethnic and faith groups – with the complaints system in both prisons. Prisoners reported numerous examples, emphasizing the lack of decision-making transparency, the unfairness and the lag of time between complaint and response from the complaints system. Some prisoners suggested that there might be racial discrimination, but in general the entire complaint system was noted as unfair:

I wouldn't ever complain. No complaint is confidential – it always comes back to the officer that you're complaining about. He ends up dealing with your complaint!

However, one staff member suggested that the negative impact of 'benchmarking' (particularly cuts to staffing) would give rise to more complaints from prisoners:

The main issue is benchmarking. There is very limited manpower to complete the tasks required. This means that people are finding themselves locked up for longer or that there might be delays in things. Depending on how this is explained to people it could be viewed as discriminatory. [Male Governor, Cat C]

And even with the best intentions, there were sometimes unintended consequences that evoked complaints from prisoners:

Even with the best intentions issues can be raised because of the way prison operates. For example, [we] planned an event for Black History month, but places were limited. The only way that this could be done was a first come first serve basis, putting names down. People that missed this felt aggrieved. [Governor, Cat C]

One staff from the Equalities Team noted that the Discrimination Incident Reporting Form (DIRF)[15] system could even reveal inequalities operating

in the prison that were previously overlooked or unanticipated:

DIRF is a process that allows larger issues to come to light. For example, older prisoners were complaining that the healthcare process didn't take into consideration their needs. They were lined up, occasionally outside before getting healthcare. As a result of this the system has been changed to streamline older prisoners' access to healthcare [and] they are now not waiting for meds.

Access to education courses and jobs

While most prisoners reported negative experiences in prison, some prisoners also observed that particular courses or qualifications in prison had transformed their self-esteem and confidence:

I couldn't read or write when I arrived here, but I've got some qualifications now and Toe by Toe really helped. I'm a listener and I do Toe by Toe for others... [GRT male prisoner]

You feel like a human. Not just a number [or] a rubbish guy. I feel I am in the real world, dealt with fairly. [Black male prisoner]

And aspiring to become a 'prisoner (equality) rep' was the most sought-after role among the BME prisoners. This role was viewed positively and with a great deal of enthusiasm, even though there were some consequences of taking up the role:

I do the job because I like doing it; even raising issues is a good feeling for me. I have a passion for helping people, learning from and about other people and different needs. But I've been called a snitch or a grass for working with the establishment [Asian Muslim male prisoner]

I got the Equality Rep job in the Council and people were patting me on the back but then before I could even get used to it someone said 'Hey, your job is being advertised on the wall'. It's like moving the goalposts [Black Muslim male prisoner]

Cultural awareness training for prison officers

It has been suggested that 'unconscious bias'¹⁶ training' was potentially useful to address differential treatment of BME prisoners (e.g. Sue et al., 2007), and many staff agreed. However, this was also viewed to be a challenge to implement increased work pressures. At one prison, this training was

conducted online every year although one prison governor commented:

Given that it can be 'clicked through' it might not be as good as training delivered in person.

In another prison, only two senior members of prison staff could be confirmed to have completed unconscious bias training (although other officers may have done this on their own time). It was acknowledged as desirable to roll this out more widely, but not feasible at present:

It would be difficult to expand this training presently, because of limited staff numbers and pressure on staff time.

And there was little or no desire by prison officers to undertake this training in their own time, outside of working hours:

Prison officers are no longer paid during lunch so people are not willing to do training over and above paid hours.

Many staff members pointed out that the current benchmarking did little to encourage staff members who 'needed' this training but used the excuse of 'limited time' to opt out from participating in training.

Prisoners' perceptions of the 'BME Self-development' workshops

As mentioned, part of this work involved the delivery of a series of culturally-informed self-development sessions by a skilled Community Diversity Officer. The delivery of this work fits with the suggestion that providing BAME prisoners with scope to understand the broader structural factors that have impacted upon their journeys to prison, as well as giving them greater confidence in their identity, can lead to more positive outcomes (e.g. Young, 2014). This focus on identity and experiences as BAME men, together with an emphasis on taking ownership and responsibility for their own behaviour and future, was key to the self-change programme. This was a complicated process involving ingredients of 'sharing truths and facts' with everyone, discussing how the issues of race, religion and gender were impacting on their experience in prison, helping prisoners to develop insight and showing prisoners the importance of taking control of their rehabilitation and to becoming active agents of change. Keiran Manners shared his honest view that this was no easy feat with this group of prisoners:

It's very difficult to convince these men that actually they need to change something about the way they conduct themselves in prison because you're talking about systems which often are not very flexible. The systems are not going to change any time soon to accommodate the needs of BME men. What [they] have to do, however, is be able to navigate through the systems which are currently in place, and if that means they need greater support then we need to be able to capture that.

Many of the BME prisoners demonstrated an understanding of the challenge ahead of them, and the incremental activities they had to undertake to achieve 'realistic goals':

They asked things like 'do you think you'll come back to prison? Why? Why not?' And they talked about achievable solutions. It helped enormously.

Definitely useful [as] unless men [see] realistic, genuine avenues of discussing issues of contention, [it will be] hard to see improvement. This is the only avenue that will bear fruit. Otherwise there will be more violence [and] more deaths in custody.

Importantly, the practitioners, incorporated 'inspiration and purpose' into their programme sessions, presenting self-change as not only necessary (for themselves and for those people who relied on them), but also something that is appealing in terms of the future rewards.

At some point you have to ask, 'Am I really making the change?' My family needs me to.

The intervention sessions allowed the prisoners to gain more faith and self-confidence in themselves, and to believe that self-change was within their control:

Self-changing programme – yes that was helpful. Learning different ways to deal with anger, violent behaviour. I was thinking about this even before I went on the course.

The interviews with the BME prisoners involved in the intervention suggested that the programme was well received by those men who attended the sessions, with BME men remarking on the background, the empathy and the experience of the practitioners delivering the intervention. Importantly, Keiran Manners was also seen as someone who 'cared' about the outcomes of the prisoners. In an informal discussion within a GRT group about their experience in prison, one traveller spontaneously stated to Keiran that he felt he was on their side:

I trust you and I think you care.

Keiran is inspirational. Even before [the programme] I was moving in this direction. [Black Muslim male prisoner]

Being 'open and honest' with the participants was an important factor in the perceived success of the intervention, because it enabled Keiran and his colleagues to build the groundwork for a trusting relationship:

A lot of the feedback that we got was that this was the first time that they had been able to have these conversations and be open and honest about it. To explore perceptions around discrimination, explore perceptions of staff decency with BME groups. And a lot of these men had been in prison for over 10 years. Are we suggesting that this is irrelevant? Well no, it must be important for some of these men in terms of supporting their rehabilitation. This is the first time they've been able to have these conversations without there being repercussions.

These open discussions, where prisoners were allowed to share their experiences in a 'safe' environment, was considered important in itself but was also viewed as integral to the issue of prisoner progression. Informal feedback by Keiran identified progression as a key area of concern for many prisoners, but also an important step towards helping prisoners develop a sense of ownership of the programme:

[We wanted] to empower the men to look at their own progression and where the links are made between their transition back into the community and their attitudes. Progression is what is most important to the men in terms of their rehabilitation and their transition...and [we] included them in the development of the intervention.

Some BME prisoners who were interviewed in the middle of the interventions initially observed that they thought that the workshops were 'interesting' but unlikely to change their own [negative] experiences in prison:

[I] had heard it all anyway...

Interestingly, in almost all of the interviews with prisoners who had participated in most of the workshops, the initial scepticism was replaced by a more positive view that the sessions had been useful, particularly in terms of giving them an opportunity to speak openly about issues important to them

as BME men (e.g. race, racism, perceptions of differential treatment) and their progression:

The sessions provided a good outlet to discuss issues. It felt safe.

People were complaining [there were] no Black workshops.

In one of the interviews, a Black Muslim prisoner showed the researchers a list of ideas he had drawn up for things that he could do when he was released from prison – including finding work in accommodation/hostels in rural areas or training to become a special needs teacher.¹⁷

Chapter summary

The results showed that disproportionality did indeed exist based on prisoner self-reports.¹⁸ In addition, the BME prisoners who participated in the intervention revealed a greater insight into how their actions might be perceived and understood by others; the importance of taking responsibility in order to achieve their personal goals and the importance of having aspirations to improve their outcomes in prison. Importantly, many of those who were part of the intervention group possessed the key demographic (Black, Muslim) and criminal history (Previous Experience of Prison, Short Time Left to Release) characteristics that were found to be independently associated with negative outcomes in the larger study, suggesting that if future research found further support for the potential benefits of this intervention, this support could be of benefit to those most 'at risk' of negative outcomes.

The overall findings from the interviews revealed that:

- Covert/unwitting discrimination was viewed by prisoners as the key issue underlying the perceived differential treatment of BME prisoners.
- Prisoners did not feel that they were living in 'institutionally racist' prisons, but did feel that many staff lacked 'cultural understanding'.
- Contributing to this was the low proportion of BME staff, although it was acknowledged that many 'cultural misunderstandings' could be resolved by culturally aware and empathic staff.
- Regular, informal chats, inquiries about their day and being treated with respect and courtesy were cited as keys to good relationships between prisoners and prison officers.
- Many prisoners were wary of lodging formal complaints as they feared the consequences and had little confidence in the independence of the complaints process.
- Whilst staff were aware that there was more need for 'unconscious bias' or diversity training, it would be challenging to increase staff engagement with this in the current resources-restricted climate.
- Benchmarking and staff shortages were perceived as major underlying problems by both staff and prisoners.

5. Project 2: Improving Disproportionality in Use-of-Force Incidences for Black and/or Muslim Prisoners in Custody through Self-development (2017)

The University of Greenwich, the Runnymede Trust and Ipswich and Suffolk Council for Racial Equality were commissioned to undertake research on the use of force in prison from a disproportionality perspective. This was because there had been considerable concern within government (also recently highlighted in the Conservative manifesto of 2017) about the disproportional levels of use of force involving BME (and mostly Black and Muslim) prisoners.

Specifically, this project was to (1) identify the reasons behind the apparent racial and religious inequalities observable in use-of-force incidences in two prisons (one large Cat B prison and a smaller YOI prison), and (2) to develop a self-change programme for Black and/or Muslim prisoners to address use of force, deliver this programme and evaluate its effectiveness.

Use of force [UoF] is defined as physical contact by officers on prisoners, and as previously mentioned, this can take a range of forms. This does not mean, however, that use of force should necessarily be recognized solely as prison officer behaviour. It is possible that increased use of force by officers may reflect wider issues related to prisoner behaviour or the operation of the prison regime.

Use-of-force incidences include control and restraint (C&R), de-escalation, batons, PAVA gas, use of handcuffs, and using pain and compliance techniques such as the Mandibular Angle Technique (pressure point below the ear).

To begin this work we examined 19 inspectorate reports from 2014 and 2015 in order to identify key issues in relation to use-of-force incidences across prisons.¹⁹ The key issues were:

- In a number of prisons the level of UoF appeared to have occurred in connection with serious staffing problems, especially the use of deployed officers.²⁰
- UoF seemed to have increased in prisons where there had been a recent increase in the number of young adults.
- A high level of BME and Muslim respondents in HMIP's prisoner surveys appeared to have experienced higher levels of UoF compared to their peers, and reported they felt victimized by staff
- HMIP reports highlighted that UoF was often used as the first reaction rather than in association with de-escalation techniques
- Refusing an order was identified as often leading to UoF use by staff (PPO bulletin Learning Lessons, 2014) even though a refusal to obey an order is not in itself sufficient to justify UoF.

- Overall there was consistent evidence of poor governance, including failure to complete the required forms, CCTV cleaned before an investigation was completed, staff presenting a very limited version of events, and in some prisons, management colluding with poor practice.

The key themes that arose out of interviews in the disproportionality and use-of-force study with 42 male prisoners, 12 prison officers, 3 imams, 4 prison governors and several workshop observations, are presented below. Among the prisoners, we interviewed 30 Black and Black Muslim males, and 12 males from Asian Muslim, White and GRT backgrounds across 4 prisons.

The self-development workshops took place in a large Category B prison and a YOI prison. The self-development model was co-developed with prisoners in two additional Category C male prisons outside of London.

What causes use of force?

There was widespread agreement that many 'low level' use-of-force incidences arose out of sheer frustration

by prisoners about the prison not functioning on even a 'basic' or entitlements-based level:

No basic stuff. There is no induction. For two weeks my phone pin didn't work, and then when I got it, my numbers were not approved. [Black Muslim prisoner, Category B]

'Basic needs' not being met was mentioned frequently as the source of frustrations; examples included no toilet paper, no shampoo, lack of showering opportunities, lack of food, limited halal food options and no computer in the library:

We are supposed to have association everyday but it feels like it gets cancelled more than we have it. [Black Muslim YO]

This view was shared by prison governors from across different prisons as well:

Some aspects of the prison regime also make it difficult to manage prisoner safely while seeing that their needs are met. Redeployment of staff around the prison can make it difficult for officers to get to know prisoners, which can be helpful for defusing difficult situations. There are also issues getting prisoners resources they are entitled to, e.g. as part of the IEP scheme. This leads to situations where not all prisoners are receiving entitlements and, consequently, to an increase in tensions. [Governor of large Category B men's prison]

There was widespread agreement across prisoners, prison governors and prison staff generally that a lack of flexibility in the regimes (particularly in the YO), the priority of security and churn of staff made everyday life much more difficult to endure in prison:

...so when prisoners are finally let out of the cells after being locked up for a long time, prisoners are hyper-sensitive. [Prison Officer, YO]

Several staff noted that shortage of staff limited their ability to interact more cordially with the prisoners and exacerbated misunderstandings:

We try to use coaching with the prisoners, but with staffing levels, we just have to get on with it as best as we can. [Prison Officer, YO]

Prisoners were asked about their day-to-day treatment by both the regime and the prison staff, and whether they perceived any differences in the way they were treated. There was a consensus that they were treated poorly and regarded disrespectfully by both the regime and most of the staff:

I am more than my name and number, and if they treated me that way, we could get on a whole lot better. [Black Muslim prisoner, YO]

They treat us like dogs... [Black Muslim prisoner, Cat B prison]

The staff talk about decency, but there is no decency in this regime. [Black Muslim prisoner, Cat C prison]

However, when asked about the nature and the motivations behind poor treatment by staff, prisoners reported a range of reasons (including inequality of treatment based on ethnicity or faith) but showed insight into the constraints of the regime, including staff shortages:

There is just no staff here to control things. There was a new guy just banging on his door for hours. No staff went to him. The other prisoners were going to get him to make him stop. I just went to his door and talked to him, and he stopped. It wasn't hard – how come staff can't do that? [Asian Muslim prisoner]

Some prisoners also observed that the churn of staff in the prison affected relationships (and created misunderstandings) between the staff and the prisoners:

The churn of staff means that they don't have a good rapport or relationship with the prisoners – no informal chatting or conversations. [Black prisoner, Cat B prison]

Also the exchange and familiarity from every day between PO and prisoner means less misunderstanding between the two: if the prison officer knows you, he won't bend you up. [Black prisoner, Cat B prison]

Inexperienced staff

Several prison governors also indicated that while they were aware of issues around disproportionality in the use of force against BME prisoners, these were motivated less by discrimination than lack of experience:

We know that a lot of times prison officers will use force too quickly – like if an order is refused. But that's not about black or white. Guys are just too quick to act – they don't really have jailcraft.

A lack of experience and young prison officers were consistent themes in both the adult and the YO prison regimes in relation to use-of-force incidents.

Kids locking up kids, that's the problem... [Prison officer, YO]

I think that's because of the lack of maturity of the staff. [Black Muslim prisoner, Cat B]

Older members of staff, even if they're new to the prison officer role, bring with them life experience that is helpful to negotiating potentially difficult situations, while younger members of staff lack the confidence to do so. [Prison governor, Category B prison]

It was also noted by some prison officers, that the 'new younger [prison officer] recruits' were not invested in the job in the same way as older prison officers; many younger officers no longer saw the prison service as a job for life:

But there is churn, and the new POs have degrees, so they see this job as a stepping stone rather than a job for life. Before it was a job for life; not now. [Prison officer, YO]

Other prison officers felt that the prisoner population was getting more difficult to manage – partly due to the increase in the number of younger prisoners (who were more likely to be 'fractious'). One prison officer pointed out that generally older prisoners help by acting as a 'steadying influence' on younger prisoners, but this was becoming harder with growing numbers:

It's back to school days arguments that get heated up with the boys; and they are just boys. [Prison officer, YO]

One prisoner suggested that staff could mitigate many of these tensions simply by playing a more active day-to-day role in engaging 'with decency' with younger offenders:

Staff need to be more supportive of this [younger] group due to their volatility. Staff should make more of an effort – even go as far as asking prisoners of this group "How are you feeling today?". More interactions and development of staff-prisoner relationships should be already implemented through the decency agenda, but it isn't. [Black prisoner, Equality Rep, Cat C prison]

There was also a common perception that not having anything to do made things worse for young offenders:

This age group of 18–24 is so detrimental; it's a destructive age. It's only when you're older, that you have maturity. They need something more constructive to use with their talents; they need someone they can relate to. [Black Muslim prisoner, Cat C prison]

One of the more interesting aspects of the qualitative study was the different reasons given for use of force in prisons. Table 2 shows the diverse (and cumulative) reasons why use of force incidents maybe taking place, but also how different actors within the prison explained these:

Table 2. Reasons for use of force: perceptions of prisoners and prison officers

Prison Officers' View	Prisoners' View
Minor skirmishes with each other	No staff to control things; immaturity of prisoners
Assaulting each other	Staff shortage and constant regime change: 'no regularities', 'pandemonium'
Immaturity of prisoners	Staff are young, provocative and 'hyper-alert'; restraint before de-escalation
Staff not fit for purpose (anticipating violence, de-escalating, empathy)	Discrimination by prison officers; use IEPs as threats; cultural stereotypes
Non-compliance (short notice stuff)	No time to get things sorted out of cell time, e.g. activity slips; orderlies to escort
Gangs, bets and NPS	Different types of Muslims and different types of prisoners (remand, longer term)
Poor staff to prisoner ratios – particularly when prisoners out of cell ('short "out of cell" time and lots going on...')	Courses exist but no staff to process applications or to escort; boredom

The role of racism and religious discrimination in use-of-force incidences

While the evidence pointed strongly to benchmarking and restrictive regime issues, with young prisoners and staff contributing significantly to use of force in both prisons, it was also clear that this was in addition to the everyday perceived racial discrimination by Black and Black Muslim prisoners, which likely contributed to disproportionate use of force.

BME prisoners reported a range of negative experiences, varying from overt and covert 'othering' remarks or humour; to being perceived as a threat or aggressive; being accused of wrongdoing without proof; and being treated with suspicion:

We had an art teacher about 11 months ago. In an art session, she messed up a picture and it just came out all black. She said, 'Look, I have a picture of a black man in the dark'. [Black Muslim prisoner, Cat C prison]

With staff we have to speak loudly and raise our voices; otherwise no one pays attention. When we do that, then we are perceived as aggressive. [Black prisoner, Cat C prison]

Staff identify you as a problem before there is a problem; passive aggression – negative feedback exacerbates the situation. [Black Muslim prisoner, Cat C]

I was carrying a bunch of DVDs to the mosque, when a prison officer says to me, "Are you carrying a bomb in that box?" [Black Muslim prisoner, Cat B prison]

Moreover, several prisoners felt that Black Muslims, in particular, were treated worse by prison officers.

I definitely think it is Muslim brothers who get it worst and probably those who are, you know, Black. I saw one black guy sent back to his cell for wearing a long robe, but the same officer said nothing to me and I was wearing the same thing. It's like the officers think they are faking it. [Asian Muslim]

While BME (Black and Asian) prisoners shared many examples of racism, 'othering' and casual stereotypes by prison staff, it was notable that many of these BME prisoners had also become resigned to being treated unfairly because of their race, ethnicity or religion:

New white guys come in and get jobs while black brothers who have been here for ages don't.

We get away with less with prison officers. In 2007, I saw a white guy punch a black guy for no reason, but it was the black guy that got the C&R by staff, while the white guy was taken away in a more civilised way. They [prison officers] have it in their mind anyway, so if I had jumped in, the same would have happened to me...it's a vicious horrible circle. [Black prisoner, Cat B prison]

But even with this sense of resignation about 'everyday racism', some prisoners were willing to give staff the benefit of the doubt:

It doesn't come from the worse place; just that they aren't used to black people. [Black prisoner, Cat C prison]

Interviews with staff (including prison officers, wing governors and imams) about use of force incidences highlighted some of the stereotypes that existed amongst staff about Black and Black Muslim prisoners:

You know, this race [black] are hot headed. [Imam, Cat B prison]

A lot of prisoners have a lot of negative thinking that I associate with gang culture. [Prison officer, YOI]

One prison officer in the YOI commented that BME prisoners were different in 'how they deal with problems', with BME prisoners more likely to 'externalize their emotions' and for this to emerge through 'confrontational behaviour'.

Many prisoners felt that they were constantly 'fighting prejudices' that prison officers brought in 'from the outside':

They [prison officers] see the news, and that changes how they treat us. Don't blame them, but I'm not them in the news. [Black Muslim prisoner, Cat C prison]

But the staff need to change their thinking. They believe you're a terror threat. Prisoners are not treated fairly because of prejudice outside. We have to deal with the preconceived views of prison officers. [Black Muslim prisoner, Cat B prison]

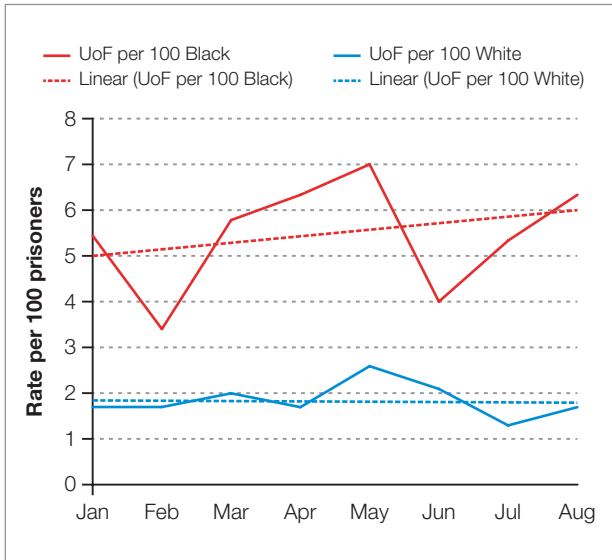
Quantitative analysis of other data related to use-of-force (UoF) incidences

It was possible to collect the official UoF data at a large adult prison over an 8-month period. The results showed that there had been an increase in UoF over time from about 2.5 per 100 prisoners to 3.1; but further analysis showed that this increase was because of increases in UoF amongst Black prisoners.

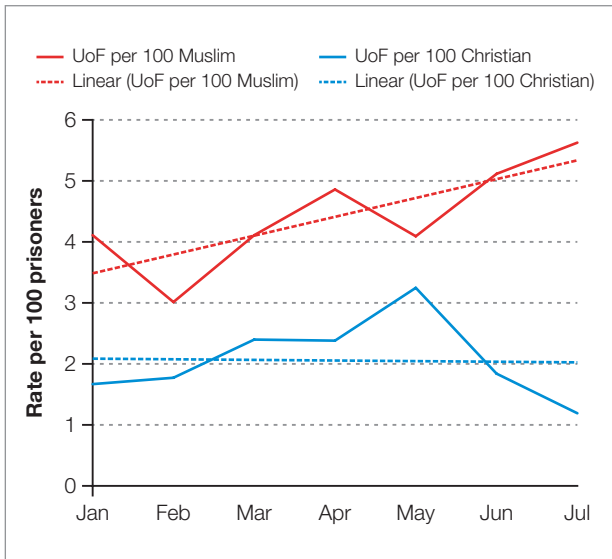
Graph 4 shows the trends of UoF for those of White and Black ethnicity (per 100 prisoners). The dotted lines are the average trends over time. First, it can be seen that UoF was much higher amongst those of Black ethnicity in January (5.4 per 100 amongst Black prisoners compared to 1.7 per 100 White) and further it can be seen that UoF increased amongst Black prisoners, but not amongst White prisoners.

Similar trends were noted with religion, with those of Muslim faith being more likely to experience UoF than

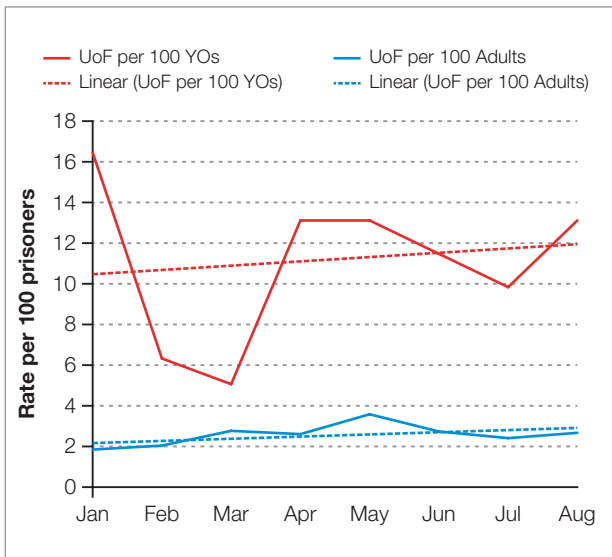
Graph 4. Use of force by ethnicity



Graph 5. Use of force by religion



Graph 6. Use of force by age



those of Christian faith, and with this disparity getting worse over the observation period (see Graph 5).

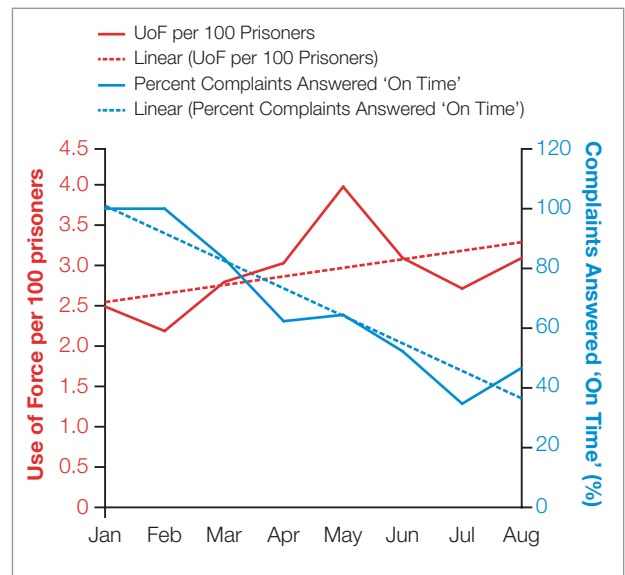
Another powerful factor was age (Graph 6). Those who were younger (classified as YOs) having much higher levels of UoF (over 10 per 100 prisoners) compared to those who were older (around 2).

Making complaints

One way that prisoners can express their frustrations is to complete a Comp1 or the first stage of the complaints procedure. All complaints should be responded to (even if it is a holding message saying that the issue is still being explored), within 7 days.

Analysis of the complaints data at the same large adult prison suggested that the submission of comp1s (initial complaints) had slightly decreased over the same time period that UoF had increased. What was particularly noteworthy, however, was the significant reduction in the proportion of complaints addressed 'on time' over the same time period. While it is not clear that the reduction in the complaints addressed on time 'caused' the increased UoF, this is likely to have been one contributing factor.

Graph 7. UoF per 100 prisoners and complaints addressed 'on time' (%)



Graph 7 shows that UoF rose from January to August (LH axis), but that the percentage of complaints answered 'on time' decreased substantially over the same time period.

There was also evidence that those of Black ethnicity were significantly more likely to have submitted complaints, and as shown before were more likely to have experienced UoF. Religion was not recorded

in the complaints data so this aspect could not be explored.

The impact of the intervention

The observations and the interviews conducted after the delivery of the workshops suggested that the men appreciated the format and delivery approach of the workshop. The sessions were viewed as an opportunity to speak about their experiences in prison related to their faith and ethnicity, and was desirable because it offered a safe space for self-affirmation and the opportunity to discuss the positive contributions of Black culture and the Muslim faith. The facilitators were viewed as 'trusted messengers' because of their knowledge and experience, and were considered to be inspiring by those who were at the workshop. The men reported that the workshops had resulted in changes in their approaches to difficult prison officers and that the skills they had practised were useful in navigating prison as a Black and Black and Muslim man. The men felt that staff would have benefited from many of the discussions in the workshop, so including more staff could be a target in the future. The absence of governor involvement and the challenges that were faced by the facilitators in running the sessions (e.g. no activity slips one week, no staff to move prisoners) was viewed by the prisoners as evidence that the senior management team did not value the initiative.

There were other clear benefits of the intervention. The men who completed the workshops at one prison were introduced to the St Giles Trust Purple Army initiative at the final workshop session. This initiative was intended to train prisoners to NVQ level 4 to provide guidance and support to other prisoners. All of the men in the workshop sessions put themselves forward to begin this training.

Chapter summary

What causes use of force?

Many factors were identified from the multiple sources included, but low staff numbers was consistently identified. This resulted in:

- More time spent in cells
- Thereby more of a challenge for staff to deliver basics (e.g. escort to purposeful activity)
- Restricted regimes

The lack of staff was perceived to result in less decency and was noted to increase frustration amongst prisoners, whilst also having a profound impact on staff attitudes.

- Staff were also noted to be less skilled (lacking 'jailcraft', and life skills)
- Prisoner immaturity was also noted as a potential cause of UoF by both staff and prisoners, and staff suggested that settling debts, NPS (novel psychoactive substances such as 'spice'), and gangs were contributing factors.

What causes disproportionate use of force?

Prisoners suggested that disproportionate UoF against Black and Black and Muslim men was caused by both covert and overt discrimination. For example, prisoners felt that many officers misunderstood cultural cues (for example, gesticulating and talking loudly), which led to fractious interactions. Prisoners also suggested that some staff held negative stereotypes about Black and Black and Muslim men and that these were particularly negative for Black Muslim men who were viewed to be 'faking it'. Prisoners felt that wider societal external events (e.g. terrorist incidents) influenced how officers viewed and treated them. Greater cultural awareness among staff and more experience with Black and Black and Muslim individuals were viewed by prisoners as potential solutions to disproportionate UoF.

Prison officers, governors and other staff (e.g. Imams) were reluctant to acknowledge the existence of disproportionate treatment of Black and Black and Muslim prisoners with regard to UoF. Staff tended to adopt a 'colourblind' attitude in which it was suggested that everyone was treated the same regardless of colour or religion. However, stereotypical views of Black and Black and Muslim men were evident. These included the suggestion that certain groups held 'gang attitudes' which resulted in increased UoF, and that those of certain religions were less well integrated into British societal values. The predominant view of staff was that, if there is disproportionate UoF, this is because of the characteristics or qualities of those populations rather than staff attitudes or actions. This appears to indicate that cultural awareness training would be desirable.

6. Conclusions and Recommendations

Due to benchmarking²¹ and cuts to experienced staff a lot of prisons are now run on what is called a restrictive regime. There are fewer staff to monitor 'at risk' prisoners, fewer staff to deal with low-level conflicts and fewer staff to get prisoners what they are entitled to receive. This means that prisoners can spend more than half of their week locked up in their cells, without any exercise, access to classes or opportunity to interact with others.

In concert with reduced staff time and expertise the prison population has continued to swell, arguably with those whose imprisonment does not serve society well (e.g. the young, the vulnerable, those with mental disorders). Overcrowding piles additional pressure on the physical environment (e.g. cell sharing, lack of space); and an under-staffed prison means not enough 'purposeful activity' for prisoners, not enough time to meet with families, not enough time out of their cells with more tensions created between prisoners themselves as well as between prisoners and staff.

The tensions created by the current situation in prison have particularly exacerbated the negative experiences for many groups of prisoners, including those with mental health issues and those from BME and Muslim backgrounds. This is likely because staff cuts have meant more inexperienced staff with only time to provide base-level [minimal] supervision. With few opportunities for cultural awareness or unconscious bias training, and with little or no 'mental health literacy', poor prisoner–staff relationships based on misunderstandings, mutual trust and suspicion are fostered.

When an offender goes to prison we are sending a clear signal to them that they are losing their freedom to be in society, but that should not mean them losing their rights – particularly in relation to safety. Our research overwhelmingly showed us that despite the efforts of prison regimes to operate fairly, the principles of decency and equality have become lost in restricted regimes and diminished by far-reaching staff cuts.

Recommendations

In order to identify and protect those with mental health issues we would make the following recommendations:

In an ideal world those who have mental health issues, as well as the young and vulnerable, should

be directed away from the path to prison so that they can receive the care they need in the community. However, those who develop mental health problems whilst in prison need to be identified, have their risk monitored appropriately, and ideally be moved to a psychiatric facility to provide for their care.

Our reviews of Prison and Probation Ombudsman (PPO) reports, ACCT processes, the literature of risks and protective factors for young people in danger of self-harm and self-inflicted death all highlight both the static and the dynamic nature of risks. Live assessment of someone at risk of self-harm is critical, particularly around significant events, such as anniversaries or relationship breakdowns, and taking into account an individual's coping abilities. Currently, the ACCT process does not have a 'traffic-light' approach for a person at risk, which means that it's easier for someone vulnerable or with poor coping abilities to fall through the cracks. It's also clear that the institution's ability to transfer information in a timely manner and follow it up is crucial to keeping an individual safe in prison.

An understanding of risk could be enhanced by working more closely with those who are themselves at risk. Staff with current training in the identification of risk see it as a specialist skill that they learn to carry out as a separate and distinct part of their work. This rather limited and unsuccessful notion of risk identification should be rethought. Inmates can and will participate in their own risk assessment; they may indicate their own vulnerability, admit their current problems, and even attempt to avoid some of the stresses leading to suicidal feelings in custody (Liebling, 1999: 334).

An important step to reducing self-harm and decreasing the number of self-inflicted deaths in prison could be to introduce 'safety impact assessments', similar to 'equality impact assessments' of major government policies in prisons so that policy-makers are encouraged to assess the impact of policies on people with protected characteristics, including BME groups. There is evidence to suggest that prison officer cuts and benchmarking has had a significant impact on safety and disproportionality in use of force incidences in prison, which is why it is important to assess the impact of future policies on safety and equality.

While it is true that new drugs, such as Spice, have a marked impact on prisoners' safety, our experience

in prisons in the last few years also indicates that it is not the sole reason for the increases in violence, self-harm and deaths in custody. Staff ratios to the number of prisoners, out of cell 'association' time (time for phone calls, showers, playing pool etc.), regular access to education and jobs are all important for people's mental health in prisons.

And in order to reduce use of force in prisons, and the disproportionate use of force against BME and Muslim prisoners we would make the following recommendations (below) which we also believe will have a beneficial impact on prisoner safety and security in prisons:

Recommendation 1

The number of skilled staff on a prison wing needs to be increased significantly. This would address many of the issues which appear to be contributing to increases in self-harm, suicide and disproportionality. This would facilitate more purposeful activity, meeting prisoners' basic needs, and improving the predictability of the regime. More staff, and more skilled staff, would also facilitate the improvement of staff-prisoner relationships through enabling more time for communication both from prisoner to prison officer (e.g. about potential issues on the wing) but also from prison officer to prisoner (about potential regime restriction on certain days). Currently, prisoner officers are often viewed by prisoners as the reason for 'bang up' and also the one who benefits from having prisoners 'banged up', and yet officers expressed their desire to have prisoners out of their cells getting things done. Staff skilled in mental health awareness, unconscious bias and de-escalation techniques would be a significant asset. It is a missed opportunity for the government's White Paper to discuss the recruitment of 2500 frontline prison staff but not address the importance of skilled staff or any level of mental health literacy among existing let alone new staff. These skills and effective training are critical to the safety and decency agenda within prisons.

Recommendation 2

An increase in the diversity of prison staff is critical as currently there is a significant racial diversity gap between BME prisoners (25% of prison population) and BME prison staff (6% of all prison officers). Prisoners were not ubiquitous in their assertions that BME staff would be a solution to many of

their problems in prison, but several suggested it would help in terms of 'cultural understanding' between BME prisoners and prison staff, and in terms of changing attitudes of white staff (and white prisoners) about the educational and employment achievements of BME groups. It is of concern that the government's White Paper does not mention increasing the diversity of prison staff, given it is clearly a racial disparity issue when 25% of the prisoner population is from a BME background. However, we are aware that the Prime Minister has given her commitment to this issue and on disproportionality in use of force issues in the recent Race Disparity Audit.

Recommendation 3

Senior management should provide ongoing training and support to prison staff, especially after an upsetting and stressful incident where there may have been violence. While such events are currently treated like part of the job, those staff who are exposed to or experience violence should receive non-critical management support while being provided with the opportunity to learn from the incident. Ongoing staff training should include mental health literacy, unconscious bias training and de-escalation techniques.

Recommendation 4

Culturally-aware (or culturally-informed) pre-desistence interventions like those delivered as part of our work should continue to be delivered to Black and Black and Muslim men as these are the groups who currently appear to have the worst outcomes in relation to use of force in prisons. However, it should be noted that these interventions could also benefit prisoners from other ethnic groups (including GRT groups). Culturally-aware motivational interventions, like the one delivered in our research studies, have now been evaluated in four different prisons and has been shown to have positive and wide-ranging impacts on the men. In this research the intervention was viewed by those who attended (prisoners and officers) as something 'new' and desirable, and the current research evidence supports its efficacy. A regular opportunity for Black and Black and Muslim men to be assisted in their self-development could assist them in taking responsibility for their own rehabilitation while helping them navigate prison as Black and Black Muslim men.

APPENDICES

Appendix 1. Notes

1. HMIP Annual Report for England and Wales (2016–17: 7).
2. Jolliffe and Hedderman (2015); Hedderman and Jolliffe (2015).
3. The Lammy Review (2017). An independent review into the treatment of, and outcomes for Black, Asian and Minority Ethnic individuals in the criminal justice system. London: HM Government.
4. <https://www.gov.uk/government/statistics/prison-population-figures-2017>
5. This was a direct quote from one of those we interviewed in prison.
6. Independent Advisory Panel on Deaths in Custody (2014).
7. This review covered the time period up to December 2013. Therefore, recent developments such as the HMIC thematic review of vulnerable people in custody and the Mental Health Crisis Care Concordat are not reviewed here.
8. This is not an exhaustive list of all mental disorders that have been linked to death in custody, but these are some of the most commonly linked.
9. Excited delirium is a very contentious mental disorder and is not part of the common diagnostic devices such as the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD) (Takeuchi et al., 2011).
10. Some of the research studies related to near-lethal episodes of self-harm rather than death.
11. There are three levels of IEP (Enhanced, Standard and Basic) which is supposed to be tied to the prisoner's behaviour in terms of rewards (standard or enhanced) or punishments (basic).
12. The First Case Review should involve a multi-disciplinary team (e.g. Unit Manager, Case Manager, Assessor, a member of staff who knows the prisoner, Healthcare, and any other member of staff who has or will have contact with the at-risk prisoner and who can contribute to their support and care).
13. In the female prison most ACCT documents did have prisoner signatures.
14. The Incentive and Earned Privileges Scheme (IEP) was introduced in 1995 and is supposed to promote conforming behaviour. Each prisoner is set a "status" based on their behaviour: Basic refers to few privileges (e.g. not being able to wear your own clothes); standard few more rewards (e.g. being able to wear your own clothes) and Enhanced can include longer visits and other rewards.
15. The Discrimination Incident Reporting Form, or DIRF, can be submitted by prisoners, staff or visitors if discrimination is suspected. This should result in a full investigation and a clear response within a set period of time.
16. Unconscious bias refers to stereotypes, both negative and positive, which may exist in our subconscious but which may influence our behaviours, unwittingly.
17. These issues had been set as 'homework' in one of the sessions.
18. All previous research and evidence had been based on official reports by the prison.
19. It is important to note that similar to our research with ACCT (see chapter 3), details about use of force (good or bad) are not consistently recorded in HMIP reports.
20. This is where officers are brought in from other prisons to cover staff absence.
21. As part of the public cost cutting programmes of the Coalition government in 2010, prisons were required to peg their costs at the same level as the most efficient prisons, including ones run by the private sector. This is known as benchmarking.

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Runnymede Perspectives

Runnymede Perspectives seek to challenge conventional thinking about race in public and policy debates. Perspectives bring the latest research to a wider audience and consider how that research can contribute to a successful multi-ethnic Britain.

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