

IN PRISON

In order to afford anything in the nature of permanent protection, either the prison must keep the offender within its walls for the term of his natural life, or it must bring such influence to bear upon him while in custody that he will, on the day of his discharge, be an honest, hard-working and self-controlled man [*sic*], fit for freedom, and no longer an enemy of society. (Sir Alexander Paterson, 1951 edn.: 24)

This chapter does not attempt to present an extensive consideration of imprisonment. That has been done elsewhere (Cavadino and Dignan, 1997, for example). Instead we will briefly consider how treatment in prison has been seen since the arrival of the ‘nothing works’ doctrine. The chapter then goes on to consider a specific institution, Grendon Underwood, which both provides a very special example of treatment in prison, and raises questions about where treatment stands in relation to the prison system as a whole.

Prison as a Place of Treatment

Prison tends to be thought of primarily as a punishment, but custodial sentences are supposed to fulfil several functions. Traditionally these have been regarded as retribution, deterrence, containment and rehabilitation. Which of these is accorded the highest priority will vary depending on the prevailing penal philosophy of the time. The system of imprisonment with which we are familiar has not always been in existence. It only developed as one of the main ways of dealing with criminals just over two hundred years ago. Prior to that physical punishment was the norm, with execution being common. Foucault describes the shift that took place around the end of the eighteenth century from ‘corporal’ to ‘carceral’ forms of punishment, referring to prison as ‘The gentle way in punishment’ (Foucault, 1977). John Howard is widely regarded as a benevolent progressive reformer of prisons in the nineteenth century. But he and his supporters favoured a single cell in which the convict would be held in circumstances close to what we would now call solitary confinement, usually with the means for some form of labour in the cell. Today we would regard such conditions as less than progressive, being more concerned about the fact that there may be several people sharing a single cell. But what Howard and others were trying to achieve had a moral and religious impulse: convicts should be

treated humanely, but should contemplate the error of their ways under appropriate moral guidance, and in isolation from other felons.¹

Morgan (1997: 1144) suggests that prisons have three uses:

- the custodial – mainly remand prisoners, being held in custody ‘to ensure that the course of justice proceeds to its conclusion’;
- the coercive – mainly fine defaulters, because of their ‘failure to comply with a court order’;
- the punitive – in the famous dictum of Alexander Paterson, a reforming prison commissioner, ‘Men come to prison *as* a punishment, not *for* punishment’ (Paterson, 1951: 23).

Morgan goes on to distinguish between the reasons for sending people to prison and the objectives of prison. For many years prisons were regarded as a form of treatment and, as noted in Chapter 1, structurally and theoretically there are strong parallels between prisons and lunatic asylums. The treatment and training potential of prisons was enshrined in Rule 1 of the Prison Service, which advocated prisons as a place where inmates should be encouraged to lead ‘good and useful lives’. The system of parole was very much part of this conception of prison, with its notion that release should in part depend on the extent to which an offender had responded positively to efforts to reform him or her.

The danger of such thinking is that it leads to the sending to, or keeping of people in, prison under the delusion that it is good for them and that it ‘works’. As elsewhere, the loss of confidence in the rehabilitative ideal during the 1970s led to a reappraisal of the role of prisons, and this culminated in the work of the May Committee (1979) towards the end of the decade. In their evidence to the May Committee, King and Morgan (1980) suggested as an alternative to Rule 1 the term ‘humane containment’. But the May Committee and others were not happy with this because of its negative implications, suggesting a policy of ‘warehousing’ criminals in circumstances that lacked a moral justification. May therefore adopted the phrase ‘positive custody’, but the concept never really achieved any meaningful development in practice. As Morgan has put it, “‘humane containment’ has been judged too stark a prospect, and ‘positive custody’ too woolly” (Morgan, 1994: 901).

In this rather uncertain climate imprisonment made its way through the 1980s, on the one hand extolled (especially for more serious offenders) by a Government which laid claim to ‘law and order’ credentials, but on the other hand recognised as expensive and ineffective. An important shift occurred, however, during a meeting of Home Office ministers and officials at Leeds Castle, Kent in September 1987. The meeting has been reported by Lord Windlesham, a former Home Office minister and Chairman of the Parole Board, who described how, as the

meeting progressed, ministers and officials contemplated figures produced by the Home Office Statistical Department forecasting an increase in the prison population to 60,000 in the foreseeable future and the prospect of it reaching 70,000 by the year 2000. It was resolved that 'such a situation would be intolerable, and must not be allowed to happen' (Windlesham, 1993: 239). Consequently the Home Office began to develop a policy which, by focusing more on the punitive aspects of community-based sentences, would reduce reliance on imprisonment. This resulted in the Criminal Justice Act 1991, with its sentencing framework of incremental loss of liberty based on a 'just deserts' approach. As far as prisons were concerned, however, the period of ambiguity about their role was brought to an abrupt end in April 1990 with the Strangeways riot and disturbances at other prisons, and the report by Lord Justice Woolf and Judge Stephen Tumim. This report (Woolf and Tumim, 1991) was a largely pragmatic and managerialist response to the circumstances which gave rise to the 1991 riots, and it sought ways to avoid a recurrence, rather than to look for a new creed for the prison system. Woolf and Tumim identified 'one principal thread' which linked the causes and complaints underlying the riots:

It is that the Prison Service must set security, control and justice in prisons at the right level and it must provide the right balance between them. The stability of the prison system depends on the Prison Service doing so. (Woolf and Tumim, 1991: para. 1.148)

The recommendations of Woolf and Tumim covered such matters as closer co-operation between the different parts of the criminal justice system, an enhanced role for prison officers, levels of certified normal accommodation, access to sanitation, and improved standards of justice. However, they did stress that the Prison Service is part of the criminal justice system as a whole, and that 'The objectives of the Criminal Justice System include discouraging crime' (para. 10.24). Regarding rehabilitation, Woolf and Tumim favoured the formulation 'that the prisoner is properly prepared for his return to society' (para. 10.29), and Recommendation 72 stated that, 'The Prison Service and the Probation Service must work together to achieve the common objective of helping offenders to lead law-abiding lives' (Woolf and Tumim, 1991: 440). But it was emphasised that this 'does not mean a return to what came to be known as the treatment model' (para. 10.34). Under the old model of treatment 'it was thought appropriate to sentence an offender to a custodial sentence for reformatory treatment, as if being a criminal was a curative condition'. Whilst an offender should not be sentenced to imprisonment for reformatory treatment, Woolf and Tumim did regard it as part of the Prison Service's role to ensure, wherever practicable, that while serving a sentence a prisoner should have the opportunity of

training. Woolf and Tumin also referred to the need to give special attention to certain groups of prisoners, including mentally disordered offenders, sex offenders and drug abusers. Although widely regarded as the way forward for the Prison Service at the time, the recommendations of Woolf and Tumin were not fully implemented.

Meanwhile, Michael Howard claimed at the Conservative Party Conference in October 1993 that 'prison works'. But this in no way signalled a return to the rehabilitative ideal. Rather prison was now seen, as in the United States, in terms of incapacitation, deterrence and punitive loss of freedom. Despite the fact that prison is commonly seen as punitive, treatment and rehabilitation have continued to have a place in the prison system, if a less prominent role than many might wish. Programmes of treatment within prison tend to be directed at specific groups, as will be seen in later chapters. Furthermore, in regard to imprisonment, as elsewhere in criminal justice, a more rights-based approach to treatment has tended to be adopted and, as in Raynor and Vanstone's paradigm of probation practice, this is a perspective which takes society's needs into account as well as those of the individual offender.

Morgan has placed such an approach in the context of what he describes as the 'new realism' in sentencing theory. This 'new realism' derives from the Criminal Justice Act 1991 and has three ingredients:

- 1 Custody is not justified on the grounds that it will make offenders better.
- 2 Deterrence as individual calculation has lost credibility.
- 3 The primary objective for sentencing is denunciation of, and retribution for, crime.

In relation to the first of these Morgan goes on to say that 'If treatment, training or rehabilitation is the object, it is accepted that these outcomes are *more likely* to be accomplished by the offender remaining in the community' (1994: 900, emphasis added). There is, however, a danger that in propounding such a view community sentences will be expected to justify themselves on the basis of their effectiveness, whereas prison will not. This raises again the issue mentioned in the last chapter about the criteria by which different sentences are to be judged. It is not uncommon for sentencers to take the view that because an offender has been given a community sentence and re-offended then community penalties have 'failed', and therefore prison must now be used, whereas it is unlikely that the reverse will apply.

Nonetheless, Morgan suggested that on this basis there was 'a real prospect of forging an alliance between "new realism" in sentencing theory and a "neo-rehabilitative" approach to prisons administration, with justice as the underlying leitmotif' (Morgan, 1997: 1150). The idea

now is therefore to *facilitate* rather than coerce treatment or training, so that prisoners have the opportunity of addressing whatever personal shortcomings and social disadvantages are associated with their offending. This is what Rotman describes as a rights-based model of rehabilitation, 'humanistic and liberty centred' as opposed to authoritarian and paternalistic (Rotman, 1986). Garland expresses it in similar terms: 'The inmate is now said to be responsible for making use of any reformatory opportunities that the prison might offer' (Garland, 1996: 458).

Such an approach is supported by practitioners as well as academics. Coyle, a former prison governor, has argued that the chance of re-offending is unlikely to be affected by the experience of imprisonment. What will affect it are the factors facing the offender on release, such as decent accommodation, the support of family and friends, and the likelihood of reasonable employment. 'The concept of rehabilitation as some sort of "coerced cure" was developed for the benefit of those who ran and worked within the prison system' (Coyle, 1992: 5). He goes on to suggest that a new framework has emerged, based on the recognition that the *act* of imprisonment is always negative, but every attempt should be made to make the *experience* of imprisonment as positive as possible. This recognises, among other things, the obligation to offer prisoners the *opportunity* to spend time in prison constructively and to prepare themselves for release.

The concept of 'opportunity' is a recognition that in respect of rehabilitation, that is, of change from within, the prisoner is master of his own destiny. He is a human being with a free will, with rights and with responsibilities. The need is to give the prisoner, and for him to take, as much responsibility as possible for his own life and actions. (Coyle, 1992: 6)

This is why Prison Service policy documents have introduced new words into the prison vocabulary that are facilitating rather than prescriptive: 'provide', 'promote', 'encourage', 'enable'. The closing years of the twentieth century saw an emphasis on constructive regimes and purposeful activities,

to reduce crime by providing constructive regimes which address offending behaviour, improve educational and work skills and promote law abiding behaviour in custody and after release. (HM Prison Service, 1999: 8)

This all sounds very hopeful, but in practice how far is it possible to implement such an outlook and approach? What resources are available, and how adequate are the opportunities for treatment, training and rehabilitation?

Treatment Opportunities in Practice

Prison is still seen by the Prison Service as a place where addressing offending behaviour occurs and where attempts are made to reduce re-offending. The Service's Statement of Purpose² says that,

Her Majesty's Prison Service serves the public by keeping in custody those committed by the courts. Our duty is to look after them with humanity and to help them lead law-abiding and useful lives in custody and after release.

The Prison Psychology Service fulfils a variety of functions, including the assessment and treatment of offending behaviour. The service has pioneered several innovative treatment programmes, covering areas such as anger management, sexual deviancy, poor social skills, and drug and alcohol addiction.

However, since the decline of the rehabilitative ideal, therapeutic provision in prisons has been uneven. Treatment initiatives have often been dependent on the inspiration and enthusiasm of particular individuals or institutions to carry them forward, and for a long time programmes have tended to be *ad hoc*, and lacking a co-ordinated strategy, although there have been certain exceptions to this (see Chapters 7 and 9). In addition to the disappearance of an underpinning ideological framework, other developments have inhibited treatment and rehabilitation within prison. For one thing there was a substantial rise in the prison population during most of the 1990s, from 40,606 at the end of 1992 to 66,516 in the middle of 1998. This was counteracted to some extent in 1999 by the introduction of the early release of selected prisoners on home detention curfew monitored by electronic tagging, but by mid-1999 this covered only 1,854 prisoners. Another inhibiting factor came about following an escape by armed prisoners from Whitemoor prison in September 1994, followed by the discovery of Semtex explosives at the prison, and the escape of three life sentence prisoners from Parkhurst prison on the Isle of Wight a few months later, in January 1995. Inquiries were set up to investigate these incidents (Woodcock, 1994; Learmont, 1995) and the resulting preoccupation with security made it difficult to pursue more positive endeavours. Indeed Cavadino and Dignan have suggested that 'following the Woodcock and Learmont reports, the emphasis within prisons seems to be firmly on security at the expense of justice and humanity' (Cavadino and Dignan, 1997: 119), and in his annual report for 1996–97 HM Chief Inspector of Prisons, Sir David Ramsbotham said,

While money has been made available to implement recommendations made in the Woodcock and Learmont reports, it has been cut, and continues to be

cut, despite the provision of some extra financial resources, from activities designed to help prisoners lead law abiding and useful lives in custody and after release. . . . In sum, while money and attention have been directed at the security part of the mission, the reverse has been true of the rehabilitation. (HM Chief Inspector of Prisons, 1998)

The rising prison population, restrictions on expenditure and a pre-eminent concern with security all meant that during much of the 1990s there were, with some important exceptions in the areas of drug misuse and sex offending, fewer resources available for activities directed at treatment and rehabilitation. Consequently schemes directed towards education, training and rehabilitation have received a lower priority. An *Audit of Prison Service Resources* published in 1997 found that the level of purposeful activity for prisoners had dropped over the previous two years, limiting the scope for reducing the risk of prisoners re-offending on release (HM Prison Service, 1997). There was a reduction in staffing in 1996–97, which led to the number of prison officers in post falling from 24,398 in 1996 to 23,058 in 1997, and a rise in the number of prisoners per staff member from 1.17 in 1993 to 1.41 in 1999 (Penal Affairs Consortium, 1999). It was only at the end of the decade that more funding was announced to help deal with the pressure on the prisons, with some of this being specifically directed towards treatment programmes. For example, in July 1998 the Home Secretary, Jack Straw, announced an increase of £660 million in expenditure on the Prison Service over the three years from 1999–2000 to 2001–02. Although most of this was for repair and maintenance work and additional prison capacity, £200 million was for an increase in purposeful activities, principally programmes to reduce substance misuse, accredited offending behaviour programmes, and improving basic skills. Despite such developments the Lord Chief Justice, Lord Bingham, speaking at a conference at the beginning of the year 2000, nonetheless felt compelled to call for more remedial treatment for persistent offenders at a time when only about 3,000 prisoners out of a total population of 66,000 (less than 5 per cent) were involved in treatment and rehabilitation programmes.³

Despite the limitations in terms of both overall aims and resources that existed in the prison system during the latter part of the twentieth century, there have been efforts to treat and rehabilitate offenders in a number of ways. Although there is a danger of too rigidly classifying practices, it is possible to identify three main areas of activity. The first is **treatment programmes** designed to address specific issues and offenders, such as anger management, drug misuse and sex offences. These have often involved various kinds of group work and cognitive skills training. Boddis and Mann (1995) refer to the use of two main cognitive skills programmes. The first was the Ross and Fabiano ‘reasoning

and rehabilitation' programme mentioned in Chapter 4. The second was an in-house 'thinking skills' programme, a highly structured course addressing impulse control, rigid thinking and problem solving, amongst other things. Anger management was the first programme to be developed nationally, with training courses for the staff involved, and careful piloting and evaluation. But in the mid-1990s Boddis and Mann described it as having declined as a national programme to the point where it 'appears to be in tatters' (Boddis and Mann, 1995: 65), with no standardisation of training and no programme identity. However, other programmes that started as *ad hoc* initiatives were developed nationally, becoming major investments in terms of both resources and policy expectations. These are the programmes addressing drug misuse and sexual offending, which will be considered further in later chapters.

The second main area of activities is concerned with what may be termed **social rehabilitation**, including education, training, and social skills programmes, designed to prepare offenders for when they are released. In recent years these have focused in particular on trying to increase ex-prisoners' chances of finding employment, and more will be said about initiatives involving social interventions in Chapter 10. An important feature of attempts to provide for the rehabilitation of ex-prisoners is the notion of throughcare. This is a process that begins at the point of sentence and continues until an offender completes a period on licence following their release. The term

embraces all the assistance given to offenders and their families by the Prison and Probation Services and outside agencies and ties in with all the training, education and work experience they are given. (HM Prison Service, 1993: 5-6)

It is directed at equipping the ex-prisoner to return to society, get a job and a home and cope with life without re-offending, and includes all the support and help which is given to unconvicted prisoners and their families by the Prison and Probation Services and other agencies who work with offenders. Throughcare became especially important following the introduction of early release provisions in the Criminal Justice Act 1991, which led to the drawing up of a national framework for throughcare. This framework set out key throughcare tasks required for a successful resettlement, which included addressing addictions, budgeting, accommodation, employment problems, problems with reading and writing, relationship and family problems, low self-esteem, lack of relevant training, work experience or qualifications, lack of parenting skills, and discrimination experienced by the offender (HM Prison Service, 1993: 11). The framework went on to specify the role that each agency should play in addressing these matters.

The third main form of treatment activity may be identified as that involving **special provision and places**, such as special hospitals for the mentally disordered, and specialised therapeutic wings and institutions at Wormwood Scrubs, and Grendon Underwood. The remainder of this chapter looks in more detail at one of these institutions – the work and effectiveness of the therapeutic prison, Grendon Underwood.

Grendon Underwood

Therapeutic Communities

During and after the Second World War it was discovered that military personnel suffering from the trauma of battle stress could be helped to recover by working together in small groups in a community setting. This discovery gave rise to the 'therapeutic community'. In contrast to the individually centred psychoanalytic school of treatment, therapeutic communities are based on a social learning model of behaviour. They have several distinctive features, including an emphasis on self-help, usually with intensive group sessions, taking place over an extended period of time, and in circumstances where participants are isolated from outside influences. Therapeutic communities have arisen in a variety of settings. They were adopted as part of a new way of working with psychiatric patients in the 1960s, and they will be encountered again in the chapter on the treatment of drug misuse. The aim is to transform the whole person, rather than deal with just a particular problem that the person has (such as drug or alcohol abuse).

Background

While Grendon has been unique within the prison system as a therapeutic prison, there are therapeutic wings at Wormwood Scrubs, and at Channings Wood and Lindholme for treating drug dependence. Grendon Underwood was opened in Buckinghamshire in 1962, and is classified as a category B training prison with certified normal accommodation for 245 adult males. The prison has an Assessment Unit taking up to 26 referrals, and five therapeutic wings of between 35 and 42 prisoners, including a wing designed specifically for sex

offenders (Wing G). Each of these wings operates as a separate therapeutic community. There is also a Healthcare Unit for up to 12 patients. Since the closure of workshops and the laundry there has been little employment at Grendon, the only work apart from therapy being cleaning and orderly duties. An HM Inspectorate of Prisons report noted that this was a source of boredom, and commented that the provision of a workshop would add the essential element of purposeful activity (HM Chief Inspector of Prisons for England and Wales, 1997: para. 23).

Aims

The booklet, *Grendon: a Therapeutic Prison* (HM Chief Inspector of Prisons for England and Wales, 1997, Appendix 1: 3) by HM Prison Service says there are three objectives to therapy at Grendon:

- to help each man improve his self-confidence and sense of worth;
- to help each man create positive relationships with others, helping him to move towards greater consideration and concern for the feelings and property of others;
- to help each man stop committing crimes.

The booklet also claims that 'the evidence is that they are all achieved', but detailed justification for this claim is not given and one needs to look elsewhere for support for this statement.

Regime

Therapy at Grendon consists of core procedures that regularly take place in all the wings, and additional procedures that take place from time to time, or only in some wings. The core procedures consist of small group sessions of up to eight men meeting three times a week, feedback from each small group to the rest of the wing to ensure groups do not become isolated, community meetings to discuss community matters and explore therapeutic issues arising from groups, staff meetings, and informal dialogues. Additional procedures include psychodrama, life and social skills classes, cognitive skills training to work on poor impulse control and repetitive interpersonal offending patterns, and art therapy. There are also socials and open days, drama and debating groups (see HM Chief Inspector of Prisons for England and Wales, 1997, Appendix 1: 5–7).

Population

Grendon receives about 200 referrals a year from other prisons, but by no means all are accepted as suitable. Indeed, one of the criticisms that has been levelled at Grendon is its ability to select its inmates. Of the last 300 receptions prior to September 1997, 29 per cent of those received had committed robbery as their main offence, 23 per cent homicide, 15 per cent sex offences and 14 per cent other violent offences (HM Chief Inspector of Prisons, 1998: Appendix 3, Figure 2). In a study measuring psychopathy a checklist was administered to 104 inmates admitted to Grendon for long term psychotherapy. Twenty-six per cent of the sample were classified as psychopaths, higher than previously found in UK prison samples, but 'consistent with the selection criteria for Grendon which emphasize the presence of 'personality disorder' or 'psychopathy' as a prerequisite' (Hobson and Shine, 1998). Cullen (1998: 6) points out that the offence profile of Grendon inmates has changed considerably over the years as a result of Grendon being expected by the Prison Service to undertake more work with life sentence prisoners. Twenty years ago only 17 per cent of inmates' main offences were for violence, with just 3 per cent for homicide and 7 per cent for sexual offences. The shift towards 'heavy end' offenders was also noted in a study undertaken by Gunn and Robertson (1987).

Research

In its relatively short history Grendon Underwood has probably been subjected to more research than any other prison. Several studies have demonstrated the positive effects that Grendon has had on prisoners' attitudes and behaviour, but initial findings on reconviction rates were not encouraging. However, the picture has changed in the last few years, with positive findings on reconviction emerging from more recent studies. Newton (1971) compared reconviction rates of prisoners who had spent time at Grendon with a matched sample from Oxford prison and, as Genders and Player delicately put it, 'Her results were not encouraging for those who seek to promote and justify the purpose of the therapeutic regime as the reduction of recidivism' (Genders and Player, 1995: 14). Gunn and Robertson (1987) carried out a controlled reconviction study on a sample of Grendon men who had been at liberty for at least a year, and again ten years later. It was concluded that, while there were changes in the psychological test scores of men while they were in Grendon, therapy appeared to have no significant impact on subsequent patterns of offending when compared with prisoners from other prisons with similar probabilities of reconviction.

A study by Genders and Player looked at the Grendon population

and its flow through the prison system. Genders and Player say that, although Grendon is described as a therapeutic community, 'Therapy at Grendon is not *primarily* directed to the prevention of crime . . . the principal undertaking of therapy is to facilitate and promote the welfare of each individual inmate' (Genders and Player, 1995: 12). Nor is it a strictly 'medical model' in the traditional sense. There is considerable emphasis on self-governance and democracy. A distinguishing feature of Grendon as a therapeutic community is its holistic approach to the individual. Genders and Player do not attempt to evaluate Grendon in terms of reconviction. They argue that the impact of a specific period of therapy such as Grendon has to be seen in the wider context of the men's careers. But Genders and Player conclude that it is not only possible to run a therapeutic prison within the modern prison system, but it is also desirable:

but the conditions for a *therapeutic prison* can only be met if a balance is struck between individual and community interests in ways which foster communitarian principles of social organisation. (Genders and Player, 1995: 228; emphasis in original)

Despite the negative findings of earlier studies, and Genders and Player's avoidance of reconviction as a major focus of their study, two studies have produced positive findings in recent years. Dr Eric Cullen (1994), a consultant forensic psychologist found that therapy at Grendon was significantly related to lower reconviction rates, that there was a relationship between time in therapy and rates of reconviction, with 18 months appearing to be the threshold for greatest improvement, and that the most positive effect was for those prisoners who left Grendon under parole supervision. Marshall (1997b) examined 700 prisoners who had been admitted to Grendon between 1984 and 1989. These prisoners were compared with 142 men who had applied for Grendon but not been admitted, and with a group of over 1,400 men from the general prison population who were similar to the admitted group in terms of age, offence type and sentence length. Comparison of the general prison group with the non-admitted applicants indicated that, although the general prison group had similar characteristics to those admitted to Grendon, Grendon had been selecting prisoners at higher risk of reconviction. This 'means that previous reconviction studies which have compared Grendon prisoners with the general prison population have not been comparing like with like'. Comparing the 'not admitted' and 'admitted' groups, it was found that the admitted group had a significantly lower reconviction rate. Therefore, 'As no selection takes place between going onto the Waiting List and being admitted to Grendon, the different reconviction rates suggest the existence of a "treatment effect"'. This research also found that reconviction rates were lower for

prisoners who stayed for longer periods and there also appeared to be some reduction in reconviction rates for sexual and violent offences, but these were less clear.

As Cullen (1998) found, an important consideration is where men go to on leaving Grendon. Of the 189 men discharged from Grendon in the year ending April 1995, only 14 (8 per cent) were released directly into the community. The majority of men left Grendon because they fell foul of one of the rules forbidding drink, drugs, sex or violence (and could therefore be regarded as not being a fair test of treatment effectiveness), or because they had been transferred, either by choice, or as part of their sentence plan. Cullen explains that it is Home Office policy to transfer almost all Grendon 'graduates' to other prisons before release in order to test them in conditions of lower security, but in the course of this period their risk of re-offending rises. Newton and Thornton (1993)⁴ found that being released directly into the community from Grendon was related to the avoidance of further conviction. Of a sample of 150 men, those released direct from Grendon on parole were significantly less likely to be reconvicted within two years of release than those transferred to other prisons before release. Those who were released direct from Grendon but not on parole were also less likely to reoffend. The implication is that the benefits of Grendon are lost when men are transferred to other prisons, but it may also be that those men least likely to succeed are also those who are more likely to fall foul of the rules or opt for transfer, quite apart from Home Office policy. Sir David Ramsbotham, HM Chief Inspector of Prisons, commented on this matter in his report on Grendon Underwood. Noting that 'figures show that those who go back into the prison system, after a Grendon course are twice as likely to re-offend as those who are released into the community directly', he commented that former Grendon prisoners whom he had met elsewhere told him that after they were transferred from Grendon nothing was done to follow up the work there, 'because other prisons do not appear to understand what the treatment had entailed' (HM Chief Inspector of Prisons, 1997, Part A: 8–9). The report went on to recommend an expansion of direct release, allowing for 'a gradual weaning from therapy and a gradual resettlement into the community' (Part A: para. 15).

Management: an Uneasy Balance

It has been recognised for many years that Grendon sits rather uneasily within the prison system as a whole, and there is tension between its therapeutic needs and the demands of a system that is geared towards other objectives as well and is constrained by limited resources. The prison has undergone a number of reviews and reappraisals of its role. It was initially run by a Medical Director, but since the recommendations of

the Advisory Committee to Review the Therapeutic Regime at Grendon (ACTRAG) in 1985, it has been run by a Governor like other prisons, with a Director of Medical Services.

A report by HM Chief Inspector of Prisons for England and Wales (1998) voiced concerns about some aspects of the institution, saying he did not think that the work was 'being adequately directed or supported by senior management' (HM Chief Inspector of Prisons for England and Wales, 1998: 7). In contrast to Genders and Player, the report of the inspection expressed concern at 'the fact that too much wing management was left to therapists rather than experienced prison staff . . . the apparent domination of a medical approach to the task . . . and that too much responsibility was vested in the medical authorities'. The inspectors recommended that there should be a single body responsible for ensuring the effectiveness of all therapeutic units within the Prison Service.

Grendon Underwood is no stranger to the struggles between differing perspectives. As noted above, Grendon has a dual structure, with the medical authorities on the one hand and the mainstream elements within the Prison Service on the other. Cullen referred to 'the conflict between proponents of the traditionalist psychiatric/medical power model and supporters of more integrated, cognitive behavioural, multi-modal treatment approaches' (Cullen, 1998: 10), saying that the medical hierarchy 'continues to fight a rearguard action against any changes which could be perceived as eroding the primacy of the medical model and management' (Cullen, 1998: 4). He also explained that when it comes to judging Grendon's success the traditionalists have taken the view that 'personal insight and the re-integration of personality' are a sufficient target for Grendon, while the alternative view holds that reconviction is an entirely appropriate and relevant outcome measure (Cullen, 1998: 9). Despite these difficulties the Home Office has approved the commissioning of a second therapeutic community prison, something recommended by Woolf and Tumim (1991: para. 12.211 and recommendation 123). This may be because, as Cullen points out, 'the sole prison which can offer hard empirical proof of its efficacy is Grendon' (Cullen, 1998: 3).

Conclusion

The prison system has clearly reached a point where the treatment of offenders is not its main *raison d'être*. Nonetheless, much therapeutic activity can and does take place in custodial establishments, and more indications of this will become apparent in the chapters on sex offenders and drug misusers. Rather than being a treatment, prison has become a place where treatment may occur. It has also been stated by

Woolf and Tumim and others that the Prison Service should be preparing inmates for a law-abiding life on their return to the community. This places emphasis on the importance of rehabilitation as well as treatment *per se*. It means that there is a need for imprisonment to prepare the way for the eventual re-integration into the community of the prisoner who has served his or her time. This involves addressing the ex-prisoners' material needs on release, such as housing, training and employment. But it also involves a mutual acceptance, first on the part of the ex-prisoner of the rights of other members of society to live free from crime and the fear of crime, and second by members of society that ex-prisoners having completed their punishment have the right to an opportunity to lead law-abiding lives. This may be hard for both parties.

Further Reading

Rod Morgan's chapters (1994, 1997) in both the first and second editions of *The Oxford Handbook of Criminology* are a good basis for general reading on this aspect of treatment and rehabilitation. On various aspects of the use of psychology within prison, the collection of papers by McGurk, Thornton and Williams *Applying Psychology to Imprisonment* (1987) is useful, especially Chapters 10, 11 and 13. On Grendon the book by Genders and Player (1995) is a must, and the paper by Eric Cullen (1998) for the Prison Reform Trust is also worth reading.

Question to Consider

- Should treatment and rehabilitation be part of the purpose of imprisonment, or should we just concentrate on making prison conditions as humane and positive as possible?

Notes

- 1 If the opportunity arises, a visit to Lincoln Gaol enables one to see something of the cells, and the prison chapel in which convicts were literally compartmentalised so as to avoid contact with other inmates.
- 2 The Prison Service's Statement of Purpose can be found on the Home Page of the Prison Service website: <http://www.hmprisonservice.gov.uk/>
- 3 'Jails should offer remedial treatment, says Bingham', *Daily Telegraph*, 28 January 2000. The research is also cited in 'Grendon: a therapeutic prison', a guide published by HM Prison Service, and contained as an appendix in a Prisons Inspectorate report on the prison (HM Inspectorate of Prisons, 1997).
- 4 This study by Newton and Thornton is unpublished. It is cited by Cullen (1998: 9), and the information has been confirmed by personal communication. The research is also cited in *Grendon: a Therapeutic Prison*, a guide published by HM Prison Service.