

Prisons are complex and require an integrated, supportive and evidenced approach.

During 2018, the HM Chief Inspector of Prisons (HMCIP) issued three Urgent Notifications after identifying significant concerns with regard to the treatment and conditions of those detained within a particular type of prison, known as 'Local' prisons. This is in the context of the highest ever rates of serious violence, self-harm and suicide, with rates having doubled within the last 7 years.

Why do Local prisons struggle to maintain decent conditions?

Local prisons serve the courts and are the first prisons entered when remanded or sentenced to imprisonment.

Local prisons are inherently difficult because, due to their purpose, they have the highest proportion of 'live' complex need within our prison system. Amongst those in prison, many have the highly complex mental, physical and psychological needs reflective of a mental health hospital with a quarter of those imprisoned having used MH services in the year before imprisonment. Importantly, prison is not a health setting and the environment is focussed on non-health priorities and managed by non-health staff.

Nevertheless, a recent study showed that 12% of Local prisoners meet the criteria for psychosis; over half for depressive disorders; over a quarter for anxiety disorder; with over half dependent on either alcohol or illegal drugs (Bebbington et al, 2018). Coupled with low literacy, care leavers, homelessness, whilst splintering from their family and supports, Local prisons are managing complex and often intractable issues without the full range of options available elsewhere. It is like playing tennis at Wimbledon, not just against your opponent, but with the whole crowd throwing multiple types of balls.

Destabilisers

A major destabiliser in recent years has been the increase in Psychoactive Substances (known previously as legal highs) including Mamba and Spice, with two-thirds of prisons reporting a "significant issue" due to its highly unpredictable, aggressive effects and related organised criminal activity and prisoner debt.

Recent coverage has focussed on the significant reduction in staffing numbers (but not in prison numbers), although this had another, probably less foreseen, impact on stability in recent years; widespread staff inexperience. A staff redundancy scheme between 2010-4 led to a reduction in over 4000 front-line staff with an average of 17 years in service. This removed a safety net of experience which has been difficult to replace and has contributed to one Local prison recently reported as having over half of its staff with under one year in service. With widespread inexperience, staff will struggle to hit every ball or learn from peers how to choose the right racquet. We must remember that for these staff, the "persistent and fundamental lack of safety" reported by HMCIP is their usual working environment and they are working exceptionally hard, but with little space or time to move past simply reacting to the next incident.

We know that the complex vulnerabilities and behaviours of those in prison are inter-related but the commissioning of services has led to an increased separation of their management. For example, my recent research starkly demonstrated that self-harm is closely linked with violence within prisons. Within Local prisons, this duality of harm occurs in over 1 in 10 of the population with 40-60% of those who self-harm in prison also violent. However, the commissioning and benchmarking of

services has contributed to silo working with a mismatch of priorities and outcomes between services, especially across health and justice and the multiple providers of probation services.

Integration as a way forward

Ministers have recognised the need to address the risk of harm within our prison system, with recent announcements aimed to improve security, reduce the availability of substances and improve the accommodation. There are additional avenues which are needed alongside, anchored in integration, at all levels, to realise long-term sustained improvement in both safety and rehabilitation.

Our research shows that the most effective approach is greater coherence in the organisational priorities for those holding responsibility for prisons and prisoners, where services cannot hide behind targets or their own procedures. This requires an integrated set of outcomes, expectations, policies and working practice across services, particularly between the two departments of health and justice.

A key challenge is to tackle ineffective assumptions and contradictions in practice. For instance, punishment is often considered necessary after rule breaking, but on its own, ultimately ineffective in reducing prison violence (or wider rehabilitation) and leads to increases in self-harm and suicidal behaviour. A more effective strategy is recommended, a strategy grounded in effective research-informed and experiential evidence, which includes safeguards and supportive rehabilitative approaches. This shift may be controversial but there are encouraging signs in services in the UK and internationally that even with the challenges that the strong shoots of change are underway.

It is equally important for ongoing developmental support and supervision for staff. Although few Local establishment staff are trained to have a detailed understanding of harmful behaviour and its complexities, there are other ways to support staff development. One option would be through joint working or advisory structures between front-line staff and practitioners outside prisons, third sector organisations or academics in local universities. Another would be through building in more opportunities for staff to have space to reflect and truly consider their roles and actions and plan a series of actions based upon a wider view.

The planned reforms and additional supports to the prison estate and the actions developing from the HMCIP urgent notifications provide opportunity for change and learning across the prison estate. By developing greater models of integration, challenging ineffective assumptions and enhancing staff development through knowledge exchange, prisons can start to make real progress on both safety and rehabilitation.

The serious concerns regarding prison safety have been prominent, with the Government committed to improving conditions and reducing violence and suicide. Dr Karen Slade, Associate Professor in applied forensic psychology at Nottingham Trent University reflects on the reasons these Local prisons struggle to maintain a safe and decent environment and considers options to ensure sustainable improvement to safety whilst supporting rehabilitation.