The State of the Prisons

Grendon, the Barlinnie Special Unit, and the Wormwood Scrubs Annexe: experiments in penology

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Generally the British prison system is not much interested in innovation, experimentation, or research, but occasionally it is forced to innovate. Grendon Underwood, the psychiatric prison in Buckinghamshire, the Special Unit at Barlinnie for prisoners who are hard to manage, and the Wormwood Scrubs Annexe for sex offenders and drug addicts are all examples of bold experiments that the prison authorities have eventually had to accept. I have visited all of them. Each arose as an attempt to deal with a longstanding problem and yet had to overcome great resistance to establish itself. All have been strongly criticised both from within and without the prison system, and all are vulnerable.

They are vulnerable because they are seen as giving prisoners a "soft time." Popular newspapers and hawks within the prison system do not like this "softness," and they watch eagerly for the experiments to go wrong. If a prisoner is released from an ordinary prison and murders his mother that is accepted as typical recidivist behaviour and he is promptly returned to prison. But if a prisoner released from a "soft prison" murders his wife then all hell breaks loose. Thus these experiments are not allowed to fail, and the prison authorities and politicians are nervous of them—despite the failure of conventional prisons to stop prisoners reoffending (26 November, p 1614).

In fact these prisons are far from soft. They offer prisoners slightly more freedom than the average prison (and usually not much more), and in exchange the prisoners are asked to be much more responsible for themselves and each other; and responsibility is painful. In an ordinary prison the prisoner's every move is directed: he has neither control over his own actions nor responsibility, which is "comfortable" and undemanding for both prisoner and prison officer. But in the experimental units both groups must think more for themselves, and when first transferred to the units both groups find it difficult to cope. They hanker for the old rigidity, and some hanker so much they return. It is not by any means soft to sit in the "hot seat" in the Barlinnie Special Unit and explain to your angry mates why you broke the rules of the unit (see third box); many of those who find themselves in that seat long for the peace and quiet of solitary confinement. Having to take responsibility for your own actions is one of the key differences between freedom and prison life, and the hope of these units is that they should give their inmates more self confidence and maybe just a little more chance of surviving in the outside community without reoffending.

Grendon

The idea for a prison that would take prisoners who were mentally abnormal but not insane first appeared in 1939. It was suggested by Dr W H de Hubert, a psychotherapist from St Thomas's Hospital who had been working with selected prisoners in Wormwood Scrubs, and Dr Norwood East, who was at that time the medical commissioner of prisons.¹ In line with the criminological thinking of the time, they hoped that this special prison would use psychotherapeutic measures to "prevent crime being committed and repeated."

Twenty three years later their ideas bore fruit, and Grendon Underwood prison opened.²⁻⁴ The prison had three primary aims—aims that were not as grand as those envisaged by Hubert and East. Firstly, it was to investigate and treat mental disorders not generally recognised as responsive to treatment. Secondly, it was to investigate offenders whose offences in themselves suggested mental morbidity, and, thirdly, it was to explore the problem of dealing with the psychopath.² Those initial aims contain no mention of reducing reconviction rates (the gold standard of penology), and yet the disillusionment with Grendon that seems to pervade both the prison service and some criminological circles hinges on its supposed failure to reduce reconviction.⁵ In contrast, research was an explicit aim, and yet, given the uniqueness of Grendon and the extraordinary people it contains, precious little research has been done.

Prisoners are admitted to Grendon from throughout England and Wales; most come from other prisons rather than directly from the courts. All admissions are voluntary, and the authorities at Grendon are more exact about whom they will not admit than about those whom they will. They will not take those who fall within the terms of the Mental Health Act, have permanent brain damage, or have such a low intelligence that they will not be able to cooperate with the treatment. The prisoners who are taken are usually disturbed and difficult. Their average age is 25 and they have an average of 11 previous convictions; 70% have a history of suicide attempts and 80% a history of violence.⁶ Many have presented severe management problems within the prisons.

Interestingly, the impression of Grendon among many doctors and staff whom I met from other prisons is that it is a white elephant that takes "soft" prisoners. The outsiders think that Grendon will not take difficult prisoners and will quickly expel anybody who does not cooperate. Generally, there seemed to be a lot of suspicion of and hostility towards Grendon. It is true that all prisoners put up for Grendon are seen by one of the doctors from Grendon and that only half are accepted. It is also true that those who cannot cope with the Grendon regimen either leave of their own free will or are expelled. But most of those who are selected and remain present difficult problems, and prisoners are sometimes not selected for Grendon because they are not disturbed enough.

Grendon was built to take 360 prisoners, but usually has far fewer and works best, the medical staff thought, with about 210.

There are usually seven doctors at Grendon, and up until now the governor has always been a doctor. The last governor died in post last year, and a new governor has yet to be appointed. The Home Office is to hold a meeting next week to decide whether Grendon will continue to have a governor who is a doctor. This is, in effect, a debate about the future of Grendon and whether it will continue in its present form. The staff at Grendon and their supporters have for some time been making noises about how the Home Office is making it difficult for them to carry on as a therapeutic community,^{6 7} and the central powers have now to decide whether they can or cannot afford a psychiatric prison.

In addition to doctors the staff at Grendon includes several psychologists and others experienced in psychotherapy, and the ratio of staff to inmates is far higher than in most prisons. The prison is divided into six wings, each with about 30-40 inmates, and each wing is a therapeutic community. The community meets together regularly, and in addition many small group meetings are held. The prisoners are expected to relate to each other and the staff and to take much more responsibility for themselves and the community than in an ordinary prison. One of the main aims of Grendon is to break down the usual prison culture with its "them and us" and its rigid and brutal hierarchy with sex offenders and inadequates at the bottom. This it succeeds in doing, for sex offenders ("Section 43s" as they are known to the authorities, or "nonces" as they are known to the prisoners) are not segregated at Grendon, and yet there is much less violence than in a normal prison. There is, for instance, only a fifth of the disclosed violence that there is in Wormwood Scrubs,⁸ and violence is much more likely to go undisclosed in Wormwood Scrubs.

Various attempts have been made to evaluate the work done

at Grendon,²⁻⁴ the most recent and scientific of the studies being that by Professor John Gunn and colleagues.^{3 4} They looked primarily at the psychological changes that occurred in 80 men between admission and discharge (or after 15 months). They found that these men showed a reduction in neurotic features, an increase in self confidence, and an improvement in attitude towards authority figures. But follow up of the prisoners after release showed that 70% had been reconvicted within two years, which is a rate comparable with that for the whole system (26 November, p 1617). Previous studies of prisoners discharged in 1967-8 showed a similar reconviction rate except for those who had been in the prison for 13 months or longer: this group had a reconviction rate of only 30%, which is a statistically significant difference.³ This may be because these are a group that has received the full treatment (and the staff at Grendon believe that a year is necessary usually) or because they are a selected group who are less likely to reoffend anyway. But further analysis of these data did not show any correlation between length of stay and other variables known to correlate with reconviction.

But in a way it does not really matter what the reconviction data show because the primary aim of Grendon is not to lower reconviction rates but rather to help men with severe mental problems and to make them manageable within the prison system. This it seems to succeed in doing, and despite the generally disturbed inmates the atmosphere of Grendon is noticeably more relaxed than in most other British prisons. It is one of the few prisons where I was able to talk freely to prisoners. I spent an hour with a group of five young prisoners, two of whom were doing life (one for child murder) and one of whom was a drug addict. All said how wary they had been of Grendon before they came but spoke positively of their time in the prison,

A prisoner in his cell at Grendon.

which was not because it was a "soft" prison but rather because they could make better relationships with the staff and each other.

Professor Gunn and others concluded their study of Grendon by stating that not only did they believe that Grendon had a place in the prison system but also they thought that the techniques developed at Grendon could be applied elsewhere in the system. Then, in a debate in the House of Lords last year on the number of patients at Grendon no fewer than seven lords spoke up most eloquently and knowledgeably in support of Grendon without one suggesting that maybe the prison was a luxury that could not be afforded in our overstretched prison system.⁶ But, despite these friends in academe and the aristocracy, the staff at Grendon feel themselves under threat and are fearful for the future of the prison.⁷⁻⁸ It seems to me that they should not have to fear for the future and that the prison department should not only continue with its commitment to these mentally abnormal prisoners but should work hard to improve the facilities; one way of doing this would be to spend more on research.

The Barlinnie Special Unit

The special unit at Barlinnie Prison in Glasgow was set up in 1973 in an attempt to find a better way of dealing with a group of violent and difficult prisoners who were proving unmanageable within the Scottish prison system.⁹⁻¹² Several of these prisoners had spent prolonged periods in solitary confinement in the "cages" in Inverness prison, and yet there had been terrible conflict with the prison officers and the prisoners were facing a charge of attempting to murder six of the officers. The Scottish Prison Department's policy of being ever more repressive towards those prisoners who were difficult was clearly not working, and a new initiative was needed.

The special unit was that initiative; the idea was that by giving these difficult prisoners more freedom and responsibility they would become more manageable. There were at the beginning no grand ideas of turning dangerous men into sculptors and community leaders: the aim was simply to contain them. Ten years later it is fair to say that the special unit has had great success with that limited objective; and, although some of the prisoners have been unable to adapt to the unit and have returned to conventional prisons, most have stayed and there has been very little violence. Twenty two prisoners have been in the unit in 10 years, and 15 have now moved on—some have been released and some have gone back to conventional prisons. The people at the unit think that four of those 15 have been "failures," but some of the others have been spectacular successes. The most famous of the successes has been Jimmy Boyle, who has changed from being "Scotland's most dangerous man" to being a successful sculptor, writer, and community leader. He has told part of

From hatred to understanding

It was strange during this period because there was a great amount of hatred in me for all screws, yet some of the unit staff would approach me in a way that was so natural and innocent it made it difficult to tell them to fuck off. Something inside me, in spite of all the pent up hatred, would tell me that there was something genuine within them. I knew I didn't really want to recognise this part of the screws. I preferred to see them all as bastards, this would have been so much easier for me. . . . The strange thing was that during this period I sometimes yearned for solitary confinement and the simplicity of it.

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his story in *A Sense of Freedom*, which is a powerful book by any standards (see boxes).⁹

When it started the unit had a definite psychiatric orientation, and it still has a psychiatrist who spends two sessions at the prison and a psychologist who spends one. But Dr Peter Whatmore, the psychiatrist, who has been with the unit since the beginning and who has clearly been important in its success, plays down the role of psychiatry. The unit has had within it a few inmates with severe mental problems, but it is not a unit for the psychotic, and generally prisoners need to be mentally alert to benefit from the unit. All admissions are voluntary, and prisoners can leave if they want, although many will be encouraged to stick with it during the first few difficult weeks.

There are only 10 places in the unit, and yet it has never been full. The relationships between the inmates and the 18 staff are crucially important, and if the unit was any bigger it might lose its cohesiveness. The unit has its own governor and is a prison within a prison. The staff rotate from other prisons, and it may be just as difficult for them to adjust as for the prisoners: some simply cannot manage it. The staff and inmates meet together in the community meeting once a week, and all sorts of problems are thrashed out. Meetings can also be called at a moment's notice to deal with an immediate problem, and some of these may take place in the middle of the night. In this way and others the unit is a therapeutic community. Through these meetings and their relationships with each other and the staff it is hoped that the prisoners will gain in self confidence and in ability to cope with life's problems. The strong impression of all those associated with the unit is that most of them do, but there has been little formal scientific study of the unit and its inmates.

The Wormwood Scrubs Annexe

The Wormwood Scrubs Annexe was opened in 1972, mainly at the prompting of Dr Max Glatt, a psychiatrist noted for his work with alcoholics, to help prisoners with alcohol and drug problems.¹³ Later it started to admit sex offenders, and it now has places for 44 men. Surprisingly, given the number of prisoners passing through Wormwood Scrubs who are either sex offenders or have drug or alcohol problems, the annexe is rarely full. There are not more prisoners in the annexe because, like both Grendon and the Barlinnie Special Unit, admission is purely voluntary, and, furthermore, all potential admissions are screened to see that they are genuinely interested in participating in a therapeutic community and not just seeking a soft option. Usually half the inmates are sex offenders and half have alcohol or drug problems.

The annexe works like the other two units in that inmates have a little more freedom than conventional prisoners but in exchange are expected to confront their problems and take more responsibility for their own and each others' actions. Admission to the

Arrival in the Barlinnie Special Unit

I was then asked by the screw if I would come round and sort out my personal property with him. I went, and while we opened the parcels containing old clothing he did something that to him was so natural but to me was something that had never been done before. He turned to me and handed me a pair of scissors and asked me to cut open some of them. He then went about his business. I was absolutely stunned. This was the first thing that made me begin to feel human again. It was the completely natural way that it was done. This simple gesture made me think. In my other world, the penal system in general, such a thing would never happen.

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annexe is usually for nine to 12 months and occurs towards the end of a sentence; "lifers" are not admitted. The annexe is overseen by one of the doctors from the main prison, but the day to day running is left to eight prison officers, most of whom are hospital officers (which means that they have had some nursing training). Two psychiatrists visit the annexe for six sessions a week—five of which are devoted to work with the sex offenders. There is also an educational officer, two probation officers, and a psychologist; these specialists do not devote all their time to the annexe but are often present. In addition a voluntary support group of people from the community has also been established, and members of the group meet regularly with the inmates. The annexe also produces a monthly magazine called *A New Beginning*.

The "treatment" offered is essentially group therapy, accompanied by some one to one counselling, and drugs are used little or not at all. It is obviously difficult to treat sex problems when there are virtually no women around, and it is also a little unreal helping people to break their addiction to drugs and alcohol when they are not to be had even if wanted, but most of those associated with the annexe believe that they are getting somewhere. Two psychologists at the prison have made an attempt to evaluate the work of the annexe (R V Sewell, C R Clark, An evaluation study of "the annexe": a therapeutic community in Wormwood Scrubs, unpublished report). They point out how difficult it can be to do research in a prison, where both the staff and the inmates are constantly coming and going, but they have managed to produce some scientifically respectable results. The first part of their study showed that the inmates of the annexe were just as criminal as a control group from the prison (this was a response to a belief among prison staff that those in the annexe were "softies"). Secondly, in a study following the pattern of the study of Professor Gunn and others at Grendon they showed that the inmates made significant behavioural changes while in the unit compared with controls in the prison. Reconviction data, however, showed no difference between those who had been in the annexe and those who had been in the main body of the prison—in both groups slightly more than half had been reconvicted within two years.

Conclusions

With all three of these institutions the benefits that are obvious to those working in them are annoyingly hard to prove scientific-

Power of the "hot seat"

Eventually they conceded and allowed the extra door to be taken from the [punishment] cell. It was a tremendously symbolic gesture taking the door from the hinges, and a big cheer went up. By doing this it gave potency to the meetings and let us all see that change could be made through the group. It also meant that any problems we did have would have to be absorbed by the group meeting. Up until then we had had some minor problems to resolve when an inmate or staff member had been particularly abusive to someone or something like that. They had to face what we now called the "hot seat." This meant that anyone doing anything antisocial would have to explain it in the staff/inmate meetings and he might well receive some very harsh words from everyone. If it was the opposite and someone needed support due to some problem, then everyone would reach out and touch him, and by that I mean help him over a bad patch. Either way the group meeting was a very powerful force.

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Accepting responsibility

Accepting responsibility was the crucial (problem) as that entailed making decisions, having to consider others, and looking at my own life in relation to others. These were things that I had to learn as I had come from a world where decision making was taken out of my hands. If I had wanted a cup of water, the toilet, soap, etc, etc, then I had to ask for it. Now I was having to cope with not only these decisions but to think in terms of other people and it was pretty frightening.

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ally. Reconviction rates are not much affected, which is in line with all the other studies of experimental units that have been done around the world (26 November, p 1614): prisons cannot reform. But all three take difficult prisoners and manage them in an environment that is much more humane than that prevailing in most prisons, and the real results are a fall in the amount of violence, a lightening of the atmosphere, and a blossoming of some of the inmates. These are all important achievements, and most of those who know and have studied these units feel that rather than being squeezed out their work and methods should be extended into other parts of the prison service.

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What might be the cause and what treatment is advised for a healthy 40 year old man who has had several episodes of cellulitis after exercise?

Recurrent cellulitis of the leg is not infrequently seen in patients with lymphoedema, from whatever cause, but it is unusual to see this in a perfectly normal limb. Certainly any local focus of infection, such as chronic tinea infection between the toes, chronic paronychia, or an infected bunion should be sought and treated. The possibility of self inflicted injury in any bizarre recurrent infection should be remembered. I have seen, for example, a girl with recurrent breast infections that were due to her habit of scratching the breast with faecally contaminated finger nails. In the absence of any obvious cause it would be reasonable to advise the patient to carry with him a supply of penicillin or ampicillin tablets, which he could start to take at the first sign of infection and to combine these with immediate elevation of the legs before calling for medical help.—HAROLD ELLIS, professor of surgery, London.