



DEEP CUSTODY:

Segregation Units and Close Supervision Centres in England and Wales

Dr Sharon Shalev and Kimmett Edgar

Dr Sharon Shalev: Centre for Criminology University of Oxford, Manor Road,
OxfordOX1 3UQ, UK. E: Sharon.shalev@solitaryconfinement.org
www.solitaryconfinement.org

The Prison Reform Trust works to create a just, humane and effective penal system.
We do this by inquiring into the workings of the system; informing prisoners, staff
and the wider public; and by influencing Parliament, government, and officials
towards reform: <http://www.prisonreformtrust.org.uk>

© Dr Sharon Shalev & Prison Reform Trust

Cover image: White Noise and Shadow, HM Prison Lindholme, G4S Silver Award for Oil or Acrylic
2010 - image courtesy of the Koestler Trust

ISBN: 978-1-908504-97-5

Printed by Conquest Litho

Contents

Acknowledgements	i
Foreword / Preface: Lord Woolf	iii
Executive Summary	v
1. Introduction	1
1.1 Segregation units and close supervision centres	1
1.2 The study	2
Terms of reference	
Areas of inquiry	
Study overview and methods	
2. Segregation in England and Wales: capacity, costs and staffing	5
2.1 Legal and administrative basis	5
2.2 The segregation estate: capacity, costs, and staffing	7
Capacity	
Staffing	
Training	
Information sharing	
2.3 The CSC estate: capacity and costs	12
2.4 Prisoner demographics	13
3. The decision to segregate or to house in a Close Supervision Centre (CSC): classification, allocation, safeguards	15
3.1 The functions of segregation units: why segregate?	15
3.2 Orchestrated segregation	20
3.3 Segregation placement: procedures and measures of initial and continued segregation	23
Initial and continued segregation	
3.4 Adjudication hearings	25
3.5 Safeguards: the Segregation Safety Screen, IMBs, and recording requirements	27
Segregation safety screen	
The role of Independent Monitoring Boards	
Recording requirements	
3.6 Close Supervision Centres: Functions, reasons for placement and procedures	46
Procedures and reasons for placement in the Close Supervision Centre system	
4 Segregation and CSCs: conditions, provisions, regime and support	37
4.1 Physical conditions	37
4.2 Regime	39
Exercise and fresh air	
Showers	
Food and meals	
Canteen (shop)	
4.3 Provisions	44
Education	
Smoking	

4.4	Conditions and regimes in CSCs	50
4.5	Segregation and CSCs: time, problems, and practical benefits	52
	Time in segregation / CSC	
	Problems in segregation/ CSC	
	The practical benefits of segregation / CSC	
4.6	Health care	58
4.7	People with learning disabilities or learning difficulties	60
5	Inside segregation and CSCs: culture, relationships and risk	63
5.1	Culture and ethos	63
5.2	Staff prisoner relationships	69
5.3	Security, risk and the use of force	78
	Security levels	
	Use of force	
5.4	Relationships and risk in CSCs	85
6	Mental health and well-being	91
6.1	Prevalence of mental health needs among segregated people	91
6.2	The negative health effects of segregation	92
6.3	Safeguards to minimise the exposure of very vulnerable prisoners to segregation	95
6.4	Prisoners at risk of self harm	97
6.5	Support for prisoners' mental health in segregation	101
	Medication	
6.6	Removal from segregation on mental health grounds and prisoners who should have not been segregated	103
6.7	Individuals who found normal location unbearable	106
6.8	Protective measures and mental health support	107
7	Leaving segregation and CSCs (avenues out)	109
7.1	Segregation review boards	109
7.2	Negotiating return to normal location	113
	What was at stake?	
	Tactics (managers)	
	Tactics (officers)	
	Tactics (prisoners)	
	Good practice recommendations	
7.3	Reintegration	123
7.4	Leaving the CSC	126
8.	Deep Custody Findings and Recommendations	131
8.1	Findings	131
8.2	Good practices we observed	133
	Arrival	
	Staff communications	
	Conditions	
	Maintaining order	

	Activities	
	Reintegration	
	Segregation unit culture	
	Safeguarding mental health	
	Close supervision centres	
8.3	Recommendations	137
	Appendices	140
	Acronyms and abbreviations	140
	Methods	145
	Data gathering	
	Literature	

Acknowledgements

This study benefited from support, expertise and practical help from a wide variety of people and organisations. We want to thank everyone who contributed.

We are grateful to the Barrow Cadbury Trust for enabling us to undertake the study. They shared our vision that there was a need for a thorough study of segregation units.

We are grateful to the National Offender Management Service (NOMS) for facilitating our data-gathering, providing advice, and enabling us to access prisons. In particular, we thank Karina Hay, Lesley Cuthbertson, Emma Prince, and Bob Waterman who were constant in their support. We also thank the National Research Committee, not just for giving approval for the project, but for their suggestions about how our methods could be improved.

We are grateful to two expert groups we consulted: a prisoner group, convened by HMP Grendon, who provided us with insights from their personal experience of segregation, and a resource group, whose feedback helped us to make the story more coherent. Thanks are also due to Patrick Mandikate and Gerladine Akerman for kindly facilitating our meeting at HMP Grendon. Our resource group was expertly chaired by Silvia Casale and its members included: Colin Allen, Jill Berliand, Adrian Grounds, Monica Lloyd, Juliet Lyon, and Max Rutherford. We also consulted Kellie Reeve, Louise Finer, Gordon Riach and Kieron Taylor from HM Inspectorate of Prisons and benefited greatly from their experience and expertise. Jamie Bennett, governor of HMP Grendon, Daniel Craft from HMP Send, Claire Hodson, then Specialist Units Lead for NOMS, Kirsty Tempest, Claire's successor, also contributed their time and helpful background.

We are grateful to a great many prison service staff and prisoners for their immense contribution. The prison governors/directors and managers of segregation units facilitated our access and generously gave us their time. The people who were segregated tolerated our sometimes awkward questions, were conscientious in commenting on segregation, and taught us a great deal about their experiences. As they had been placed in segregation or a CSC, we approached them at a time that was potentially dispiriting and distressing for them, yet they were open and supportive of the study. The officers in the 15 segregation units and four CSCs were unfailingly welcoming, patient, and thoughtful. We were struck by the degree to which managers and staff, in all of the units we visited, were transparent about their work. For example, officers frequently invited us to see them engaging with prisoners, and managers welcomed us to meetings and reviews. Segregation unit support staff, including psychologists, nurses, and mental health professionals, were also helpful.

We also thank Ben Crewe whose writing on the concept of “deep confinement” inspired the title of this report.

At the Prison Reform Trust, we are grateful to Juliet Lyon, Director, and Peter Dawson, Deputy Director, for their support and, in particular, for commenting on early drafts of the study. Geoff Dobson, former Deputy Director, brought us together and encouraged us to persist with the project in its initial stages. We thank Paul Addae Anderson, for expertly managing the finances for the project. Francesca Cooney joined the team for three of the prison visits, and added valuable evidence from PRT's advice and information service. We also gained from targeted reviews of relevant literature, as Neil Cornish painstakingly trawled through prison inspection reports and IMB reports and Justin Elder summarised segregation policies. Jenny Talbot gave us expert advice about learning disabilities. And Tony Callaghan took the draft text and transformed it through the magic of desktop publishing.

We take full responsibility for this report, but we know that completing the project depended on contributions from these individuals and we are extremely grateful to each and every one of them.

Kimmett Edgar and Sharon Shalev,
London, October 2015

Foreword

In my report on the disturbances at Strangeways prison and elsewhere I was seeking to achieve a prison system imbued with justice and fairness. Security, control and justice in prisons must be set at the right level and achieve the right balance. A balance that would mean that fairness and justice did not stop at the prison door, but instead permeated the whole system.

The way prisoners are treated in segregation can frequently be a barometer for their general treatment in an establishment. The prison service principles of decency must surely apply especially to segregation units and close supervision centres. These are that: prisoners should not be punished outside of prison rules; promised standards within the prison are delivered; facilities should be clean and properly equipped; there should be prompt attention to proper concerns; prisoners should be protected from harm; prisoners' time should be actively filled and prisoners should be fairly and consistently treated by staff.

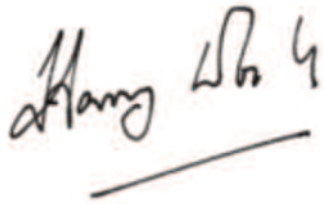
It says much for the commitment of the prison service to those principles that researchers were given full access to these places deep within some of our most challenging prisons. That has made possible this thoughtful, detailed report reflecting many hours of candid conversations with prisoners and staff. It offers the prison service and the Ministry of Justice the opportunity to learn from their experience, build on the good practice which undoubtedly exists and act on legitimate concerns about impoverished regimes and the need to ensure that the decision to segregate, and the experience of segregation, are governed by guiding principles of fairness and justice.

The complexity of segregation brings many challenges to already beleaguered prison staff and prisoners who for whatever reason, cannot manage or be managed in, the main body of an establishment. Segregation, though it may sometimes be necessary, must not be prolonged or indefinite. Care must be taken to avoid, as far as is possible, the damage to mental health that exclusion will bring. Equally, care should be taken to avoid the use of segregation as a holding operation for people who should be transferred swiftly and humanely to a secure hospital or psychiatric unit. I read with concern of those prisoners who were seeking the separation and withdrawal represented by segregation as a means to escape from violence and indiscipline on general location in some establishments.

However deep within custody someone finds themselves, it is of course right that they should be treated as an individual with humanity and decency at all times. In a recent speech, the Secretary of State for Justice has introduced hope, and by doing so a legitimate aim, for those who live and work in our prisons:

“Human beings whose lives have been reckoned so far in costs—to society, to the criminal justice system, to victims and to themselves—can become assets—citizens who can contribute and demonstrate the human capacity for redemption.”

In light of these words and the findings and recommendations of this unique report on ‘deep custody’, I would encourage policy makers and managers to draw on both the criticisms and plaudits of this detailed study to ensure that segregation units and close supervision centres all live up to the standards the prison service has rightly set for them. The challenges are significant, but the consequences of failure, both for individuals and for the health of the entire system, are too serious to be ignored.

A handwritten signature in black ink, appearing to read "Lord Woolf", with a horizontal line underneath it.

Lord Woolf of Barnes CH

Executive Summary

Segregation units and close supervision centres (CSCs) are complex places, where some of the prison's most challenging individuals are confined alongside some of its most vulnerable people, within a small, enclosed space. These units may house a combination of people with multiple and complex needs, including some who are at risk of self harm, some who pose a risk to others, and some who are both a risk and at risk, and people with literacy problems, particular mental health needs or physical illness.

Under the Prison Rules, prisoners can be removed from the main prison population and housed in a segregation unit or a close supervision centre (CSC) for a variety of reasons, with periods of confinement in them ranging from a single evening in a segregation unit while facing a charge of breaking a prison rule, to years of indefinite confinement in a close supervision centre. In this sense, segregation units and close supervision centres function as a 'continuum of exclusion'.

- In January, 2015 the total segregation capacity in England and Wales was 1586 cells. Close supervision centres had a capacity of 54.
- In the first three months of 2014, almost 10% of the prison population spent at least one night in segregation. The CSC population averaged 50 people.
- Of those segregated, 71% spent less than 14 days in segregation, 20% spent between 14 and 42 days, and 9% were segregated for longer than 84 days. The average stay in CSCs was 40 months.
- The majority (95%) of those segregated were adult males. Their average age was 29.

This study set out to: examine how segregation units and CSCs are used; describe the skills and views of staff who work there; and to explore prisoners' perceptions of fair processes and their treatment. We also wanted to profile good practice.

The study, supported by the Barrow Cadbury Trust, was carried out by Dr Sharon Shalev of the Centre for Criminology at the University of Oxford and Dr Kimmett Edgar of the Prison Reform Trust. Its findings are based on a survey, distributed to all prisons in January 2014, and on visits to 15 prisons, including 14 segregation units and four close supervision centres. On the visits, we interviewed 25 managers, 49 officers and 67 prisoners (50 in segregation units and 17 in CSCs).

Main Findings

Segregation units were characterised by social isolation, inactivity and increased control of prisoners.

Prisoner-staff relationships

Prisoner-staff relationships were a key strength of many of the segregation units we visited. Most prisoners felt that relations with officers were good. The vast majority (89%) said there were some segregation/CSC officers with whom they got along well. A majority of segregated prisoners perceived officers as supportive (57%).

Mental health

Previous research on solitary confinement has found that its impact on mental health included problems of anxiety, depression, anger, difficulty in concentration, insomnia, and an increased risk of self-harm. Over half of the prisoners we interviewed reported three or more of these. We found similar rates for prisoners in both CSC and segregation units.

Over two-thirds of the 49 officers interviewed in segregation units and CSCs said that 'most' or 'the vast majority' of segregated prisoners had mental health needs. Almost half of the officers interviewed said that they would benefit from more mental health training and that further training should be offered.

Regimes and exercise

Regimes in segregation units were impoverished, comprising little more than a short period of exercise, a shower, a phone call, and meals. In some units prisoners had to choose between having a shower and taking exercise or making a phone call in any one day. Most of the prisons we visited did not meet international standards in the provision of exercise. In most units, periods of exercise lasted 20 - 30 minutes, well short of the 60 minutes stated in the European Prison Rules and the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules).

Engineered segregation

Among the 50 segregated prisoners we interviewed, 19 had deliberately engineered a move to the segregation unit, for example by refusing to lock up, obstructing their cell observation glass, or climbing on the roof. The most common aim was to pressurise the prison to transfer them to another prison. Other reasons for self-segregation included avoiding repaying debts to other prisoners; not wanting to share a cell; or getting away from drugs or violence on the wings.

The Independent Monitoring Board and other safeguards

Only nine of the 67 prisoners interviewed felt that the Independent Monitoring Board (IMB) had helped them. Two-thirds were clear that the IMB had not been helpful. Health Screens did not always fulfil their intended purpose of alerting managers and staff to factors that

might increase a person's vulnerability to the harm of segregation. While some health care staff were conscientious in raising concerns about individuals through the initial safety assessment, we observed others who completed the screens in tick-box fashion. Many health care workers misconstrued their role, thinking that the form required them to pass people as 'fit' for segregation.

Close supervision centres

The main concerns raised by the 17 CSC prisoners we interviewed were:

- About half did not agree with or understand the reasons for their selection.
- A majority did not know what they needed to do to progress, and in any case, they felt that opportunities to demonstrate a reduction in risk were limited.
- They did not see evidence of progress, and only two of the 17 were expecting to return to normal location in the foreseeable future.

Taken together, these three findings suggested that, for the majority of the CSC prisoners we spoke to, the system lacked legitimacy.

A disproportionate number of prisoners in the CSCs were Muslim.

See the full report for all of our findings.

Good practice we observed

Segregation unit and CSC staff deserve special mention for the quality of relationships they fostered with those in their care, the skills they employed, and the values they brought to a demanding role. The following description of good practice draws on real examples that we observed, and demonstrates that the pressures placed on segregation units and CSCs need not result in a lack of decency. However, none of the segregation units or close supervision centres that we visited adopted all of these practices, and many examples were found only in one, or very few of the units visited.

Good practice that we observed included:

- One segregation unit had a posted mission statement, which was:
“To challenge negative behaviour and encourage positive engagement with the aim of successfully reintegrating prisoners back into the general population.”
- Another unit applied a problem-solving approach to the situations and conduct that resulted in prisoners being segregated. Segregation unit officers engaged with prisoners to identify and address problems underlying the decision to segregate them, including work on the prisoner's attitudes and behaviour. Some segregation review boards investigated the reasons for segregation which they explored as problems that could be resolved rather than as justifications for continuing segregation.

- People were mostly held in clean, decent conditions, with access to some natural light and reasonable ventilation. In some of the units visited prisoners were provided with one shower a day and exercise yards had equipment and murals, grass, or other aspects to normalise the environment. In three of the units visited prisoners were offered an hour of exercise a day, and in two toilets had seats and covers.
- Diverse means were used in different units to communicate the purpose, expectations, services and provisions to newly segregated prisoners, including:
 - A statement of purpose prominently displayed at one unit.
 - A poster with a list of expected behaviour and entitlements displayed by the telephones in another unit.
 - Induction booklets about rules and expectations, with puzzles or other ways to keep themselves occupied were issued to all newly arrived prisoners.
- In one unit a complex cases review was held regularly (at least once a week) and attracted multi-disciplinary participation – for example, representatives from probation, immigration, safer custody, psychology, mental health in-reach, health care, chaplaincy and the Independent Monitoring Board.
- In one unit a named member of the segregation team held responsibility for the much-neglected area of purposeful activities for prisoners. Working one-to-one with each resident, they planned and provided for course-work, hobbies, in-cell work, and other activities tailored to the individual needs, interests, and abilities of the segregated person.

Much of the good practice we observed in supporting mental health fulfilled guidance already in the Segregation PSO (1700). Examples included:

- Multi-disciplinary management, availability of Listeners, the provision of activities, and increased support from healthcare.
- A strong, prison-wide commitment to prevent the segregation of people being assessed for, or awaiting transfer to, an NHS secure setting; on an open ACCT (at risk of self harm); receiving prescribed anti-psychotic medication; or who were within four weeks of the start of de-toxification.

Key recommendations

Segregation, though it may sometimes be necessary, must not be prolonged or indefinite. Segregation units should maintain a good balance between security and individual needs, place reintegration at the heart of their functions, and improve exit strategies. More purposeful activities should be offered and prisoners should be involved in decisions about what happens once they leave segregation. The good practice guidance in PSO 1700 (segregation) should be more closely implemented.

Engineered segregation

The number of prisoners who engineer a move to segregation should be seen by managers as an important barometer of conditions on normal location and they should target efforts to improve treatment of all prisoners accordingly. When a prisoner engineers a move to segregation, managers and officers should work together to find out why and develop a plan for resolving their concerns, involving wing staff and other sources of support. A problem-solving approach should be introduced early in a period of segregation. Consistent support and willingness to meet the person's needs may counter any perception that segregation is a solution to the problem.

Regimes and exercise

An active day should be the norm in segregation units, with a focus on the prisoner's needs and the conduct that resulted in segregation. This would clarify why the prisoner was segregated, encouraging a sense of fairness. It would also give prisoners things to work on while segregated, making the time there more constructive. Managers and staff should be creative in developing a more purposeful regime.

International standards in the provision of exercise in the fresh air should be met. An hour of exercise is a basic right, and should not be reduced as punishment, informal behaviour control or to try to deter others; nor should staffing shortages be allowed to reduce the provision of exercise.

Relationships

Staff should be selected and trained for the positive roles segregation units can play, including meaningful activity and good quality one-to-one interactions with prisoners.

Governors should consider developing reflective practice for segregation officers and managers, to enable them to re-consider how they managed interactions with prisoners and learn from situations that did not turn out as they wanted.

Mental health

Every segregation unit should reduce the harmful impact of segregation, through:

- Providing prisoners with something to do
- Increasing the frequency and quality of personal contact
- Doing more to reduce the duration of segregation

Segregation should not be imposed on anyone awaiting assessment for transfer to a secure hospital or on an open ACCT (at risk of self harm), unless there are truly exceptional circumstances. Segregation managers should work with mental health professionals to ensure that alternatives to segregation are pursued more vigorously. We support the stipulation, in the revised segregation policy, that deputy directors of custody

(the line managers of governors/directors) monitor the numbers of people segregated awaiting transfer to hospital or on an ACCT to ensure that the current criteria are rigorously maintained and applied.

Improved training should be delivered to health care professionals clarifying the nature of their role in completing the safety screen, which is to identify any vulnerabilities that may adversely affect the person being segregated, and to alert the manager responsible for the decision to segregate. Safety screens must be conducted more rigorously to provide protection for people in these circumstances.

Independent Monitoring Boards (IMBs)

The IMB need to be clearer about their role in safeguarding the rights of segregated persons against unjustified segregation and, in line with their role as a National Preventative Mechanism (NPM), unacceptable conditions or treatment. The National Council for Independent Monitoring Boards should improve training and advice for its members. For example, members should all be knowledgeable about what the European Prison Rules and the UN SMRs ('Mandela Rules') require regarding segregation, mental health, the use of force, and other relevant areas.

Close supervision centres

CSCs should provide more programmes and activities which address, on an individual basis, the conduct which led to a prisoner's placement. A robust structure for individuals to progress should include clear expectations, a statement of services and support to be provided, and interim targets set. The CSC population should reflect the stated purpose of CSCs

1. Introduction

1.1 Segregation units and close supervision centres

Segregation units are complex places, where some of the prison's most challenging individuals are confined alongside some of its most vulnerable people, within a small, enclosed space.

On any given day, a segregation unit may contain a combination of people with multiple and complex needs, including some at risk of self harm, some who pose a risk to others, or who may be both at risk and a risk to others, and people with literacy problems, particular mental health needs, or physical illness.

Staff working in segregation units must balance the needs and risks presented by each of the individuals held in the units with those of others and with the needs of the institution more widely. They are expected to do so with limited resources. It is a difficult task which requires special skills.

From the prisoner's perspective, being segregated means being cut off from the prison society as well as society at large and being subjected to various restrictions and deprivations. This form of confinement, especially when continued for a prolonged time, may adversely affect health and wellbeing. In some cases, these effects may be long-term or even permanent.

In addition to this, segregation beds are limited in number and are among the prison's most expensive to run. They require higher staffing levels than the general population, a factor which, at a time of budget cuts, can be difficult to deliver.

In short, segregation units contain some deep contradictions and tensions, and the manner and nature of their use can be highly contentious. This was evident from our observations and from what our interviewees: prisoners, officers, managers and support staff told us.

As well as segregation units, we looked at close supervision centres (CSCs) and visited four such units. There are important differences between the functions, conditions and provisions in segregation units and CSCs. For segregated prisoners, 'regime' can mean as little as half an hour out of cell per day, with very limited activities. For CSC residents, the regime can include some association and access to activities. Prisoners can be removed to segregation by a governor's decision, whereas CSC selection is a multi-disciplinary, central process, informed by psychological input. While periods of segregation must be reviewed every two weeks with the aim of reintegrating the person to normal location, prisoners in the CSC system typically spend years away from the main population. The common ground for segregation units and CSCs stems from the fact that both are forms of involuntary separation from the main population. In this sense, they function for the

prison service as a 'continuum of exclusion' whereby prisoners who could not be managed in segregation units (and often those who have spent repeated and continuous periods in segregation) may be housed in a CSC (PSI 42/2012). For these reasons, this study examined both segregation units and CSCs. Throughout the report, where relevant, we distinguish between the two to highlight their similarities and differences.

We hope that our report does justice to the variety of perspectives we heard during our prison visits and the evidence we gathered on the use, functions and consequences of segregation units and Close Supervision Centres.

1.2 The study

Terms of reference

The study was intended to build an evidence base on the uses of segregation, including:

- Regulations governing its use
- Variations in practice
- Characteristics of those who end up in segregation
- Views of staff who work there, and
- Processes for returning people to normal location.

The study also set out to profile examples of good practice.

Areas of inquiry

The aims of the study were to:

- Map the capacity and use of segregation
- Identify variations in policy and practices
- Better understand how prisoners and staff view the purpose, use and outcomes/consequences of segregation
- Highlight good practice and encourage mutual learning

Our primary research questions were:

- What is the capacity of segregated accommodation?
- What is the make-up of its population?
- What policies determine placement in - and release from - segregation?
- What differences in practice are there among prisons?
- What degree of access do prisoners in segregation have to a purposeful regime and social contact?
- How does informal communication between prisoners and staff affect outcomes for prisoners?
- What factors determine prisoners' perception of the use of segregation as fair?
- What makes a 'good' segregation unit?

Study overview and methods

The study, supported by the Barrow Cadbury Trust, combined quantitative and qualitative methods, as well as collating data from other sources and ongoing consultation with a range of stakeholders. The study was approved by the National Research Committee on 10 December, 2013. Prior to any data gathering, we met a group of men in HMP Grendon who had spent considerable time in segregation in the past. Their perspectives on their experience and advice about our study highlighted important areas for our inquiries.

We were fortunate to work with a small expert group who met three times during the course of the project, raising fundamental questions about segregation and providing invaluable feedback.

In January 2014 a survey was sent to all prisons. Sixty-six prisons provided a valid response. Others – for example, open prisons in which there was no segregation unit – nonetheless provided useful information and perspectives.

We also organised a series of visits to 15 prisons. These comprised:

- 4 training prisons (for adult sentenced males)
- 4 local prisons (for remand and sentenced adult males)
- 2 mixed high secure and local prisons
- 2 high secure prisons
- 1 young offender institution
- 2 women's prisons

In all, we visited 14 segregation units and 4 close supervision centres. We also spent one day in the segregation unit of a 'pilot prison' to test out our interview schedules. Typically, the research team spent three days in the prison: interviewing segregation unit managers, officers and segregated prisoners, and observing GOoD reviews, adjudications, ACCT reviews, and other processes in the unit. In this phase, we interviewed:

- 25 managers (both governors and CMs)
- 49 officers
- 67 prisoners

Where they were available, we also spoke to members of the mental health team in the prisons visited.

A fuller description of the methodology is provided in the appendix.

2 Segregation in England and Wales: capacity, costs and staffing

We are here... supposed to be Care and Separation but seg for punishment, or for OP; can be for prisoners where basically there's nowhere else to place them. It's a case of needs must- there's nowhere else. It's protection for them and us. (Officer)

2.1 Legal and administrative basis

Segregation units in England and Wales serve the purpose of 'removal from association' under Prison Rule 45 (YOI Rule 49).

Prison Service Order 1700 (2007) defines policy in the management of segregation units, including placement in segregation, and procedures for reviewing continued segregation. It was produced in response to court judgments and critical reports by the Prisons and Probation Ombudsman and HM Chief Inspector of Prisonsⁱ.

Under the Prison Rules, prisoners can be removed from the main prison population and housed in a segregation unit or a close supervision centre on one of the following grounds:

- Under Prison Rule 45 (YOI Rule 49) a prisoner may be segregated for reasons of good order or discipline/own protection
- Under Prison Rule 46 a prisoner can be housed in a close supervision centre (CSC) or in a designated CSC cell in a segregation unit of a prison.
- Under Prison Rule 53(4) (YOI Rule 58[4]) a prisoner awaiting an adjudication hearing may be kept apart from other prisoners pending the governor's first inquiry.
- Under Prison Rule 55 (e) (YOI Rule 60[f]) a prisoner may be 'awarded' cellular confinement for a prisoner found guilty of an offence against prison discipline. Cellular confinement is not permitted for young people.
- Under Prison Rule 55 (h)(YOI Rule 60 [g]) – Removal from wing or living unit for a prisoner found guilty of an offence against discipline.

The segregation prison service order (PSO) also covers the procedures which apply in relation to prisoners on dirty protest. A prisoner on dirty protest will be moved to special accommodation in the segregation unit or other fit for purpose accommodation. Prisoners engaged in a dirty protest are normally held under Rule 45 (YOI Rule 49) Good Order or Disciplineⁱⁱ.

Under R55 (e) Cellular Confinement, prisoners can be segregated for a maximum of 21 days or ten days for young offenders. Prisoners under 18 should not be held in segregation at all. People segregated under GOoD should be segregated “for the shortest period of time consistent with the reason for separation in the first place” and must be reviewed no less than once every 14 days.

Close Supervision Centres have been in operation since 1998 and were established to manage ‘highly disruptive and high risk prisoners who have demonstrated . . . violent and/or highly disruptive behaviour’ (PSI 42/2012: CSC Referral Manual). The functions of CSCs are defined in the CSC Operating Manual as follows:

The overall aim of the CSC system is to remove the most significantly disruptive, challenging, and dangerous prisoners from ordinary location, and manage them within small and highly supervised units; to enable an assessment of individual risks to be carried out, followed by individual and/or group work to try to reduce the risk of harm to others, thus enabling a return to normal or a more appropriate location as risk reduces. (High Security Prisons Group, 2013)

As well as the Prison Rules and related PSOs and PSIs, a number of international legal instruments address the use of segregation, or solitary confinement, directly. Key among them are the UN Standard Minimum Rules for the Treatment of Prisoners (the ‘Mandela Rules’ 2015 Rev); the European Prison Rules (2006 Rev); and the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the ‘Bangkok Rules’).

The Mandela Rules state that solitary confinement should be used only as a last resort and then for as short a time as possible (Rule 45). They prohibit both indefinite and prolonged solitary confinement, defining the latter as ‘for a time period in excess of 15 consecutive days.’ The Mandela Rules define solitary confinement as, “the confinement of prisoners for 22 hours or more a day without meaningful human contact” (Rule 44). We will introduce further provisions from the Mandela Rules where relevant in this report.

The European Prison Rules (2006)ⁱⁱⁱ also stipulate that solitary confinement should be imposed for as little time as possible. They also set out the safeguarding roles of medical professionals. Rule 60 (5) states:

Solitary confinement shall be imposed as a punishment only in exceptional cases and for a specified period of time, which shall be as short as possible.

Rule 22 of the Bangkok Rules states:

Punishment by close confinement or disciplinary segregation shall not be applied to pregnant women, women with infants and breastfeeding mothers in prison.

2.2 The segregation estate: capacity and staffing

Capacity

Responding to a Parliamentary question in 2009 asking how many segregation cells there were across the prison estate^{iv}, the government estimated the total capacity to be 1800 cells. A recent analysis, carried out by NOMS on our behalf, found a total of 1,586 cells set aside for use for the segregation of prisoners across the prison estate^v.

Segregation capacity is not counted as part of a prison's certified normal accommodation (CNA), which is a measure of capacity which provides decent standards. The fact that segregation capacity does not count as part of the CNA, makes it clear that segregation space should never be used for other purposes than its functions under the prison rules. It may also remove a perverse incentive to fill segregation cells.

Segregation units varied widely in their capacity, and in how that capacity related to the size of the prison. Of the 66 prisons responding to the survey, the average size of segregation unit was 15.8 cells and the largest was 36. The capacity of the units did not correlate with the total population of the prison. Looking at the 66 prisons who responded, the number of segregation cells per 100 prisoners in some prisons was over four times higher than the rate in others. The size of segregation units did not appear to be determined by a strategic assessment, which suggests that use follows supply.

The NOMS data also show that the capacity of segregation units differs according to the function of the prison. In high secure prisons, the average capacity was 25 cells. Local prisons averaged 15.2 spaces per segregation unit. Among women's prisons, the average capacity was 5.8 spaces. Twelve prisons, including four for women, had no segregation unit at all^{vi}.

We discuss how this capacity is used in the next chapter.

Staffing

We interviewed 49 officers; 39 in segregation units and 10 in CSCs. Forty-one were men; eight were women. Almost all (98%) had been in the prison service for more than four years; 18 of the 49 (37%) had worked in prisons for over 15 years; over 70% had been in the service for ten years or more.

The time the officers had worked in the segregation unit or CSC varied widely. Sixteen of the total sample (32%) had been there for a year or less. Seven (14%) had been there for over four years.

The officers we interviewed in the CSCs were more experienced than the segregation unit sample. They were older: 80% of the CSC officers, as compared to 51% of segregation officers, were over 40 years of age. They had worked in the prison service for longer: none of the CSC officers had served less than ten years (as compared to over a third of segregation officers) and 90% of the CSC officers had been in the service for over 15 years (fewer than one in four of the segregation officers had served for that long).

The length of time they had worked in the segregation unit or CSC was fairly evenly spread between six months or less and five years. Few of the whole sample – 4% - had worked in that unit for over five years, while 46% had been working there for one to three years. There was no significant difference between the segregation and the CSC groups in the length of time officers had been working on the unit.

Shift structure

You don't take staff off the most volatile place in the prison. (Officer)

The staff shift model for segregation units, as suggested by NOMS, is based on the size of the unit and proposes the following:

Small units (1 - 10 cells) three officers in the morning, two officers in the afternoon and one officer in the evening (weekdays and weekends)

Medium units (11 - 20 cells): three officers plus one Senior Officer on weekdays AM; two officers plus one SO on weekdays PM; three officers plus one SO weekends AM, and three officers on weekend PM

Large units (20 cells or more) as for medium units with one additional officer for each shift on weekdays and on Saturday AM.

(Operating Model: Service Specification for Prisoner Discipline and Segregation (P2.0) NOMS 26/1/2010)

These numbers may appear to provide for a high staff to prisoner ratio, but must be read in the context of segregation work, which may involve working with people whose risk levels are assessed as requiring three officers to one prisoner. On the other hand, the ratio of staff means that it is fair to expect far greater engagement with prisoners from segregation officers than on normal location.

In an afternoon on one prison visit, the officers were re-deployed from segregation, leaving only one officer on duty and the unit on 'patrol state' – meaning that no cells could be

opened that afternoon. During a different visit, we observed that half of the officers had been drafted in from other prisons and the senior officer in charge was usually based on normal location.

At nights, units were often covered by an operational support grade (OSG). In any emergency, in order to open a cell door, they would have to summon an officer to the unit. We found that the use of OSGs was a matter of concern to some officers. One segregation officer told us:

OSGs often fill in when the segregation is in patrol state; often also at weekends. They are not trained, so can't do anything. I don't like it. (Officer)

Training

We asked officers which part of their training they had found most helpful to their work in segregation. The areas they cited are listed below. (This was an open question and each person could list more than one area).

Interpersonal skills, communication	10
Mental health	9
Control and Restraint	8
Adjudication Liaison Officer	6
Negotiation, conflict resolution	5

Another area of training mentioned by officers was working with challenging behaviour and – for those who had experienced it – the CSC programme (discussed below). A few officers said that training had not been helpful to the segregation role, and others said that experience and ‘jailcraft’ were more important than training.

We also asked officers what they thought should be added to training. By far the most popular suggestion was mental health – which included mental health awareness, mental health first aid (which helps non-specialists to identify people who would benefit from professional assessment), and personality disorders. Almost half of the officers we interviewed suggested there be more training in mental health. We discuss officers’ support for people’s mental health needs below. The following comments by officers illustrate their interest in added training:

Mental health awareness from a CPN. We're getting a lot with mental health [sic] but we've never been trained.

Perhaps more mental health awareness should be added to the adjudications [role] because people call you to get your advice as experts.

They offer first aid mental health awareness on training days. This should be standard, but it's not; it's voluntary.

The second most popular suggestion encompassed inter-personal skills, dealing with conflict, and communication. About one in five of the officers interviewed mentioned these.

Inter-personal skills – communication, listening, body language. But these skills develop while you work here.

Hostage negotiator – I've been on it and it's a hard, psychology-based course. Sometimes you are at a hatch for two hours negotiating, so why not give them the skills?

A third group of suggestions covered some of the day-to-day duties in segregation units – some of which are covered in current training programmes: control and restraint; adjudication liaison officer work (the paperwork generated by and for adjudications); and managing the risk of self-harm (ACCT). Two officers suggested training specifically on managing dirty protests.

Information sharing (handovers between shifts)

It is vital that officers and others working in segregation units have current information on the prisoners there. In addition to handovers, information is communicated by computer (C-NOMIS and, in some cases, emails), but also through official documentation (a segregation daily record, which includes a list of who is on duty and when; a daily log; a record of adjudications; and daily memos). Finally, the unit's roll board can, and should, be a convenient source of relevant information.

Most of the roll boards in the prisons we visited indicated which prisoners were on an ACCT, and each prisoner's level of unlock. Most also indicated the date of arrival, and the date of any impending review. In one of the 15 prisons, the roll board was positioned in open view of all who came to the unit. Prisoners could read personal information about segregated prisoners. This was not good practice. Roll boards should be visible to staff, but not to prisoners or visitors to the segregation unit. The most informative roll boards included: first name, date of arrival at the unit, status at the unit (GOoD/CC/OP), ACCT status, unlock level, diet, sentence status, whether the person's cell on normal location had been held for them, and next review date.

A crucial means of communication were the handovers between shifts. We asked officers to describe how information is conveyed between shifts.

Today I came in on a late shift. I didn't get any handover. I had to take it as it comes. If I was the S.O., I would take whoever is on duty [aside]: Who is here? What do we need to know? What is scheduled for this afternoon?

Segregation officers were clear that a poor handover has the potential to create serious problems:

You're leaving staff blind. You're relying on them to guess what has happened. It's dangerous.

We find out the hard way. If the observation book isn't filled out, you could give a prisoner a razor when he's severely depressed.

Of the 31 segregation officers who rated the handover in their unit, two-thirds felt it was good or very good. Only four felt that the handover was not adequate or poor. In one unit, one officer rated the handover as very poor and another as very good. In another prison, an officer told us that handover went through each prisoner one by one, adding that it was done very well. This was not confirmed by our observations, nor by his colleague who told us that the previous day a visiting officer was not briefed and opened the door of a man on a four-officer unlock status. In the same prison, a manager provided background:

When I came [to the unit] we didn't have them [handovers]. We have brought in a cell-by-cell run-down. What rule they are under, why they're here; is there any reason for them to kick off? But tomorrow, this seg could be run by a non-seg senior officer. We did have a handover diary, but people don't use it.

An officer [senior] said that, 'in an ideal world, there will be 15 minutes for everyone.' In other words, with each handover, they would be able to discuss each segregated prisoner for 15 minutes. Provided that there are no particular complications, in most cases 15 minutes per prisoner may be unnecessarily long, but this comment does hint at some of the practical difficulties in allowing time for an effective handover of information.

Officers also provided insights into what kind of information should be communicated. For example, a third of them cited prisoners on an ACCT. Other officers specified anyone new to segregation ('we don't know how they'll react to seg') and anyone with a history of arson. A minimum would be to ensure that all staff are informed about each segregated individual at every handover.

Two officers – from the same prison – provided accounts of handovers that brought together much good practice:

Handover with night staff – you stand at the [roll] board and go over each individual, through their situation. A verbal report is better because you might not write everything there is, or I might not read it.

As much info as possible. I might think it's irrelevant, but by tomorrow, it might be vital. I'd record their mood: some go through a range of emotions; any significant conversations. Any incidents would be logged. If they had a phone

call, was it a good one or a bad one? Good or bad can have a huge effect. We use a diary format on each individual – a record of their time here, any changes. It's great for handover. I would use that first thing in the morning.

The first example makes use of the roll board as a focus for the information. Oral communication can be more effective, as the officers can check with each other that each has fully understood any updates in detail. Questions can elicit more useful information. The second example cites the 'diary format' which would complement the observation log with individual attention. Knowledge of the person's significant events (such as phone calls) and changes of mood can enhance dynamic security and improve relationships. But the second officer also suggests that it can be counter-productive to be prescriptive about what information must be conveyed, as what seems irrelevant can become vital. This means that effective handover depends on officers exercising discretion and taking responsibility for obtaining the information they need. As an officer explained:

I don't think it is ever inadequate. I don't let the night staff go until I am satisfied I know what I need.

2.3 The CSC estate: capacity and costs

The total capacity of the CSC system is 54 at maximum occupancy and 52 at normal operating level. Across high secure prisons, there are also 54 cells for Rule 46 – holding someone from the CSC system or awaiting assessment for it and 12 designated Rule 46 cells (for temporary accommodation of a CSC prisoner).

In correspondence with the CSC central office, we were given an estimate of the annual cost at £100,000 per prison per CSC bed, based on full occupancy.

The total number of prisoners in CSCs in July 2015 was 50. We were provided with demographics for these prisoners as follows:

Race (self-reported)	
White British	28
Asian	5
Black British	2
None declared	5
White Irish	2
Mixed	2
Black Caribbean	5
Black African	1

Religion (self-reported)

Muslim	25
Nil	8
Roman Catholic	10
C of E	5
Buddhist	1
Pagan	1
Disability	1

Average length of stay in the CSC system: 40 months

2.4 Prisoner demographics (CSC and segregation units)

The total sample of 67 prisoners interviewed comprised 50 in segregation units and 17 in CSCs. Their background and characteristics included the following:

Age

Under 21	8
21 to 24	9
25 to 29	14
30 to 39	17
40 to 49	13
Over 50	4
Not known	2

The youngest was 18. The average age of the total sample was 32. The group of prisoners we interviewed in CSCs were slightly older on average (35.7 years old compared to 31 in the segregation subsample).

Ethnic group

White	49
Black/Black British	10
Mixed heritage	4
Asian/Asian British	1
Other	1
Not stated	2

White prisoners comprised 76% of the segregation group and 65% of those interviewed in CSCs. Four of the 17 interviewed in CSCs were from a Black/Black British background.

Previous experience of segregation

For the segregation subsample only, 18 (37%) said they had been segregated only once before. For three others, it was their first time in segregation. Three quarters had been segregated less than five times. At the other end of the spectrum, five individuals (10%) said that they had been segregated ten times or more, with one who had experienced segregation over 35 times during this sentence.

Length of time segregated/in a CSC at the time of the interview^{vii}.

	Segregation	CSC
7 days or less	15 (33%)	2 (13%)
8 to 14 days	4 (9%)	0
15 to 21 days	7 (15%)	0
22 to 28 days	4 (9%)	2 (13%)
29 to 42 days	4 (9%)	0
43 to 84 days	6 (13%)	0
85 days to 6 months	3 (7%)	3 (20%)
6 months to 1 year	0	4 (27%)
Over 1 year	3 (7%)	4 (27%)
No data	4	2

Three of the segregation subsample had been segregated for over a year (one of whom had been involuntarily segregated in a series of prisons). Four of the CSC subsample had been in CSCs for over a year; two of whom had been in the system for over 12 years.

3. The decision to segregate or to house in a Close Supervision Centre (CSC): classification, allocation, safeguards

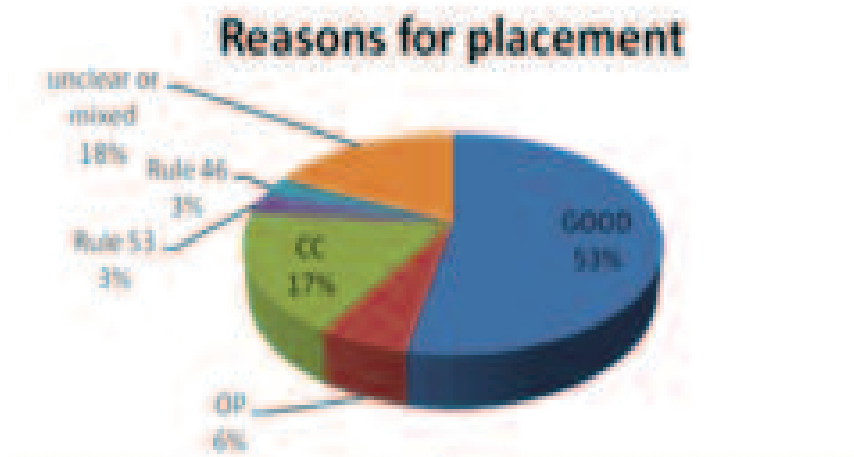
3.1 The functions of segregation units: why segregate?

[Segregation has] many purposes. It should be for prisoners serving CC or who are too refractory on normal location. Sometimes it's for their safety. Sometimes it's used as a holding pen for prisoners they don't know what to do with. What are we supposed to be doing with these prisoners? (Officer)

Massive variety of roles. So diverse.... Maintaining GooD in the whole establishment. To protect the safety of staff and prisoners. (Officer)

To protect vulnerable prisoners who are at risk; to isolate dangerous individuals. (Officer)

The segregation units visited housed prisoners in all four official categories listed in PSO 1700 (see 2(1) above), with Good Order or Discipline (GooD) being the most commonly cited reason for imposing segregation, as illustrated below. This finding corresponds also with national figures^{viii}.



The prevalence of Rule 45 place placements highlights the importance of examining the decision-making processes which lead to segregation under this rule.

Prison Rule 45 (YOI Rule 49) Good Order or Discipline (GooD) stipulates that a prisoner should be segregated under this Rule only when:

there are reasonable grounds for believing that the prisoner's behaviour is likely to be so disruptive or cause disruption that keeping the prisoner on ordinary location is unsafe.

Recognising that this definition is quite broad, the PSO lists examples of situations in which segregation under GOoD could be appropriate, including:

- A planned breach of security
- A prisoner inciting others
- A risk to staff, other prisoners or prison property
- A dirty protest
- Cases pending a police investigation, or
- “Efforts to manage the prisoner’s behaviour on normal location have been unsuccessful.”

The PSO also clarifies that segregation under GOoD should be for as short a time as is consistent with the reason for segregating the person.

In a recent case, the supreme court criticised the process of continuing segregation under GOoD, and in particular the lack of a clear explanation as to why it was necessary to continue the prisoner’s segregation.

The supreme court recognised that disclosing some evidence for a decision to continue to segregate could place others at risk. In such circumstances, “fairness does not require the disclosure of information which could compromise the safety of an informant, the integrity of prison security or other overriding interests.” (UKSC, 2015, the Bourglass judgment, paragraph 103.) However, the court emphasised that:

A prisoner’s right to make representations is largely valueless unless he knows the substance of the case being advanced in sufficient detail to enable him to respond. He must therefore normally be informed of the substance of the matters on the basis of which . . . [continued segregation is sought]. (UKSC, 2015, para 100)

Accordingly, a revised segregation policy was introduced by NOMS and distributed for consultation in September 2015, requiring the reasons for continuing segregation to:

- “provide a clear justification for the prisoner’s continuing segregation
- clearly reference the specific circumstances of the case
- avoid the use of generic phrases and jargon and
- be understandable to the prisoner taking into account any learning disability or speech, language or communication impairment.”^{ix}

The length of time the complainants in the Bourglass judgment were segregated would appear to have been an aggravating factor in their treatment. Behaviour on a wing might justify a decision to segregate under GOoD, but for how long is it reasonable to impose segregation for without finding alternatives? As one woman commented:

I might as well stay. How can I prove I can behave when they don't let me?

Five of the 30 prisoners segregated under GOoD in our study had been segregated for over 42 days, four of whom had been held for over 84 days. We analysed these prisoners' interviews to explore in more detail the reasons for their segregation under GOoD. The small sample calls for caution in interpreting the results, but our analysis gave us some cause for concern that the revised wording of the segregation policy may still be too wide and allow for lengthy periods in segregation.

Nine of the prisoners were segregated after behaviour that posed a risk to staff, other prisoners, or prison property. Seven individuals were segregated for a possible breach of security, including intelligence that they were involved in exploiting others. Three were awaiting a police investigation, the length of which was not determined or controlled by the prison. Two were self-segregated and were adamant that they would not consider returning to normal location.

Eight others had been segregated primarily because staff believed that their behaviour could not be managed on normal location. One of these people had been held in segregation for over six months, and another had been moved from segregation unit to segregation unit – by our count, in five prisons - with very short periods of reintegration, for over ten years.

Five of the people we interviewed felt that their mental health was a factor in the decision to segregate them. Two of those who felt this way had been segregated for over 28 days, and one, for 18 months. This demonstrates the risk that the criterion, 'efforts to manage the prisoner's behaviour on normal location have been unsuccessful,' can be used to segregate people because they are vulnerable.

Where a prisoner broke prison rules whilst already serving Cellular Confinement (CC) time in the segregation unit (sometimes with the purpose of prolonging their stay at the unit), their status could also be changed from 'CC' to 'GOoD' after some time. Asked why he was in the segregation unit, one prisoner replied:

*I'm a bit argumentative – they don't like prisoners like me. If I was guilty of something, they would nick me. But they didn't nick me, they brought me here on GOoD, false pretences. You can look on my C-NOMIS. Not a direct threat of any kind. Because I'm on IPP [indeterminate sentence for public protection] I see a parole board. This is unsubstantiated bullshit which doesn't affect parole.
(Prisoner)*

Both prisoners and staff expressed some lack of clarity as to what GOoD meant and when and why it should be used. On the prison visits, a fifth (18%) of the segregated prisoners gave us mixed or unclear explanations – whatever their official status. Asked why he was segregated one prisoner replied:

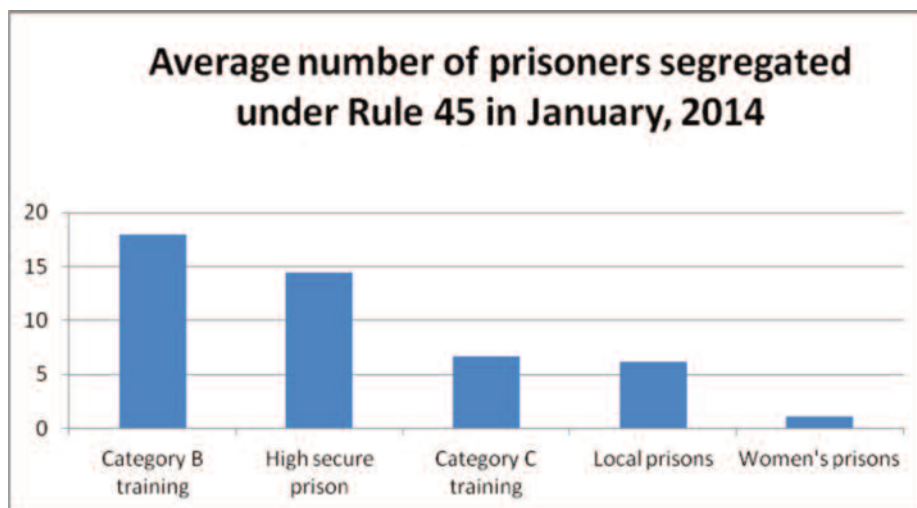
GOoD and OP. Because GOoD is for your own protection.

One officer said that:

GOoD is overused. You should have a couple down here, your most problematic prisoners... the reasons [for segregation under GOoD] are a bit ropey

NOMS also provided us with data about segregation under Rule 45 (Good Order or Discipline and Own Protection) - a two-day snapshot from August, 2014 – which showed that some prisons made far greater use of Rule 45 than others. In four prisons, over 20 of the prisoners in the segregation unit were on Rule 45; in contrast, there were ten closed prisons in which no one was segregated on Rule 45 on those two days.

More telling were comparisons by type of prison. The two-day snapshot showed that two types of prison - category B training prisons and high secure prisons - were far more likely than others to segregate prisoners under Rule 45, and that other types of prison - especially women's prisons - were far less likely to do so^x.



Responses to the prison survey similarly demonstrated that reasons for placement in the segregation unit were not always clear, reporting a total of 33 prisoners segregated for 'other' reasons, 19 of whom were held on Rule 46 (CSC). For the remaining 14, respondents provided various explanations: one simply said 'removal from wing', and one had used the segregation unit for medical quarantine. A third prison reported that a prisoner had been held in segregation – pending a transfer - because of a disability which the prison was not equipped to support.

Some of the prison staff we spoke to felt that there needed to be a clearer distinction between the different 'categories' for placement in the segregation unit, and a number of prisons were contemplating the introduction of separate wings/sites for prisoners segregated on GOoD and those on CC. The thought behind these proposals is that GOoD prisoners could then be offered better in-cell provisions and potentially a better regime; at the same time, at least one prison planned to make the regime for CC prisoners even more austere. As one officer explained:

If we don't get it right, we create an easy option for prisoners . . . something that tells a prisoner on the wing that it's easy to come down here and watch TV. We do have things to counter that, like putting people on Basic and that's the right [way] to go. But unfortunately, our dep started paying people who won't locate, but it's going against the rules. I'm for rewarding, but if he's not doing well, you're just encouraging him. In an ideal world we'll only have people on CC down here. I know we're not in an ideal world, but they get into debt, they come down here, we give them a TV... we need to stop that. It's clogging up all the segregation units. (Officer)

Whilst the principle of separating between those segregated as punishment and those segregated for other reasons is potentially not without merit, such proposals may also result in an increase in the overall use of segregation, as well as in segregation units becoming more punitive. These would not be desirable outcomes.

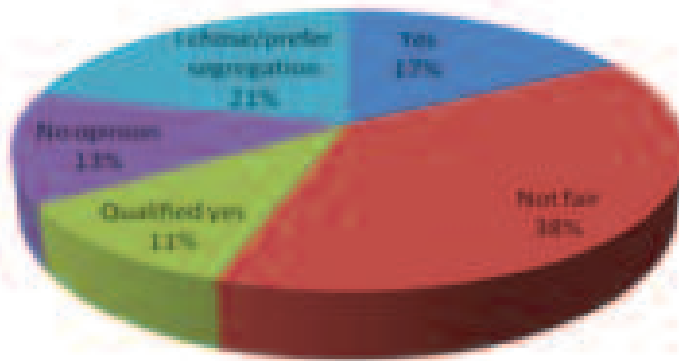
As well as prisoners serving disciplinary punishment in the segregation unit and those who were there for reasons of good order or discipline, our visits revealed a small - but persistent - number of prisoners who had been segregated for very long stretches of time, mostly at their own request, but in some cases also because there was no other institutional solution for them, or because they were awaiting transfer to a secure hospital. This suggests that very vulnerable individuals are being held in conditions which, over time, could make their mental state worse. (See chapter on mental health). In this sense, segregation units had another, unofficial role: to contain some of the prison's most vulnerable individuals.

As well as asking our interviewees what reasons were given for their segregation and why they thought they were segregated, we asked whether they thought their placement was fair. Mostly, our interviewees confirmed the observation made by one officer that,

They don't want to be here, but they understand why they're here. (Officer)

The individuals we spoke to knew why they were segregated, and a substantial proportion, as discussed below, orchestrated the placement. Almost half thought that their placement was fair or stated that they preferred segregation. Eight people replied that they did not consider being segregated as fair or unfair (no opinion). "It is what it is," said one.

Fair to segregate you?*



* segregation units only

3.2 Orchestrated segregation

Not all of those who were segregated to serve a disciplinary punishment (CC) or for reasons of good order or discipline (GOoD) were there at the instigation of prison staff: sometimes the prisoner chose segregation. Among the 15 prisons we visited, and the 50 prisoners interviewed in segregation units, 19 prisoners (38%) deliberately acted in ways they knew would result in being segregated. Indeed, their explicit goal was to be moved to the segregation unit. Mostly, the ultimate objective of this move was to gain transfer to a different prison - a 'ship-out' as prisoners called it. Other reasons for wanting to be taken off the wing included having a debt which they couldn't repay; not wanting to share a cell; being exploited by other prisoners; or to get away from drugs on the wing. Increased access to governors, health professionals and others was also cited, as this prisoner explained:

Problems get aired and resolved. . . . I knew I could speak to governors and get my problems resolved. (Prisoner)

The official segregation status of 19 people whom we interviewed and who had engineered their move to segregation, was as follows:

- 11 were segregated on grounds of GOoD
- 4 whose status was unclear
- 3 segregated on OP
- 1 awaiting an adjudication.

The most common method of gaining a move to the segregation unit was a refusal to be locked up in their cell. But other methods were also used for this purpose. A prisoner who felt at risk perceived that his concerns were not taken seriously on the wing.

I told staff. They didn't want to know. So I put a board over the obs window in the door. Then I refused to take it down.

Other steps were more extreme.

There's been times I've had fights just to get away from the main wing. (Prisoner)

In HMP [high secure prison] seg, I met a man who had gone there to get a ship out. He waited there nine months. Then he said this isn't getting me anywhere so he went back on the wing and stabbed another prisoner. They shipped him out. (Prisoner)

One prisoner said he calculated just how serious his behaviour had to be to obtain segregation:

I thought that I can't go on like this ... so I came up with a plan. First I thought that I'll cut someone up but then I thought that that might get me more time. So I thought I'd get on a roof because then they won't get me to an outside judge. (Prisoner)

He first considered behaviour that would force managers to move him to segregation, and rejected an option that would attract a new sentence. Going onto a roof or netting on the wing is termed an "incident at height" and requires urgent action from managers. Hence, prisoners saw this tactic as an effective way to get attention to one's needs, as another prisoner explained.

I've done the route, 'go back to the wing'. Nothing has happened. When I dropped on the netting, all of a sudden, everyone asked me what I wanted – SOs, wing managers. All of a sudden I had their full attention. (Prisoner)

I want to be here. The longer I'm here, the more they have to move me. They don't want people here for a long time... I'm now getting visits here. I should be in my local. (Prisoner)

In one prison, they were considering a change of policy:

We now have a function that when people feel they need time out in the seg, they can ask to be housed there. No need to smash their cell for that purpose - just ask. These people could be put down as GOoD - and although in the seg, they'll still be allowed to go to the gym, library etc. (Manager)

For prisoners who orchestrated their segregation, and for those who refused to leave a unit, the segregation cell became a negotiated space. By occupying a cell, the prisoner put pressure on managers to meet their objectives. Despite the hardships and potentially negative health effects of segregation (discussed further in chapter 7) and the negative implications of having segregation on their record, some prisoners believed that occupying a segregation cell would be an effective tool for gaining a transfer or some other concession.

Many of the officers and managers we spoke to expressed frustration with prisoners' use of the segregation unit as a 'launch pad' for transfer, as they described it, and felt that they needed to regain control over who occupies the limited number of segregation beds they had.

The segregation PSO explains that segregation should not be used by prisoners to force a transfer, or to resist a transfer. The PSO's advice is that a return to normal location should be seen as the preferred route to a transfer. The PSO aims to minimise the length of stay in segregation and to inhibit its use by prisoners to achieve a transfer.

This was, indeed, the stated policy in the prisons visited.

We would try to convince them to return to normal location, but if they refuse they will stay in segregation. We can't afford for segregation to be used as an exit pod so [it is] something we have to play along with. I'd be more inclined to transfer someone from normal location than from segregation. (Manager)

The PSO also advises that each establishment should write and publicise its policy regarding prisoners who refuse to leave the segregation unit for the purpose of gaining a transfer. It recommends that the policy cover the possible options of:

A move to a vulnerable prisoner unit, if there are genuine grounds for fearing for safety upon return to normal location

A direct order to return to normal location, followed by a period of CC and/or a lower IEP status, reduced access to telephones, etc.

Transferring such prisoners

The PSO acknowledges the option of a transfer to another prison.

. . . [it] may be inevitable if the prisoner has become so disruptive / dangerous/ notorious that they will be unable to return to normal location in their current establishment or if they have been unwilling to make any progress whilst in segregation.

One such prisoner, who breached a prison rule to be sent to segregation, stated in an interview that: "... Every week I was seeing other prisoners get shipped out – with worse behaviour than me."

A governor who had authorised the transfer of a number of prisoners from the segregation unit confirmed that disruptive behaviour could achieve a transfer: "Transfers reward bad behaviour, it's true."

Another governor felt that prisoners who were willing to remain in segregation would, eventually, achieve their aim:

Transfer is the only guard I have against lengthy stays. If the prisoner doesn't want to move [back to normal location], I have no other choice.

The desire to achieve a transfer, to the extent of choosing to be segregated, could reflect on conditions on normal location, as explained by a man who was segregated by choice:

If the prisoner has the ability to cope with Seg, then management will have to give him what he wants. If you want to reduce people coming to Seg in order to get a transfer, then provide them with what they're entitled to on normal location.

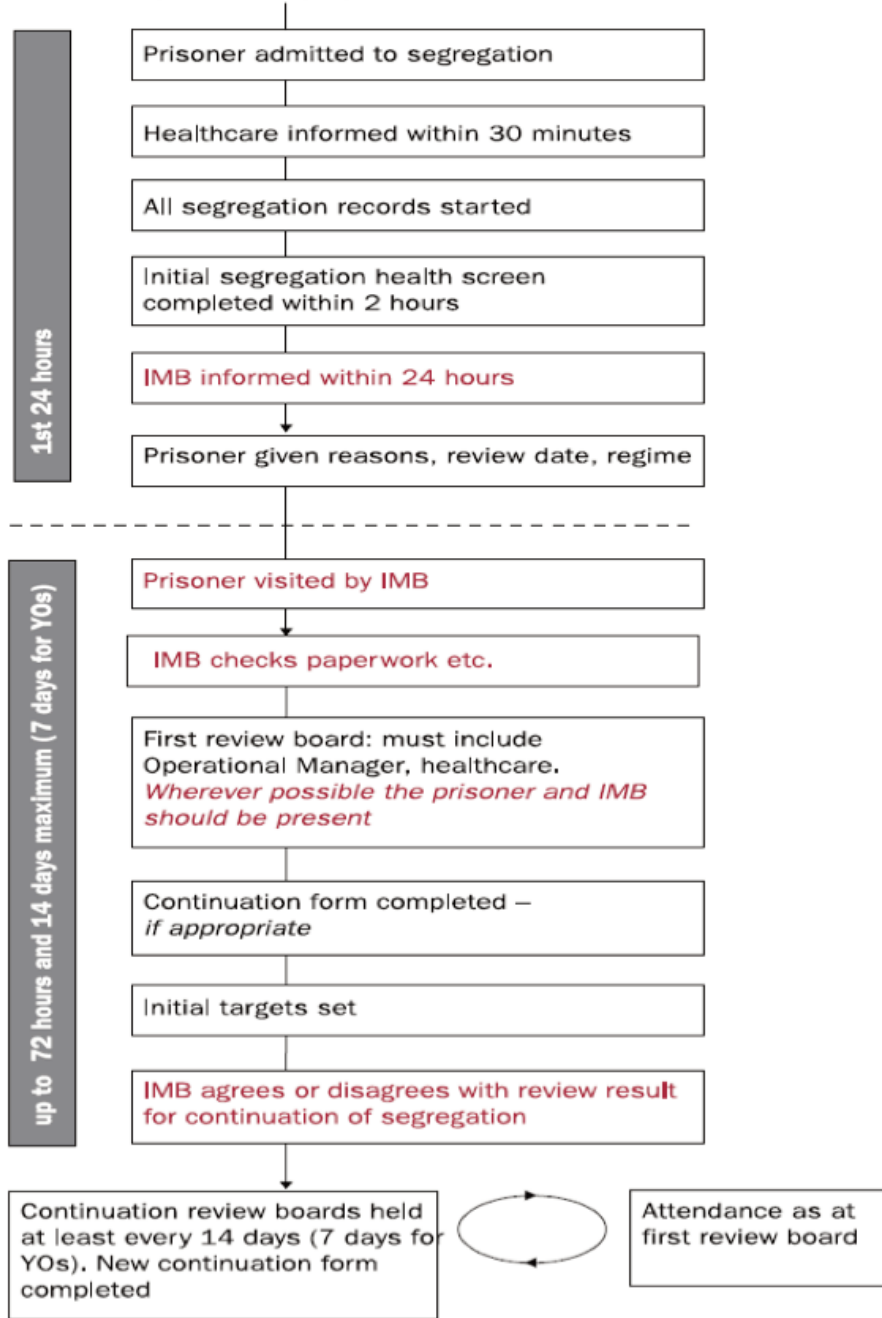
We heard a few examples of success in persuading someone to return to normal location, but observed far more prisoners who remained in segregation, awaiting a transfer. (See further, Negotiation, Chapter 7 Leaving segregation, below.)

3.3 Segregation placement: procedures and measures of initial and continued segregation

All placements in a segregation unit need to follow procedural safeguards, set out in detail in PSO 1700 and relevant PSIs. Some of the particulars vary slightly depending on the ground for placement in the segregation, but some apply to all.

The procedures and timetables for segregation placements as outlined in the IMB manual (2013-14) are as follows:

Care and separation/segregation: admission and continuation



Initial and continued segregation

Our prisons survey, echoing NOMS policy, used two distinct measures: ‘initial segregations’ and ‘continuing segregations’. The former tells us how many people were sent to segregation; the latter reflects the number of people who were detained in segregation after 72 hours. With caution, these can indicate how often prisons make use of segregation, and how many prisoners face stays longer than three days.

PSO 1700 (2007) sets out the procedures for decisions to continue a period of segregation. This process is required for any segregation over 72 hours, and segregation must be reviewed at least every 14 days by a ‘segregation review board’, convened for that purpose (PSO 1700, NOMS, 2007).

On average (in January 2014) the prisons responding to our survey segregated 21 prisoners per month. Four said that they had segregated over 50 prisoners per month, with the highest segregating 69 prisoners. Twelve prisons stated that they had segregated five people or fewer in that month. In short, some prisons were much more likely to use segregation than others. Reports by the Chief Inspector of Prisons reveal similar findings, as the proportion of prisoners who say they have been in segregation varied from under 10% in some prisons such as Littlehey (2015) to over 30% in others such as HMP Whitemoor (2014) or HMYOI Brinsford (2015).

In our survey, local prisons were most likely to report a high number of initial segregations, with almost three-quarters stating that they had initially segregated over 25 prisoners that month. The ranges in young offender institutions and category C prisons were evenly spread.

Our data show that the practice of continued segregations is widespread. On average, 10 persons were segregated for extended periods in the prisons responding to the survey. One prison reported 66 continued segregations; the next highest was 25 (at two prisons). Six prisons had no one on a continued segregation. Fifteen others reported five or fewer. The young offender institutions were least likely to report a high number of continued segregations (an average, that month, of 5.9). Among category C training prisons, the average number of continuing segregations that month was 6.9, and in local prisons it was 15.3.

As reported above, a few prisons reported to our survey that in one month they had authorised over 20 continued segregations. In contrast, 21 prisons reported that they had imposed continuations on five or fewer prisoners. Thus the survey suggests that the use of continued segregation is a last resort in some prisons, but this is not consistent across the estate.

It is important to monitor the prevalence of continued segregations for two reasons. One is that there are international standards that stipulate 15 days as a maximum period of uninterrupted segregation (the ‘Mandela Rules’). The second reason is that a recent U.K. supreme court judgment has implications for the practice of continued segregation. (See *R (on the application of Bourgass and another) (Appellants) v Secretary of State for Justice (Respondent)*), which is discussed in more detail in chapter 7.)

3.4 Adjudication hearings

When a prisoner is charged with a disciplinary offence against prison rules, they will undergo a hearing, chaired by either a governor grade adjudicator, or, where the offence may result in additional days added to the prisoner’s sentence, by an independent adjudicator (judge).

A stay in the segregation unit is one of the punishments available to the adjudicator should they find the prisoner guilty and, in principle, should only be meted out in the case of serious offences.

Adjudication hearings are typically held in a designated room which is located in the prison's segregation unit, and as part of the study we attended adjudication hearings in all participating establishments. Where possible, we sat in on hearings conducted on different days and with a different adjudicator including, in one prison, the independent judge who was attending the segregation unit monthly.

Prison Service Instruction (PSI) 47/2011 requires that:

1.4 Adjudications are conducted lawfully, fairly and justly, and contribute to the maintenance of order, control, discipline and a safe environment by investigating offences and punishing those responsible.

The requirement to conduct adjudication lawfully, fairly and justly was for the most part met in all the establishments visited. Hearings were conducted in a timely manner, with differing degrees of formality, and depended on the adjudicating officer present that day (only one establishment had a dedicated adjudications officer). The offences adjudicated varied from assault, to failing a drug test, to being in possession of an unauthorised item or an item not on the individual's property list, to disobeying a lawful order. In all cases adjudicators ensured that the prisoner understood the charges made against them, and that they had an opportunity to put forward their version of events and plea.

Some of the factors which appeared to determine the conduct of adjudication hearings included the adjudicating governor's 'style' and level of experience; the institution's needs and limitations at that particular time, for example the availability of segregation beds, and; local policies and issues at the time, for example a decision to focus on tackling bullying or the use of 'legal highs' in the prison. The adjudicating officer and their relationship with both the governor and the prisoner being adjudicated also appeared to play an important role in how the hearing was conducted and its outcome. In one of the prisons visited, for example, the segregation officer who was on 'adjudications duty' for the day repeatedly intervened in the hearing and made inappropriate suggestions about the punishment that should - in their view - be awarded to the prisoner. Other site specific concerns we had included:

- In a number of prisons, where the prisoner stated that they wish to seek legal advice, they were only provided with seven days to contact a solicitor. Whilst PSI 47/2011 allows for the adjudicator to decide how long the hearing should be adjourned for while the prisoner seeks legal advice, it also states that "two weeks will normally be enough" (section 2.8), indicating that 14 days are the acceptable minimum for seeking legal advice.
- In one prison, any alleged offence involving physical conflict (including minor scuffles) was referred to the police as a matter of policy. This has meant longer stays in the segregation awaiting investigation or, conversely, people being sent back to their wing prematurely and before the conflict was properly looked into.

- In another prison, the paperwork was of such poor quality that half of the adjudications scheduled during one day had to be scrapped as forms were lacking, inappropriately completed or the time requirements were not met.

- In one prison, the adjudicating governor was unable to provide several of the prisoners appearing before him with details of evidence supporting the charges made against them, citing vague 'security information' and 'intelligence reports' instead. When asked whether they thought that their placement in the segregation unit was fair, all of the prisoner interviewees from that prison replied negatively. One man explained that:

Pretty much everyone in this seg is here on GOoD; not CC. They don't know why they're here.

Such site specific concerns notwithstanding, by and large hearings were conducted according to procedure, charges were understood by the prisoner and hearings could be said to be 'legitimate and fair'. This observation was confirmed by most prisoners' perceptions, as discussed above, that it was fair to segregate them.

3.5 Safeguards: the Segregation Safety Screen, IMBs, and recording requirements

Segregation safety screen

PSO 1700 requires that an initial segregation safety screen be completed for all prisoners in the segregation unit, regardless of their status, within two hours of their placement there. This includes instances when the prisoner is there awaiting adjudication or transfer (for longer than two hours).

In a number of cases we found that the screen was largely a box ticking exercise: in a few cases a nurse literally ticked the boxes without even seeing the prisoner; elsewhere, the screen was filled out retrospectively. In one prison we watched a nurse take eight forms to a table and fill them in one by one with no prisoner present. In another prison, following the award of CC days at an adjudication hearing, a nurse from the prisoner's 'sending' residential wing was asked to come down to the segregation to sign the safety screen as she knew the prisoner. This is good practice. However, we observed the nurse first sign the form, certifying that the prisoner could be segregated, and only then go to see the prisoner (very briefly). One nurse explained: "You have to fill that out on the form. What I always do is put, 'no concerns **at this time**', because if he does something a couple of hours later, I'm covered" (interviewee's emphasis).

Health staff very rarely raised objections to segregation, and we were told that on the few occasions that they do, uniformed staff would sometimes override their decision due to operational considerations (for example, nowhere else to place the individual). This chimes

with the findings of a 2004 national survey of GPs who also work in prisons (Pearce, Gray and Marx 2004). Referring to the safety screen form, one GP told the researchers that, “You don’t even know what you’re looking for.” Another explained that, “I defer to people who have experience.” Our findings, more than a decade later, may indicate that efforts to simplify the health screen, as articulated by PSI 17/2006, have not gone far enough.

We discuss the strengths and shortcomings of the safety screen further in chapter 6 (Mental Health).

The role of Independent Monitoring Boards

The IMBs are an important safeguard against inappropriate placements in the segregation unit. Their role in the segregation unit, as set out in PSO 1700, includes:

The representatives of the Independent Monitoring Board satisfy themselves that they are confident that the establishment has followed the laid down procedures in regard to segregation of prisoners and that decisions in individual cases are reasonable in light of the available facts. (PSO 1700 section 6)

As noted above, a member of the prison’s IMB must be informed of segregation placements within 24 hours, and visit the prisoner within 72 hours of their segregation. Where possible, they should also ‘aim to attend’ the segregation review boards (the process of authorising continued segregation beyond the initial 72 hours) and must lodge in writing any objection to the prisoner’s continuing segregation (PSO 1700).

As well as monitoring the use of segregation in their respective prisons, each IMB submits an annual report, where they can detail issues regarding the operation, caseload and conditions in segregation. In 2012 it was reported that concerns regarding segregation featured in 26% of IMB annual reports nationally, including:

Issues regarding the use, misuse and potential abuse of a resource that is subject to such stringent regulation. Many Boards indicated their belief that, however well run the facility, it is over-used - used too frequently - stays for individual prisoners are too long - used when other strategies should be tried - not always used as a last resort - exit plans are insufficiently developed or implemented.^{xi}

In at least one case, the IMB felt that their input was not taken into account and openly refused to engage with any segregation decisions. Such a breakdown in relationships between the IMB and the prison’s governors could, of course, potentially result in very serious consequences for prisoners and from our observations this was an isolated case.

In most of the prisons we visited, an IMB member attended segregation reviews as required. However, and with few exceptions, they contributed very little, potentially raising questions about their effectiveness as a check/safeguard against inappropriate use of segregation.

As well as observing segregation reviews, we asked prisoners whether they saw an IMB member since being segregated, and whether they found them helpful. The responses, as below, gave us some cause for concern.

In total, only nine of those interviewed felt that the IMB had been helpful to them. 6% were unsure how helpful the IMB had been (including at least one individual who was still awaiting their response to his complaint).

The few prisoners who said they found the IMB helpful tended to state that the IMB had helped them by intervening with management on their behalf, or by simply checking that the prisoner was doing ok.

Among those who were unsure were some who felt there were structural constraints that limited the contribution the IMB could make. For example, one prisoner described a lack of confidentiality:

Um, dunno. Haven't really talked about problems, but do get a chance to talk to them - but it's personal- even if you whisper people can hear, it's different to talk through door not face to face ... would like to talk to people but privacy [is] a problem.

Others felt that the IMBs were too close to prison staff and yet others explained that they don't really speak to the IMBs because they didn't think that the IMBs could - or would - do anything for them.

*They never really have any solutions, or they say they can't do anything about it.
(Prisoner)*

A clear majority – 66% of the prisoners interviewed felt that the IMB had not been helpful. Some had bitter experiences:

I won't speak to them. They are useless. When I came to jail they were on the case, they'd do what they can. Now they don't do anything. They got too close to staff. If you're independent, you don't work for the jail. Every day they come by, I say 'I'm ok, move on'.

I have no faith in them. When I was in the segregation in X, they came to my cell and said 'any issues?' so I explained my issue and she (the IMB) turned around and said to me: 'you need to think long and hard about why you're here'. Since then, I haven't spoken to them.

I remember being in a body belt, in a strip cell. They used to throw in the food and I'd have to crawl to eat it... and the Board of Visitors, as they were called then, would pop their head and say how are you? well, how do you think I am? Now they're called the IMB but it's still the same. They come every week. I speak to them now, but I don't really have any problems they can help with... I wouldn't know what to talk to them about.

Independent my bollocks. Some have good intentions, but no problem gets resolved.

As well as monitoring the legitimacy of segregation reviews and placements, the IMBs are often the main 'outsiders' that a prisoner can access when segregated, and as such they have an important role to play in safeguarding the segregated individual. What prisoners and staff told us and what we observed during our visits may indicate a breakdown of trust or a lack of clarity as to the role of the IMBs and the work that they do. Either way, the implication is that, as things currently stand, the role of the IMBs in segregation units may not be defined - and carried out - to its full potential.

Recording requirements

The Segregation PSO sets out recording requirements and the relevant forms required for the various functions and scenarios in a segregation unit.

As with other areas of our study, our prison visits revealed a degree of variation in the quality and detail provided on reports for the segregation monitoring and review group (SMARG) and paperwork more generally. In all but one of the segregation units visited, staff took turns being on 'paper duty' which included taking care of all the paperwork ahead of adjudication hearings and following them, ensuring that the segregation safety screen is completed and filed, recording data electronically and so on. One unit had a dedicated administrator who handled all the paperwork.

The revised PSO 1700 added a number of recording requirements, including:

An increase in mandatory actions to be recorded for SMARG e.g. ethnicity, use of PPE, prisoners with disabilities, use of force, full searches, use of cardboard furniture, body belts and use of special accommodation. Ethnic code boxes have been added.

A Prison Service Instruction from 2011 (PSI 47/2011) cited an Equalities Report, which presented: "higher rates of charging and use of cellular confinement for Black prisoners."^{xii} More recent data, provided to us by NOMS, showed that in the three-month period

January to March 2014, Black and Black British prisoners accounted for 12% of the total prison population, and 15.5% of the segregated population. We also found that Black/Black British prisoners were more likely than other groups to have been segregated for periods in excess of 84 days (see appendix).

We asked managers how they monitor segregation to detect any imbalance in protected characteristics and what steps they would take when segregation was imposed disproportionately. A majority of them said that this was not their responsibility:

I don't take a good deal of notice. I can always justify the use of GOoD. It is about the stability of this prison.

We don't. That is one of our failings. The race equality officer does all of the SMART reporting. I don't. I've got 24 prisoners in segregation for a reason. I don't care if they are Muslim or not.

Another manager explained that the size of the segregated population meant that one person who has a long stay can skew the ratios. While this is true, those responsible for the management of the segregation unit are most likely to be aware of imbalances in its use, but they need to be vigilant, investigate apparent imbalances, and consider the potential for discrimination at every segregation management meeting.

Recommendations:

SMARG data should be collated and analysed nationally.

3.6 Close Supervision Centres: Functions, reasons for placement and procedures

We are taking extremely violent men and trying to show them a different way of dealing with their problems other than violence. That doesn't take five minutes. Within the legal system we have, that's probably the best we can offer for these prisoners. (CSC officer)

The CSC is a waste of lives. There must be a better way to manage disruptive inmates. (CSC prisoner)

The official functions of close supervision centres system are to hold prisoners whose behaviour seriously de-stabilises order on normal location, and to work with those prisoners to prepare them for eventual return to normal location by addressing the problems that led to their placement.

Both managers and officers commented on the twin functions of CSCs. A manager stated:

It's for everyone's protection; to identify and manage the difficult people in the system. Yes, there is an element of segregation, but it gives us a chance to put in the specialist interventions, give in depth assessment. It's a national resource. To remove the really dangerous prisoners from the general population so that we can do the intervention they need, because the ultimate purpose is for them to be out.

Another manager commented:

The CSC is a necessity. It gives the opportunity to manage damaged individuals who need better supervision in a different way. People who committed violent act in main stream - look at what they did, why they did it, and develop a management plan. Mr A, I can see going back to normal location. (Manager)

An officer reflected that the two functions are susceptible to changes in the total prison population:

We probably need more CSCs and segregation units. The prisoners we're getting nowadays are a lot more dangerous than they used to be. A lot less respect between prisoners and staff than there used to be. We need to have places where prisoners who constantly cause damage to staff and prisoners can go to and be dealt with. CSCs are expensive to run simply because of staffing levels compared to the wings - one staff to 15 prisoners.

One prisoner we interviewed said that he was grateful for the help he had received, particularly the mental health support, since coming to the CSC:

When I was at the other jail I asked for mental health help - course work, medication. I was there six years but got nothing. After coming to the CSC, I get everything that I need: talking to the psychologists, get the meds I need. I always said that if I had the meds I'm on now, I wouldn't be sat here...

An officer described the role of preparing prisoners to return to normal location:

They get a lot more in depth work with trained people like psychologists and MH staff. Their needs are met more here than elsewhere. They'll [the wings] be looking to off-load people that perhaps they don't have the resources to deal with. A lot of the chaps we have here have more complex needs than other individuals you see moving from one segregation [unit] to another.

However, other officers were outspoken in their criticisms of the performance of CSCs:

In some way, they have the wrong people. There's [sic] much worse outside... Some of them are celebrities. By giving them that label, we created monsters. For a short period of time, it might work, but I don't think anyone there is suitable for the CSC - like someone who's a ridiculous self-harmer. And also, it [time in the CSC] should be shorter.

Another officer was doubtful that CSCs could achieve their rehabilitative aims:

[Our role is] to deal with the most disruptive prisoners, take them out of main stream and place them here for assessment. Bottom line - to address whichever problematic behaviours they have and return them to main stream. To address challenging behaviours.

Question *Are you successful in doing that?*

*No. It does move the most problematic prisoners, **but** is poorly resourced in training and other agencies - mental health. Yes, we have an in-unit team, but they are over-stretched. Physical resources are great, but not others. [It suffers from a] lack of direction, poor communication. There aren't many successes in the system. We largely do containment.*

Procedures and reasons for placement in the close supervision centre system

Prison Service Instruction 42/2012 - the Close Supervision Centre Referral Manual - includes the criteria for prisoners who might be deemed suitable for the CSC system.

A prisoner may be referred to the CSC if any one or more of the following are evident:

Referral Criteria:

Demonstrating repeated or escalating violence towards others;

Carried out, or orchestrated, a single serious or significant act of violence or disorder, e.g. hostage taking, murder, attempted murder, serious assault, concerted indiscipline etc;

Causing significant day-to-day management difficulties by undermining the good order of the establishment i.e. through bullying, coercion, intimidation, threats, regime disruption and subversive activity.

Involvement in such activities may not always be overt but be supported by significant intelligence indicating that individual's involvement;

Seriously threatening and/or intimidating behaviour, directed at staff and/or prisoners;

A long history of disciplinary offences indicative of persistent problematic behaviour;

Repeated periods of segregation under Prison Rule 45 - Good Order or Discipline;

A continuous period of segregation exceeding six months (3 months for non high security prisons) due to refractory behaviour. ...

(Prison Service Instruction 42/2012, pages 4 - 5).

In what follows, we explored how managers, officers and prisoners viewed the selection process. A CSC manager explained the process:

We will get prisoners, assess them for four months and decide if to select them. We also hold prisoners who aren't ready to move on. . . . If someone killed someone else, you're almost guaranteed a referral to the CSC, whether or not they'll be selected is a different question.

An officer on a CSC unit reflected on the prisoners they work with to shed light on how they were selected:

A high level of violence – attempted murder. Someone that isn't conforming for a long period; constantly non-conforming; fighting with staff.

Another officer commented that the CSC system was vital in preventing:

. . . extreme violence. We're not dealing with punch-ups... There are no prisoners that I know of, that came through the CSC and shouldn't be here.

However, another manager questioned the selection process:

When they come to us it is a foregone conclusion. Sometimes I look at their reports and wonder why.

Interviews with prisoners made clear that they felt that selection to the CSC system required deeper investigation. We cannot second-guess the selection of any individual, not least because we did not see the evidence on which selection was based, nor did we observe a sufficient range of selection meetings. However, we can report on whether the prisoners we spoke to understood the reasons for their selection and the functions of the CSC system.

The vast majority - 16 of the 17 prisoners interviewed in CSCs – understood why they had been selected.

The one person who claimed not to understand why initially said that he had been selected due to allegations of influencing other prisoners. He added that when he challenged his selection, the responses provided an official reason, which was, “correctly allocated.” (He showed us the paperwork and the explanation). He said that when he complained, he received a response stating that he was correctly placed, ‘pending assessment’. He added that he had been to three CSC units over a period of two years, and was still confused about the reasons for his selection. He may have received other paperwork with much fuller explanations, but if not, we doubt that either ‘correctly placed’ or ‘pending assessment’ constitutes a reasonable explanation. It should also be noted that in the Bourgass judgment, the supreme court severely criticised similar explanations for continuing segregation, making it clear that prisoners subject to continuing segregation have a right to a reasonable explanation and an opportunity to challenge the evidence and how it was interpreted^{xiii}.

All but one of the 17 men acknowledged that violence in prison was a background factor for them. Implicitly, then, the CSC prisoners interviewed understood how selection reflected the main purposes of the CSC system, which was to contribute to good order in the general population by the removal of prisoners who posed a serious risk of violence to others.

We stated above that the people we interviewed who were held in CSC units understood why they had been selected. This is not to say, however, that all 17 agreed with their selection. By way of illustration, asked why they were placed in a CSC, some responded:

Because of my violence. They didn't know what to do with me, I made threats and they took me seriously. My behaviour was deliberate. I was hostile. I just didn't care. I had a lot of anger and hatred in me.

To see if I needed to be here because I am too violent on the wings. My risk to others.

I was deteriorating on the wings. . . . I think I would have kept getting worse if it weren't for the CSC.

Eight prisoners disputed the justification for their selection. One man believed that he had not received a reasonable explanation:

I've seen no evidence. I haven't been assessed. My referral paperwork is incorrect, incomplete, and not up to date.

The same person, when asked how life could be improved in the CSC units, replied:

Transparency, open-ness. Then you can see what the allegations are and you have time to make representations. Just transparency and accountability – everything documented.

Three men felt that some prisoners on normal location were far more dangerous or disruptive, yet were not selected.

Seven individuals thought that their selection was fair.

Question What did they say was the reason for placing you here?

Serious assault on another inmate . . . on the wing.

Question Why do you think you were placed here?

I accept that I'm responsible for what I've done and the consequences.

Seven others said it was not fair. Common explanations for their perceptions were that the processes of selection were inconsistent, and that decisions were arbitrary. Given that men are likely to spend years in the CSC system, it is vital that prisoners feel that their selection is legitimate. As half of the men we interviewed did not believe their selection was fair, it appears that the selection process undermines legitimacy.

One man who complained about inconsistency alluded to the purposes of CSCs and argued that, although he had committed assaults on officers, his record demonstrated good conduct.

Q: Was it fair to select you?

If CSC is meant for the most disruptive, I don't think so. If you say someone is for the CSC when they cannot be controlled, I don't fit that criterion. I'm the same as this when I'm on the wing. I'm not out of control. You've got guys on the wings who are constantly disrupting the wing. . . . I'm not a person who cannot be controlled. I've had minimal nickings – no assaults.

One prisoner said that he needed support to reduce his risk to others, and was grateful that the CSC provided the specialist interventions he needed. But two other prisoners said that, prior to the violent incident that resulted in their referral, they had appealed for help and were turned down.

What sparked my referral? Mine was an assault, one-on-one. We just had a fist-fight. I do think it is unfair, next to the severity. In [year], I got referred to the CSC due to fights with inmates. I wasn't selected: No further action. . . . Back on the wings, I put in for CALM, [Controlling and Learning to Manage Anger]. . . . They failed to put me on the courses I was desperately applying for. Now they are telling me I'm violent. But they turned me down for the violence courses. . . . So that is why I think it is unfair.

Thus, half of the men we interviewed in CSCs disputed their selection, suggesting that the selection process is not seen as legitimate by a significant proportion of CSC prisoners.

4 Segregation and CSCs: conditions, provisions, regime and support

Segregation units are among the most hidden places in a prison, occupying a separate location with its own operational rules and regulations and with a dedicated team of staff. At the same time, the segregation unit is one of the most closely scrutinised areas of the prison, with daily visits by a governor, health professional (nurse or doctor and sometimes both), a chaplain and weekly visits - in some units - from mental health professionals, a librarian, education, and an IMB member. As well as hosting these visitors, segregation units, as previously discussed, usually also accommodate adjudication hearings daily, meaning that there is a fair bit of movement in the units. However, few of these activities involve the segregated prisoner leaving their cell, and none involves them leaving the unit. The physical design, in-cell provisions and regime they can access while in the segregation unit thus take on particular importance.

In what follows, we examine the different 'components' listed above, starting with physical conditions.

4.1 Physical conditions

The design and physical conditions in a prison must adhere to basic requirements, stipulated in a large number of international law treaties and conventions^{xiv}. Because segregated prisoners will spend all, or most of the day inside their cell, its design, fixtures, state of repair and cleanliness take on particular importance. The segregation PSO stipulates that cells must be well lit and equipped to a standard similar to that found on normal location, including integral sanitation, in-cell electrics and TV aerial points. Recognising that the architectural design and provisions have an important role to play in the safeguarding of health and wellbeing as well as in communicating in a positive message to those who live - and those who work - in the unit, the PSO further stipulates the expected outcome:

Prisoners are housed in cells that provide safe and decent conditions. Segregation units are kept clean and reflect a positive atmosphere and ethos.

(PSO 1700 2.4)

The very basic design requirements for segregation units and cells were met in all the units visited: all regular cells (i.e. excluding 'special cells') had a window and were equipped with in-cell sanitation (toilet & wash basin), power point, a bed or a concrete slab with a mattress, artificial light, and a call bell. Except for one prison, the toilets had neither a seat

nor a cover. In several of the units cells contained a combined toilet/sink unit which required the user to lean over an open toilet in order to wash one's face or hands, or indeed in order to drink water. Some toilets were screened off from the rest of the cell, but not all.

Both the survey and prison visits indicated large diversity within the segregation estate: units were of different ages, sizes, location, layouts and varying states of repair. A number of the units dated back to Victorian times, others were built in recent years. Some were designed to withstand bombs and rescue attempts, others were originally designed for a different purpose, for example a hospital wing. Many suffered sealed air quality and poor temperature control, resulting in units being either too cold, or too hot. The smallest unit we visited contained eight cells, the largest contained thirty. Interestingly, the size of a prison was not necessarily a predictor of the size of the prison's segregation unit: one of the smaller segregation units we visited, for example, was located in a large, overcrowded prison.

The prison survey similarly revealed a wide variation in the size and location of segregation units. 44% of survey respondents reported that the segregation unit occupied a separate wing; 39% reported that their segregation occupied a free standing unit, and; in 21% of respondent prisons the segregation unit constituted a section of a wing.

Prisoners and officers routinely referred throughout our visits to someone 'going down' or being 'taken down' to the segregation unit. Our survey responses, however, revealed that only 6% of units were located in a basement. Most were located on the ground floor (41%), on more than one floor (41%) or on the first floor (12%). In this sense, the persistence of terminology from the past and its contrast to the current situation may reflect attitudes to segregation more generally, and some lack of clarity as to what segregation *is*, and what it is *for*, which manifested itself in different ways throughout our visits.

Some units suffered from bad acoustics, with conversations between adjoining cells and between prisoners and various at-the-door conversations, e.g. with medical staff, teachers, chaplains or IMB members overheard by everyone. This impinged on prisoners' privacy and it also meant that they were afforded very little quiet time whilst in the segregation unit. The lack of privacy also meant that prisoners were reluctant to discuss confidential matters.

As noted, the layout of the units we visited varied, with some layouts enabling more direct contact between prisoners and staff than others. In a number of units, staff offices were located on the landings, meaning that staff were part of the 'life' of the unit. By contrast, in one of the units visited, a double 90 degree bend in the corridor separated the cells from the office area, meaning that cells could not be seen - or heard - from the staff area.

Where staff were located at the heart of the unit rather than in a separate part of it, this enabled dynamic security and an increased level of prisoner-staff interactions. These, as we discuss in the following chapter, were important factors in determining, and maintaining, relationships which were both caring and secure and hence 'good' segregation units.

Finally, we also found great variation in the state of repair and cleanliness of units. Most of the units we visited were fairly clean, but in one unit the special cell was stained with spots of dried blood and in another unit we noted that:

We did not observe orderlies cleaning; of greater concern was that the observation panel in one cell had been smashed through and not replaced (despite a prisoner being held there); two cells had tiny bits of glass outside the door, and one had remnants of a dirty protest on the door frame. (Field Notes)

In yet another unit, orderlies had ready access to paint and paint brushes and were paid to re-decorate cells promptly following any damage by residents. Another unit was spotlessly clean. When we complimented the orderly, they replied: "There are advantages to having OCD!" Prisoners' experiences were correspondingly varied:

Cells are dirty and cold; dirt on the walls. Toilets don't flush. Windows don't close properly. (Prisoner)

Cells are a lot better – it's quite a clean block. The paint, the magnolia colour, everything is light. The pads down here are better. In here, you got cupboards. You don't feel like you're in a police cell. It's comfortable. (Prisoner)

Even the best segregation units, as one manager observed, offered limited comforts:

I'd like to think it's decent, but if I brought my parents here [to the seg] and explained what we do and showed them a cell, they would think it's austere.

4.2 Regime

Segregated prisoners will spend most of their time alone in their cell with few personal belongings and with little to do. Providing them with regular access to exercise, hobbies, education, family contact, and someone to talk to, are important factors for countering the potential adverse effects of their segregation and thus for safeguarding their mental health (PSO 1700).

In most of the units we visited, the daily 'regime' consisted mostly of a short stay in an outdoor yard, a shower and a phone call. Several of the prisons we visited did not allow all three activities on the same day, meaning that prisoners had to choose between having a shower and taking exercise or making a phone call.

Religious services involved a conversation with the chaplain through the cell door. The only other out of cell ‘activity’ involved collecting food from the servery twice a day. In-cell work was not offered. Out of cell work was only offered very rarely - two of the fifty prisoners we interviewed in segregation units were offered some limited form of work, e.g. cleaning the unit or packing tea-packs. Access to education or programmes was extremely limited, as was access to hobbies and craft materials.

‘Regimes’ were characterised by social isolation, restricted sensory input and increased prisoner control, further reducing the scope for self-determination.

The regime activities offered to CSC prisoners were more diverse. Depending on the unit they were housed in, they had varying degrees of access to education, hobbies and crafts materials, TV and other entertainment equipment, gym and exercise equipment and some access to cooking facilities. Importantly, some of these activities could be undertaken in association with other prisoners at the unit, depending on the prisoner’s risk assessment, meaning that some CSC prisoners - but not all - had a degree of social contact with others. In-cell provisions were also somewhat better, reflecting the much longer duration of their stay in the CSC system.

The table below summarises what our interviewees told us about their access to activities, followed by a brief examination of the key daily events in the units we visited.

	All	Segregation	CSC
Chances to...	% yes		
Exercise	95%	96%	93%
Buy canteen	91%	88%	100%
Contact family	87%	86%	93%
Get the news	78%	72%	100%
Have visits	76%	73%	80%
Address health	67%	73%	54%
Observe religion	51%	57%	31%
Receive education	48%	42%	69%
Pursue hobbies	47%	40%	79%

Exercise and fresh air

Prisoners should be encouraged to take any exercise periods that are offered to them and where safe and appropriate to do so the exercise can be mixed with other prisoners in segregation. Establishments should consider allowing a prisoner in segregation to attend some PE / gym sessions in addition to the minimum daily exercise requirement in the open air. This is particularly important for young persons and young adult offenders. Wherever possible attempts should be made to improve the environment of the exercise yard.

(PSO 1700, 'Promoting and Safeguarding the Mental Health of Prisoners held in Segregation Units' pp 30-31)

The importance of fresh air and exercise for the mental health and wellbeing of prisoners in general and those segregated in particular is well recognised and long established in international human rights law and guidance and, as the opening quote illustrates, in prison service orders too. Internationally, an hour long of fresh air exercise is viewed as the absolute minimum required provision for segregated prisoners. The European Prison Rules^{xv}, stipulate that:

Rule 27.1 Every prisoner shall be provided with the opportunity of at least one hour of exercise every day in the open air, if the weather permits.

Rule 27.2 When the weather is inclement, alternative arrangements shall be made to allow prisoners to exercise.

The UN Standard Minimum Rules ('Mandela Rules') similarly stipulate that

Rule 23 (1). Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.

In line with international standards, up until 2011, Prison Service Orders (PSO 4275 'Open Air') also set a mandatory requirement to provide prisoners on restricted regimes with a minimum of 60 minutes in the open air. However, in 2011 a new PSI was introduced, reducing the minimum requirement for prisoners on restricted regimes to a total minimum of 60 minutes of activity daily, of which 'at least 30 minutes must be in the open air' (PSI 75/2011 (section 2.21), re-issued in November 2013). While it is possible, even likely, that there are other jurisdictions where segregated prisoners are not provided with an hour long outdoor exercise period, we are unaware of any other European jurisdiction where the official requirement is for a period of less than an hour. Prison service instructions on the provision of exercise fall short of international standards.

In most of the units we visited, outdoor exercise periods lasted no longer than 20-30 minutes (see table below) and with few exceptions, exercise yards were concrete, completely barren fenced-in pens. Further, there was very little that prisoners could do while out in the yard, as balls, rackets and so on were not provided to them. We believe that yards could be equipped with exercise equipment, a basketball hoop or other means to enable prisoners to exert themselves physically during their exercise period. Subject to ongoing individual risk assessments, there is no reason not to provide them with a ball, a skipping rope and so on. These would require minimal expenditure and adjustments and could benefit prisoners greatly. We were also concerned to note that in a number of the prisons visited, the segregation unit's exercise yard was exposed and visible from the wings. This has meant that vulnerable prisoners were sometimes reluctant to take up even the little exercise they were offered.

Good practice examples in providing exercise:

- One prison had an exercise bike installed in the yard; another had a number of exercise devices installed, a bench and a patch of grass
- The walls of the exercise yard in one prison were adorned with murals painted by prisoners at the segregation unit
- In a number of units prisoners could exercise in pairs, subject to risk assessment
- One unit had a small gym which prisoners could use once a week.

Showers

In principle, showers were provided once a day but, as noted earlier, a number of prisons tried to deter people engineering their own segregation by reducing access to showers. In one unit, for example, prisoners on the basic regime were allowed only two showers weekly, and prisoners on GOoD could have three showers weekly. One young man from that unit said that,

The showers I find most hard. In seven days you get two showers. I find that degrading. ... Personal hygiene has to be encouraged - why give showers only twice a week? ... The kit is changed once a week, on a Sunday. You have one set - boxers and socks they change every time you go to the shower.

A mental health professional agreed:

Segregation is a sometimes necessary evil. But there are aspects of segregation I don't agree with. The governors have decided that segregated prisoners are entitled to three showers a week. I don't agree with that. People will deteriorate more if they are not getting out and just sitting in their room all day.(Notes from a visit)

It is difficult to understand what might be gained from policies which make it more difficult for individuals to maintain good personal hygiene, and such policies go against the grain of principles and standards of good prison practice.

Food and meals

Meal times were universally early in all the units we visited: typically lunch at 11:00-11:30 and dinner at 4:30 - 5:00. A cold breakfast pack was delivered with dinner in some establishments, whereas in others prisoners were served a hot breakfast. This means that the last meal of the day was offered much too early than is suitable for adult men and women and that the gap between the last meal of the day and the first meal of the following day was very long. Typically, prisoners had to choose a daily menu option from a weekly meal plan. In a few of the prisons visited menus were adjusted to use by people with reading difficulties and included illustrations. This was good practice. The quality of food varied between the different establishments. In one unit, a prisoner told us that,

Food here is better than the wing. Officers give you a bit extra - I regained here the weight that I lost on the wing.

Most of our interviewees, however, said that food portions were too small and several reported being hungry. Asked about the quality of food in the segregation unit and whether they had enough of it, these were some of the responses we had

I had worse. But I also had better. Not really enough. I feel hungry a lot of the time...

It's never enough. It varies. Rolls can be stale. Breakfast is useless. I am hungry all the time.

They starve you down here. Here, you get what they give you.

Food portions are very small.

Policies regarding the serving of food also varied. In several of the prisons visited prisoners could collect their food from a servery, which is good practice and in line with recommendations (see for example HMCIP report "Extreme Custody" (2006)). In a number of establishments however food was served to prisoners inside their cell either on trays or using a food cart.

Canteen (shop)

Provided they had sufficient funds in their account and that their punishment did not include loss of canteen, in all the prisons visited prisoners continued to have access to the canteen whilst in the segregation unit (see further discussion below).

4.3 Provisions

Obviously, it's a segregation so they can't do a lot of things here, but some things, like education, they should do. (Prisoner)

PSO 1700 stipulates that segregated prisoners should actively be supported in changing their behaviour. It recommends that establishments introduce systems to encourage positive behaviour during time spent in segregation. One of the ways of doing so, it is suggested, is to introduce a system of rewards and privileges based on the prisoner's behaviour on any given day.

The system allows a prisoner to start with a clean slate each day and works on the basis where points are issued depending on the all-round behaviour and co-operation of the prisoner. Once earned the points can be spent on rewards that may not normally be permitted or on privileges that have been removed. Points can be accumulated in order to secure an early return to normal location by having days remitted. (this is consistent with PSO 2000 Para 8.4). Types of privileges would be items such as publications, radio CD's, televisions, in cell games, extra letters etc. Where situations allow 'association' periods enable prisoners to mix socially. Rewards should be for a set period of time such as 24hrs, lunchtimes, overnight etc. All rewards should be ones that can readily be removed where the behaviour is no longer consistent with required standards.

When establishing such a system it is necessary to develop a tariff which is available to prisoners in order that they can see what can be achieved, the tariff must be attainable and realistic in order to encourage participation. (PSO 1700)

In all the units we visited, provisions were basic but the exact detail varied between one segregation unit to the other, and in some cases depended also on the prisoner's segregation status (i.e. whether they were serving a punishment, on GOoD etc.)

Name	Exercise	Smoking In cell	Radio	TV	Kettle
CSU	30 mins & fixed bike in yard	Y	?	Y (Not if Basic)	N
Women	30 mins	Y	N	Y**	N
Segregation (&CSC)	Unclear. No daily shower.		Y	Y**	Y**(kettle or flask)
CSU	30 mins	Y	Y	N	?
Named unit	45 mins. minimum exercise & shower & 1 hour gym weekly	N	?	N	N (hot water given in AM)
Segregation	20-30 mins, mostly in pairs	Y	?	Y (some)	
CSU	30 mins	Y	Y	Y (some)GOoD: 18:00-8:00	Y
Segregation	30 mins	Y	Y (not Basic)	N	?
YO	30 mins-45 mins	Y**	Y	N	?
Segregation (&CSC)	1 hour (plans to reduce to 30 mins for those refusing to leave)	Y	Y	Y Standard Only	Y
Segregation	1 hour; sometimes in pairs		Y	N	N (Flasks 3xdaily)
Segregation (&CSC)	?		Y		Y
CSC	Association time throughout	Y	Y	Y	Y
CSU	1 hour (inc. shower and phone)	Y	Y	N	Y
Women	30 mins	Y	N**	N	N

** Subject to risk assessment

As the table above demonstrates, there were significant variations in provisions between the different prisons we visited. Neither the prison's security level nor its mission statement could account for these variations. Further, the reasons for allowing or disallowing specific provisions were not always clear, and we did not get a sense that policies in this respect were routinely reviewed and adjusted to the changing individual needs and challenges posed by prisoners at any given time, as suggested in the PSO.

So, for example, in some units, prisoners were provided with kettles whereas in others they were provided with flasks and in other still prisoners could only receive hot water four times a day, at designated times. In one of the prisons where kettles were provided, we were told that "we never had any problems with it." All the prisoners in this prison's segregation unit had radios, and TVs were provided to GOoD prisoners on standard regime and above, given from 6 pm till 8 am and taken away in morning.

Elsewhere provisions were less generous. In one of the units visited, TVs were taken away two years earlier. This, according to one of the officers working at the unit, has meant that:

People don't want to stay as long in the Seg, now that there are no TVs here.

Another officer, referring to the 'old days' commented that:

Here, they have TVs. It's not classed as punishment any more. They are still being disciplined on adjudications, but they are not punished in the way [they used to be].

Speaking to both prisoners and staff, it was clear that the provision of TVs to segregated prisoners was a contentious issue. Asked what he thought about allowing in-cell TVs, one officer captured the tension between the professional and the political in prisoner provisions:

From a prison officer's point of view, I don't mind - it gives them something to do. As a tax payer, I think it's disgusting. But as a professional person, it's good that they have something to do. (Officer)

The provision of educational, therapeutic or vocational programmes was extremely limited, with the exception of one unit where a dedicated interventions coordinator was tasked with providing segregated prisoners access to programmes such as yoga and Cognitive Behavioural Therapy (CBT). Prisoners (on GOoD) were also provided with workbooks adjusted to their needs and interests. However, this unit was unusual, as in most of the units visited prisoners had very little access to programmes. In-cell work was not offered in any of the units visited. This had potential mental health implications, as well as pragmatic consequences. As one female prisoner noted, the lack of access to work was particularly problematic for those with no private cash who depended on earnings to buy their basic canteen provisions:

I think it's degrading the way they only give us four drinks [a day]. They should give us flasks like they do elsewhere... they treat us like animals. And if you're not CC I think they should let us go to work and education. I'm OK, I have private cash, but some don't - they need to work to get their cash...

Access to cash is even more of a problem for those prisoners who had to pay for damaging prison property prior to placement in the segregation, as was the case for one prisoner:

When they changed the rules in November, I smashed my TV and OBS panel and self harmed with the glass. I was charged £90 for it so I have no money for the canteen.

Personal belongings

Of the prisoners we interviewed in segregation units, 30% had all their property with them; 54% had some of their property with them; and 12% did not have their property. Some prisoners, notably those who 'orchestrated' their segregation, had their property packed and ready for the move to the segregation. Most other prisoners received their property fairly quickly after being segregated, though a number of prisoners reported that some of their property was missing, or damaged, when they received it.

Education

We saw very little evidence that segregated prisoners were encouraged to pursue education while segregated. This is an area in which segregation units could improve.

As reported above, only 42% of segregated prisoners we interviewed said that they had opportunities to pursue education. Only 'hobbies' scored lower. Asked how they spent time in their cells, 22 mentioned 'reading' or 'newspapers' or 'books'. However, we observed very little by way of formal education. On our visits, we noted three prisons in which someone from the education department came to the segregation unit every week. For example, in one prison, someone from education visited weekly and prisoners could request education materials and textbooks, one to one tuition and art materials (this was detailed in the induction pack). In another prison, segregated prisoners were paid for taking part in in-cell education, and one prisoner was being escorted to the education department daily. But these were exceptions.

The prisons survey suggested that education was generally available. Only five of 63 prisons responding to the question said that education was not provided in their segregation unit. When managers were asked about good practice, eight of the 66 prisons cited education provision in the segregation unit. However, the majority of these were young offender institutions. These findings suggest that far more could be done to encourage segregated prisoners to become involved in education, either by continuing courses in the education department or in-cell.

Education: good practice example

In one of the prisons visited, newly segregated prisoners were given an induction booklet which informed them, amongst other things, that:

Segregated prisoners may request a variety of educational resources and equipment to assist them in continuing to study whilst in the care & separation unit (CSU). These resources (subject to security restrictions) may consist of...

- Writing materials: paper / pens
- Art materials (subject to availability)
- Educational text books e.g. maths and English workbooks
- Resources to support dyslexic learners
- Support to continue distance learning studies

(Induction book)

Smoking

At the time of writing, a system-wide smoking ban was being considered by NOMS. But when we visited, smoking was allowed in most units, but prisoners did not always have tobacco or the means to buy it, and tobacco, or the lack thereof, was at the root of several conflicts we witnessed.

The tobacco resistance incident

A prisoner was transferred from the segregation unit to another prison. At mid-day the segregation unit heard that this person was returning to segregation, having been turned away at the receiving prison. The man was received and returned to the cell he had left in the morning.

A second prisoner rang his bell and asked for his 'smokers' pack'. The officer told this person that the unit did not give out smokers' packs.

The following day, four prisoners demanded a 'smokers' pack'. Officers escorted four prisoners to the exercise yards (two in each yard, about 20 minutes apart). When an officer went out to bring two of them back in they refused to return to their cells.

The officer returned to the yards to negotiate. They were argumentative, demanded tobacco, and refused to return. The officer in charge closed the unit, stopping all regime movements. The CM was summoned and quickly arrived to supervise. Control and restraint teams, sufficient for four prisoners, were requested.

The CM went to the yards with two officers. One of these gave a direct order to return. One, a young man who had built up a good relationship with staff, immediately left the exercise yard and went to his cell.

A prisoner in his cell shouted encouragement to the remaining three, but a second resistor elected to return to his cell. Ten minutes later, a third resistor returned from the yard, still very angry. He walked past his cell and continued to the end of the unit, followed at a distance by the CM, and two segregation unit officers. He went to the doors of some cells, asking for tobacco.

The CM stood at a distance, his arms open and relaxed, talking to the prisoner. Two segregation officers stood further away, forming a triangle about two metres from the prisoner, who was still very angry, and gesticulating. Patiently, they persuaded him to return to his cell.

One of the segregation officers, when asked about this prisoner, explained that the CM would have preferred to restrain him, but the unit officers preferred to de-escalate the situation verbally; first, because they know him and will work with him in the future, and second, because the three of them would have struggled to restrain him.

One prisoner remained on the exercise yard, still refusing to return. There were ten officers from the main wings in the unit, having been prepared to remove four resisting prisoners from the exercise yard. Four of these officers were dressed in personal protective equipment (PPE) (i.e. helmets, reinforced gloves and boots and overalls), ready for one removal by force.

They walked from the office to the exercise yard. The prisoner elected to walk back to the cell. He was placed – temporarily – in a special unfurnished cell, to prevent his smashing his own cell.

As noted above, several of the units visited adopted, or were considering to adopt, policies involving further reduction of the already minimal regime provisions in segregation. In some, TVs were removed from the units, in others access to showers and telephone calls was reduced to two or three times weekly.

In one unit, staff were told to use extreme measures to ensure that segregated prisoners are not having too good of a time at the unit:

One governor told us to take away the mattress from one prisoner. Why should they lie on the bed all day? And I don't disagree. (Officer)

One of the problems with such policies is that the deprivations inflicted are not balanced with the provision of additional programmes, work or other measures to assist segregated prisoners in doing something meaningful with their time and in working on improving their behaviour or addressing some of the issues which led to their placement in the segregation unit in the first place. As one prisoner put it,

So it [segregation] has to be hard enough to stop people coming to Seg to get a ship-out but not so hard that they assault someone.

Providing segregated prisoners with substandard regimes is unlikely to achieve positive outcomes, for the prisoner or for the prison more widely. Moreover, developing regime activities need not necessarily involve substantial expenditure or staff time. Imagination and creative thinking can make up for lack of funds. As one manager succinctly put it,

I have never understood the empty regime in segregation. It is not a 'regime': you're providing the bare entitlements and that's it. Why not get them to engage? . . . They should have to come out, engage with officers, and earn rewards by engaging. Everyone should have a care plan with short-term targets that challenge their behaviour.

To be sure, when asked what could be done to improve life in the segregation unit, most of our respondents highlighted improved regime activities, programmes and in-cell provisions. Access to a library or a better selection of books, a gym, longer exercise time

and a TV were cited by several of the prisoners to whom we spoke, as were better information about the rules and regulations of the segregation unit and better access to listeners or, as one prisoner put it, some form of 'contact with the outside':

Being able to take part in rehabilitating programmes. They should have an hour a day where they can speak to a solicitor or the Samaritans - an hour contact with the outside. I didn't know why some prisoners could have a radio and others not; or certain foods for your religion; or your own clothes. When you come on you should receive a pack telling you what you can have and what you can't.

Reductions in family contact or use of families as a bargaining chip is potentially incompatible with the provisions of the Human Rights Act, Article 8. Any restrictions on contacting Samaritans or speaking to Listeners could also contravene safer custody policy and possibly Article 2 of the Human Rights Act (the right to life).

4.4 Conditions and regimes in CSCs

Question: How do you spend your time in the CSC?

I get seen by psychology and stuff.

The CSC units that we visited were small and compact. All had exercise yards and some exercise equipment; one had a garden; in most, prisoners were allowed to have a television; and at least one allowed game players. But the environment in all units was very restrictive and enclosed. With one exception, space for association was very limited. Asked what he found hard about being in CSC, one prisoner commented:

The small environment. You can't find your own space. Even in your own cell you feel enclosed. You're just stuck in the same small place every day. You come out of your cell, turn the corner, and that's it.

At a second CSC unit, a prisoner was asked:

Question: What could be done to improve life for prisoners in this CSC?

Knock the place down and make it bigger, with space for association.

Fundamental to their progressive purpose - preparing men for their re-introduction to normal location - is a full and challenging regime, which will explore the reasons for disruptive behaviour and violence.

One manager spoke optimistically of:

. . . maximising the regime. If we don't get the therapeutic side of it, what are we doing here? That's why I like it here - I can at least rehabilitate them back to normal location.

Another said:

I'll take anybody who wants to progress. We need to be able to do something meaningful. We only have two rooms for communal activities, but I have to have something to offer them. . . . I spoke to psychology; also wanted to involve the staff. The games, the psycho-social - all that involves staff. Sadly, I can only get education once a week. [It's a] shame, but that's all I have.

In one of the CSCs we visited officers run a programme, which encourages participants to identify factors that lead them into violent behaviour, and to work on changing that. In a second CSC, the managers were working with psychology to develop a programme for residents of their CSC - but it was not yet functioning.

While one prisoner told us that he would prefer less time out of his cell, a majority of the men we spoke to in CSCs were critical of the absence of programmes or purposeful activities in their CSC.

[I just] loaf around, stay in my cell, watch DVDs. There's nothing to do. They've cut down the sessions in the gym. . . . Since I've been here, I have not done anything. It's like two years spent doing nothing.

There is no structure for reducing risk. Talking to these staff is not reducing my risk one bit. Even the psycho-social [sessions] don't reduce risk. It's just discussion, and what you say there gets judged as showing a higher risk. You get one hour a week with your one-on-one psychologist.

Several prisoners also commented about the frequency, length and facilities for family visits. One man offered the following summary of needs:

Visits first. A bigger building. More time out- that long afternoon bang-up- I don't see the point of it. More activities - there is only so much available. More education. . . .I think we need more things we have a choice in. (Prisoner)

The two prisoner quotations below, in response to the question “what could be done to improve this CSC?” provide a good summary of our discussion of regimes in the CSCs:

More time out of cell; more visits sessions. Let prisoners mix. Community meetings. A phone box fitted. Change the punitive management - a therapeutic environment for psychology sessions provided. Remove arbitrary restrictions. Provide activities to occupy us. Access to library, gym, and education.

[We need] more to do to reduce risk so you can go back on the wing. And improve your interaction with your families: visits booking lines; visits provision; the timing, so you get the full two hours. And meet the religious and educational requirements.

To sum up the section on regimes and provisions: segregation units mostly offered the most basic 'regime': 20-60 minutes exercise in a barren yard, a short phone call, and a shower. In-cell provisions were in most cases minimal - at best including a kettle, radio and TV, books and limited number of hobby materials (e.g. drawing pencils) and at worst including nothing at all. Programme provision was also minimal, with many of the units visited offering no programmes at all. Those residing in CSCs had access to better regime, programme and in-cell provisions, but they, too, had to spend the majority of the day inside their small units, with limited contact with the outside world.

4.5 Segregation and CSCs: time, problems, and practical benefits

Time in segregation / CSC

Segregated prisoners, regardless of the reason for their segregation or its duration, typically spend the majority of the day - at times as long as 23.5 hours, locked up alone inside their small cell. CSC prisoners could, as a general rule, spend more time in association with others, though the exact length and quality of this varied between the units we visited, and in some cases amounted to no more than 40-60 minutes per day.

As previously discussed, though the exact number and type of provisions varies between establishments, in all cases these are limited to few personal belongings, books, a radio, and in some cases a television which they may, or may not, be able to watch as and when they wish. In the vast majority of cases work is not available to them, and their access to purposeful activity greatly curtailed. With no or limited associated activities to help pass the time, how did prisoners spend their days?

Those who had access to a television and prisoners in one of the four CSC units which we visited spent much of their time watching television programmes and, where these were available, DVDs.

Other than that, many of our prisoner interviewees told us that they spent most of their time in segregation reading and writing letters. One woman told us that

There was one thing that I never got my head around and that's reading books. But in segregation I read four books! And I continued since.

Read, watch TV, I exercise a lot in the cell. I also write letters and I receive a letter every day.

Lie on my bed all day, pretty much. Listening to radio or walking in circles in my cell, basically that's what my day consists of, reading but all the books here are rubbish. I found only one decent book. (Prisoner)

Interestingly, one of the key potential improvements suggested by our interviewees when we asked how life in the segregation unit could be improved was better access to a larger variety of books. Reading, however, wasn't an option for everyone:

Some days are slow. It's boring. There's nothing to do. If you can't read, you just sleep; then you can't sleep at night. (Prisoner)

Another way to pass time involved letter writing.

I write. I've sent some letters home. It helped me to pass the time. I just got fed up with receiving letters all the time that I decided to write. So I wrote five letters.

As mail needed to be collected from and delivered to prisoners, however, it also presented a potential point of conflict and distress, as one woman explained when asked how she filled her days in segregation:

Nothing to do, just constantly write letters, but they don't collect our mail so I'm like why didn't my family reply? stressing about it. In my time here I got mail twice – seven or eight letters each time.

Asked how they spent their time, one in four prisoners said they slept or did nothing; one said:

I sit there with my head in my hands.

Another man said that he spent his days talking through the window to other prisoners on the unit and sleeping. He added:

Today's the first time I've been awake in the afternoon. We stay up talking all night then sleep during the afternoon.

Problems in segregation/ CSC

Sleeping is worse in the segregation because there are women with mental health problems who bang and shout and keep you up. (Prisoner)

We previously described the three key elements of segregation units as: social isolation; restricted sensory input, and increased control of prisoners. These three elements have been identified in the literature as the potential causes of mental health issues and difficulties. To better understand how they experienced their segregation, we asked our prisoner interviewees about the difficulties of being segregated. Many cited the impoverished regime and boredom. One young man explained that:

I don't have a radio or TV. You don't know what's going on. I'm a 22 year old man sitting all day looking at the wall. ... the regime is poor and then they wonder why people kick off.

He then continued to say that the single thing that he found most difficult was the inability to maintain good personal hygiene.

Segregation is a very dirty place. You get located to a cell and it's filthy. Hygiene is a big thing, and I think that people's hygiene deteriorates down here.

Another young man described similar difficulties and commented on how this reflected on his mental wellbeing:

I like my own company but I'd like to get back to some normality. I feel I'm starting to not care about things like my appearance and stuff.

Many of our interviewees commented on how the emptiness of time weighed heavily.^{xvi}

Your head does go.....only so many times you can speak to four walls.... 30/40 days, your head does go . . . (Female prisoner)

Boredom - it just messes with your head, starts getting to you. (Prisoner)

It's long. It feels like the day is dragging. There's books, newspapers, but that's about it. (Prisoner)

Other difficulties that were raised included lack of access to cash, delays in sending and receiving post and, especially for female prisoners, lack of communications. Asked what she found most difficult in segregation one woman replied: "nothing to do." Another woman found the reliance on staff for everyday needs difficult:

You get four cigarettes - but no lighter - a day. Morning, lunch, tea and at 19:00. They only give you four drinks a day. They treat your post as if it's a privilege - they don't collect it every day. They don't let you use the phone every day - they say they don't have enough staff. On Tuesday, I got my sentence and my family don't even know.

The inactivity and isolation were briefly interrupted, as previously discussed, by morning rounds, the walk to the servery to collect a meal, and the options of phone calls, exercise, showers or a cell clean. A majority of the prisoners we interviewed in segregation units said they could speak to officers 'sometimes' (31%) or 'often' (31%), though any such interactions were necessarily brief. Prisoners could also converse with their fellow prisoners, albeit in a limited form:

You're never out of your cell with other people but you talk to them through the window and /or door. It's not ideal, but it's better than staring at the wall.

For some individuals, the social isolation associated with segregation acted as a trigger for other problems:

Q. What do you find hard about being on seg?

The isolation. I had alcoholic parents who used to lock me in a room and go out drinking. It's happening again in here. (Prisoner)

I've been in isolation for four and a half years without a break. Was sent to Health Care to 'see how I get on with people'; was overwhelmed - panic, anxiety, picking up on the nuances of people's behaviour... (Prisoner)

In the CSCs, the periods of stay were much longer, and, though prisoners had some opportunity to interact with each other and staff, they had fewer opportunities to meet anyone who was not directly involved in the CSC:

The longer you're here, the more you develop disorders. Being in such a small space has such an effect in decreasing your social skills. It looks rosy, but it has such a negative effect. It's isolation to an extreme.

Isolation. Limited family contact. Boredom. Repeated searching. Lack of access to support. Suicidal thoughts. Excessive officer presence. Mistreatment by officers. Seeing others deteriorate. Lack of hope.

As well as the social isolation and the restricted space and stimulation, segregated prisoners were subjected to tighter measures of control, used by staff to manage the potential risk posed by them. For example, as we previously discussed, for some, the cell door would only be opened if there were three officers present. An officer explained that segregated prisoners are far more dependent on officers than those on main location:

Segregation is different. On main, they might be frustrated, but they know the door will be opened eventually and they can see to their problem. On seg, they only have you to get them to a phone, or a second shower that day.

With this heightened control, prisoners could exercise even less autonomy than is usual in the prison environment. Several of the prisoners we spoke to commented on, and drew a link between, control and a sense of powerlessness.

Q. Did you have a fair chance to state your views?

Yeah, but it doesn't make any difference. A lot of the time they've already decided what the outcome would be. I come away feeling angry and frustrated and I want to avoid that. (Prisoner)

So many days on seg - once you are charged they have power to keep you for as long as they want. (Prisoner)

I do think I should have the opportunity to go upstairs [to normal location]. It is the governor who won't let me go up there. I'm powerless to do anything. So I've given up; I might as well stay. (Prisoner)

Respondents in the CSC system explained that fundamental decisions about their lives were taken without their having any influence.

I had a psychological assessment at [HMP], but wasn't allowed to attend the management meeting. I don't understand this: how can you ruin someone's life without hearing them? You can't just rely on paperwork. It just makes you feel a bit hopeless.

It's out of your hands. The comments are lip service. It makes no difference to your time on CSC because decisions aren't made here. We just do CSC blind. You have no control at all.

We discuss some of the mental health issues related to segregated confinement further in chapter 6.

The practical benefits of segregation / CSC

Safer. You get treated better, fairly. If you're not bad, they'll leave you alone. (Prisoner)

Asked whether there were any benefits to being in segregation, more than half of our prisoner interviewees (57%) replied positively and cited advantages including having more time to think and to read and taking a break from the goings-on of the wing.

Absolutely. I don't have to deal with anyone else if I don't want to. I can say 'no thanks' and shut my door.

If you haven't got a noisy neighbour. The pain of prison is the people you are with. You get young kids with IPPs with no social mores. They don't give a toss.

[Being segregated] gives you time to think about everything, not influenced by anyone but yourself.

It's just another room, without the luxury of a television. For me, this is bliss. I prefer this type of regime. When the governor said eight days CC, he saw my face say, 'Is that the best you can do?' ... It's quiet and peaceful. You don't get

people shouting. Down here, they house a maximum of eight. On the wings, they've got 50: people shouting, swinging lines.

One clear, perverse benefit of being in the segregation unit was that prisoners regularly saw management and health care staff, meaning that problems got addressed more quickly than they would on the wing. As one prisoner put it:

In a way it's better in the segregation because every day people come to your door. In segregation, every day you get a visit from the governor, chaplain, IMB and the doctor. If you have problems, you get to address them straight away.

A more complex picture was painted by another prisoner:

I came down on two weeks cc for climbing on the roof. I refused to go back. It's a big jail and it's all open. I've never been to a jail like this - bags of drugs, scales, someone with scissors cutting some else's hair.... Mad! This 'spice' - it's really weird. I went from being full of myself to being really paranoid. Had a blade on me all the time. Came down. They asked me to go back twice and I refused. So they gave me more CC. I told them why [I refuse to go back]. Maybe even exaggerated a bit - I said that I'm in danger from people, but this was self-preservation. This worked well for me - I'm looking forward to getting out. I explained on the wing that I needed space, time to be with my thoughts. I was becoming irritated with people...

There was however one important caveat to any reports of benefits of being segregated - duration. Prisoners, officers, managers and mental health professionals have all qualified positive statements about segregation by noting that it was only 'good' for a short time:

Segregation does have a calming effect. But it [also] does have the isolation, which is the downside, especially if it goes on for months and months. Life is not like that, there is no isolation. So you're not doing them a favour by keeping them there... (Mental health professional)

I don't think that people should be kept long term in segregation. I also think there should be a lot more honesty about what they are planning to do [with you]. (Prisoner)

[It's] alright for about a week, peaceful, but after that it just starts messing with your head. (Prisoner)

It [segregation] is appropriate for short periods, but for long periods it has adverse effects and we are not mental health trained. (Officer)

I've noticed, working in the segregation, after two weeks they start to deteriorate - not so much here, because it's brighter and the internal sanitation is better... It doesn't happen often that they don't want to [exercise]. (Officer)

The timeframe observed by this officer (above), corresponds with research findings on the health effects of solitary confinement (segregation): all studies of prisoners who have been detained involuntarily in solitary confinement in regular prison settings for longer than ten days have demonstrated some negative health effects.^{xvii} There was also another caveat: whether the segregation was voluntary, or 'orchestrated' (on the particular vulnerability of prisoners who are segregated involuntarily see also Mandela Rule 46). We return to this in chapter 6 (Mental Health).

The rate of prisoners reporting benefits was slightly lower for CSC prisoners, but still relatively high, with 50% reporting some benefit to being in a CSC. More access to mental health and other specialist staff was the key benefit cited by several prisoners.

More access to staff: psychology, probation. Easier to get on the phones, food is a bit better, applications get sorted a bit quicker because there aren't many of us.

As well as material advantages of CSC confinement, a number of people said that being in a CSC has helped them learn more about themselves:

The only benefit is that it made me check myself. Before CSC I didn't realise I had a problem.

One man, however, when asked if there were any benefits to being in a CSC, replied:

None. Only people in conflict with other prisoners or who are seriously mentally ill could believe that they have benefits from being here. (CSC prisoner)

We return to this in the following chapter.

4.6 Health care

Prisoners in the segregation units visited were able to see a medical professional - usually a nurse - daily, and a doctor during designated times or as needed. However, the daily medical rounds mostly consisted of the health care professional going from cell to cell, speaking to the prisoner through their cell door. This meant that visits by health staff suffered from lack of privacy and confidentiality which are at the very heart of the provision of good health care and, in this sense, it also meant that the care offered was not of equal quality to that offered in the community ('Equivalence of Care'). A number of prisoners told us that the lack of privacy and confidential access to health care professionals prevented them from seeking treatment and care.

Health care come round every day, but to be honest, unless I was half dying all they do is give you paracetamol. They open your door, ask if there're any issues. But to be honest, what about confidentiality? What if I have something embarrassing? I won't stand in front of the governor, staff and the whole prison and discuss private issues. (Prisoner)

Some prisoners also felt that the quality of care they received while at the segregation unit was lacking

I've been asking for a urine test. I found a lump and asked for a scan. I was worried. It took me a year to get it. It's not like health care on the out. (Prisoner)

The doctor is useless. I keep telling him things, he writes them down and then nothing happens. Maybe it's because he doesn't understand - he's a [foreign national]. Frustration - that's the worst thing in jail. (Prisoner)

We observed several cases of poor handover in terms of sharing of crucial medical information when prisoners were transferred from another prison or even from the wings to the segregation unit. This included information regarding medication (and indeed the medication itself, as the personal story below illustrates). On the other hand, we also witnessed some inappropriate sharing of medical information with custodial staff. Some information sharing is crucial to the proper management of prisoners' wellbeing, but any information sharing must adhere to established standards and in no case be a routine occurrence. In two of the units health staff kept a locked trolley in the segregation unit which only they could access, where they kept medical files and medication. This was good practice which also increased the chances of successful medical handover.

More generally, several prisoners complained about problems with continuity of care and inability to keep routine medical appointments while in the segregation. One woman said that:

Since being here we didn't get our appointments. I missed an appointment with Female Health, including a smear follow-up, missed dentist, optician. They don't take you to your appointments. The doctor saw me through the door. I told him my tooth crumbled- he gave me paracetamol... that doesn't work! I think that even if we're down here they should still escort us to our appointments. (Prisoner)

The health care here is disgusting. I've asked them to come see me - they've refused. I've asked the doctor to look into my diet and all he did was offer me iron tablets. (Prisoner).

The potential for an imbalance between security and health care needs was illustrated by the following example.

Tension between risk/security and the provision of health care: example

A prisoner was brought to the segregation unit for his own protection. The officer who received his property removed all his medications (on the understanding that segregated prisoners are not allowed to self-administer medications). Later that day, a nurse visiting the office happened to notice the medications and examined them. One was asthma medicine (intended to be self-administered when the need arises) and the other was for de-toxification. She asked the officer to give the medication to the prisoner, but the officer insisted that the prisoner could not keep them. The nurse insisted that the prisoner had to have access to the medication for his asthma at all times. She went to the man's cell to return his medication to him. The therapeutic outcome – access to medications he needed – had occurred by chance. The prisoner should not have been denied the medication which had been prescribed for him on a self-administered basis. (Field Notes)

4.7 People with learning disabilities or learning difficulties

If they've got learning disability, and they can't read and write, their time here is going to be very long. We have got some jigsaws. Time must drag, 20 hours a day. I'd be kicking off. (Officer)

I keep a library with easy reading but keep it secret, because people would think that it's pink and fluffy [to do this]. (Officer)

In 2008, Jenny Talbot completed a study focusing on how people with learning disabilities and learning difficulties (LDD) experienced custody. The resulting report, 'No One Knows: Prisoners' Voices^{xviii}', increased the awareness among prison staff and managers of obstacles for people who have learning disabilities. The report defined a learning disability as a:

reduced level of intellectual functioning resulting in diminished ability to adapt to the daily demands of the normal social environment.

The definition encompasses an IQ below 70 in addition to impairments in social functioning. Learning 'difficulties' refer to problems with communication, reading and understanding, such as dyslexia or Asperger's syndrome, in people whose IQ is above 70.

No One Knows highlighted the fact that learning disabilities and difficulties are "largely a 'hidden disability' with few obvious visual or behavioural clues." The study, published by

the Prison Reform Trust, found that people who had learning disabilities were three times more likely than a comparison group to say that they had spent time on a segregation unit (PRT, 2008, page 50). Prisoners with learning difficulties (above the threshold for a learning disability) were still more likely to say they had spent time in segregation.

While 42% of the comparison group said they had broken a prison rule, this was true of 58% of those with a learning disability. One in four learning disabled prisoners had been subject to control and restraint, in contrast to one in 20 of the comparison group (*Loc cit.*).

Rule 39 (3) of the Mandela Rules states:

Before imposing disciplinary sanctions, prison administrations shall consider whether and how a prisoner's mental illness or developmental disability may have contributed to his or her conduct and the commitment of the offence or act underlying the disciplinary charge. Prison administrations shall not sanction any conduct of a prisoner that is considered to be the direct result of his or her mental illness or intellectual disability.

In our study, the prisons survey asked respondents what proportion of segregated prisoners had learning disabilities or learning difficulties. They revealed a wide range of estimates, from 12 prisons estimating that no one who has LDD is segregated, to five prisons where the respondent put the rate at 50% or more.

When we interviewed segregation unit officers, most estimated that 40 – 50% of segregated prisoners had some signs of LDD. One officer highlighted the hidden nature of the disability:

Unless you go looking for it, you can't tell.

A segregation unit manager explained:

A lot of these have learning disabilities. You'll talk to them and they'll say, 'Yes, yes, yes' and then you ask them, 'What did you just agree to?' and they don't know. You have got to break things down for them.

For those he discovered by this method, he would target support and provide accessible information, but it is impossible to know how many others remain unidentified.

Similarly, a few officers described particular measures to support segregated prisoners with LDD. Some of these referred to the unit orderlies as a source of aid:

Our orderlies are very good. You might be asked for help with writing a letter; the orderly will help them out.

Other officers provided views on good practice:

You need a management plan with input from multi-disciplinary team.

We give them a bit more time. For example with the welcome pack, we would help them, go through it with them.

On our visits, we did not observe consistent measures to assess segregated prisoners for learning disabilities. In most prisons we visited, any support that did exist was not well-publicised. However, in two prisons, dedicated LDD support was provided:

We have an LDD nurse full-time; a learning disability psychologist's support twice per week; and a learning disability psychologist once per month.

An LDD specialist described their work in the segregation unit:

They might be autistic and have a personality disorder. We work with them to try to help them to reduce the behaviour. There are never two autistic individuals the same. If his development was skewed, you give him the tools to manage that. Teaching individuals to recognise triggers.

The segregation PSO cautions review boards to consider very carefully before depriving a segregated prisoner of a radio. This advice is extremely important in light of the fact that few LDD prisoners are accurately assessed and they have few means of occupying themselves when segregated.

As it is rare that the general population in a prison is rigorously assessed for LDD, we cannot comment on how many of the segregated prisoners we interviewed had learning disabilities. All prisoners interviewed in segregation units and CSCs were asked if they had problems with reading and writing. Of 47 segregated prisoners who responded to the question, seven said they had problems with reading and five with writing.

Without systematic assessment on arrival in prisons, or on segregation units, it is unknown how many prisoners with LDD are segregated or how best to meet their particular needs. In the absence of programmes or purposeful activities in segregation, people with learning disabilities or learning difficulties have even less means to occupy themselves than other segregated prisoners, making them even more vulnerable.

Mandela Rule 5 (2) establishes the right of disabled prisoners to 'full and effective access to prison life on an equitable basis'. The inappropriate segregation of learning disabled prisoners fails to honour this right.

5 Inside segregation units and CSCs: culture, relationships and risk

Segregation is your loss of liberty within the prison. [There is] no need to punish further in the seg. You don't need officers shouting in your face, cold food, no change of bedding etc. It has to be decent from the top down. (Manager)

The way prisoners are treated in segregation can frequently be a barometer to their general treatment in an establishment. The fairness and personal example that staff demonstrate can have a profound influence on prisoners.

(HMIP Report of Full Announced Inspection of HMP Durham 5-14 February 2001)

The physical design and fixtures, daily regime and in-cell provisions previously discussed constitute only one aspect of the makeup of a segregation unit, if a very important one. Another aspect of daily life in a segregation unit, and one which greatly influences the way in which both prisoners and staff 'experience' the unit and the maintenance of order within it^{xix}, relates to the ethos, atmosphere, relationships and interactions inside it.

In what follows, we first examine the culture, relationships, experiences, difficulties and benefits of segregation, as recounted to us in interviews with prisoners, officers and managers, and as observed during our prison visits. We then examine what makes a good segregation unit as suggested by our interviewees and by respondents to the prisons survey.

5.1 Culture and ethos

A lot of seg units are still about containment; consequences for inappropriate behaviour. They haven't got it – segregation must be about so much more. ... Segs are called 'Care and Separation'. That's trying to change perspectives through the title. But some seg units only provide discipline and managing risk – they don't do re-integration. Seg is more understood as a last resort. There's been a recognition of the specific skills set for seg staff. You need conflict resolution. You need to be able to help people to recognise how their behaviour has to change. Punishment can be ineffective at changing behaviour. ... The old style seg unit is long gone. But how to run the new one is not yet defined. (Manager)

As a manager, you have to constantly watch out for the fine, small changes in ethos, in attitudes. (Manager)

Our segregation is called a CSU but to be honest, it's a segregation. We offer very few interactions. (Manager)

Prison segregation units often develop their own subculture within the wider prison culture, their own 'way of doing things'. Several factors contribute to this: their location in a separate unit or wing within the prison; the limited regime offered to prisoners who are considered to be difficult to manage; the smaller size of the team of officers working in the unit, and; the coercive aspect of their operation.

Historically, some of the most notorious examples of highly negative staff cultures within which abuse and violence flourished and arbitrary treatment, beatings and lack of accountability were common place, took place in segregation units, in some case involving several officers. In one such unit, for example, the Chief Inspector of Prisons (HMCIP) reported, more than a decade ago, that:

... We believe from these indications that there was a pattern of verbally abusive behaviour [in the prison]. Additionally, we were told many times that when in the segregation unit, prisoners could hear screaming, shouts of 'Don't kick me' and verbal insults shouted by staff, such as 'Vermin to exercise'. ... The survey of prisoners further confirmed this unacceptable state of affairs. For example, one respondent wrote: 'The way some screws speak to you by saying stuff like get the fuck in your cage. I won't have them talk to me like that and I use abuse back and then we get nicked and punished. Another prisoner said: The staff are very rude and threatening to inmates in general – they talk to us like dogs, threats made all the time, people are afraid to complain. People like myself who try are labelled troublemakers. This prison is very bad^{xx}.

But even the most deeply imbedded cultures can change, and the most degrading environments transformed. One segregation unit, previously condemned by HMCIP as a place where the treatment of prisoners was "inhuman and reprehensible", had undergone a "radical transformation it was renamed the care and separation unit and the entire staff replaced. It was clear to us that this was not just a cosmetic change." The unit was redesigned and it was now clean "beyond recognition". The crucial change, however, was in staff culture and:

. . . in the ethos of the unit with a strong emphasis on care as stipulated in its new title. [...] The ethos was still developing. The new staff had been subject to, at best, scepticism from some colleagues but had persisted in their task. They saw their role as working with prisoners to try to get them back on to normal location as soon as possible. Unusually, in our experience, their interest in their prisoners did not stop when prisoners left the unit. (HMCIP 2012)

Several of our interviewees referred back to the old ways of 'doing segregation' and emphasised how these were different to current day units. One officer described a concurrent change in physical conditions, managerial tactics, staff culture and prisoner attitudes in segregation units:

I worked in the old segregation unit. The working environment was totally unacceptable- lack of natural light, sanitation, constant breaking down of equipment... Same for the prisoners. Dingy cells, little ventilation, windows- no air. There was one shower, lack of kit- like basic clothing, towels... Management at the time were bullies. They used bullying tactics to get things from staff. Staff were rundown, staff were sick, weak, couldn't say 'no' to management. (Officer)

One prisoner, a CSC resident, similarly described a change in culture:

In blocks (segregation) you get certain types of officers, those who say 'we're not giving you anything. Deal with it.' Others try to help, and others are there to do a job - they don't help, but they don't make it difficult.

Q: Have things changed?

Yeah. Some of the old dispersals in the old days, got some serious beatings there. Now there are less beatings. Today, psychology are more involved. So there are less beatings, but more mind games. Me, personally, I didn't have a good experience on the blocks.

The change in the physical and relational, or moral (Liebling, 2004), environments of segregation units was evident from our visits. As discussed in the previous chapter, in the majority of units we visited, physical environments - though not without shortcomings, were by and large decent if austere. Observing daily interactions and speaking to both prisoners and staff, it was clear that there had also been a noticeable shift in the culture and ethos of segregation units from being punitive places to a growing focus on individual needs and problem solving. When asked whether segregation units have changed over the years, and if so how, a couple of the managers we interviewed described a growing focus on individual needs:

[It] means more care and separation and less segregation. We still need to use it right. Now, the prison service does more of meeting individual needs. Before, we would segregate them until it suited us to move them back. ... There's a lot more care in segregation units. It's not just a punitive measure. Now we are a lot more alert to mental health. There's not enough training to identify it and raise it with the mental health team. But [we] don't just define it as a behaviour problem. (Manager)

I managed this unit three times. First, it was a CSRA- care, separation, and reintegration. We didn't have one person down here for punishment. The governor at the time wasn't keen on segregation ... Did excellent work. But

the design wasn't right for it ... In this moment in time it serves as a segregation. Because it's an CSU, we try to strengthen the care side.(Manager)

An important element of a 'positive culture' as identified by HMCIP (above) includes forward looking interactions between prisoners and staff, with the ultimate aim being return to normal location. The expectation for segregation units to be positive places whose goal is to assist prisoners is articulated also in the revised Segregation PSO 1700:

It is expected that segregation staff focus on helping prisoners manage their behaviour and problems rather than simply on punishment. It's desirable that there is greater interaction between staff and prisoners which in turn will alert staff to any concerns on mental health issues and/or risk of self-harm, as well as between segregation and wing staff which will assist planning for the prisoners return to normal location. (PSO 1700, Introduction (p4))

The revised PSO also introduced clearer lines of reporting and accountability, monitoring procedures and safeguards, and clearly spelt out expectations for the ethos of units:

Staff who work in the segregation unit create and maintain a positive ethos within the unit and ensure that all prisoners are treated decently fairly and with dignity.

[...] Prisoners are housed in cells that provide safe and decent conditions. Segregation units are kept clean and reflect a positive atmosphere and ethos.

But how do prison staff get 'cues' on the ethos of a unit and the behaviours expected of them? Where do these cues come from? Official guidelines? Unofficial chats with colleagues? Management? How are cues on how to shape their expectations communicated to those who live in segregation units - the prisoners? Does the name of a unit reflect attitudes and practices? Does it dictate them? Are, for example, 'segregation units' necessarily different to 'care and separation units'? How do officers and managers working in a segregation unit answer the question: 'what do we do here', and what makes a segregation unit what it is?

These are difficult questions to answer, but observations from our visits suggested that segregation units where the culture appeared to be more positive and supportive than in others had some of the following characteristics and practices:

- Transparency (for example, a detailed, plainly written and illustrated induction booklet for prisoners, informing them of the unit's rules, of what is expected of them and what they are entitled to, is handed out to all newly arrived prisoners; New officers are similarly provided with an induction booklet, ensuring that the

unit's aims and purposes are understood and adhered to by all; a statement of purpose and expectations posted on the wall for prisoners, staff and visitors to see)

- Pride and hope (for example, all areas of the unit are kept immaculately clean; inspiring quotations and or drawings on the walls)
- Professionalism and a non-judgmental approach (for example, 'drawing a line' under the event that resulted in the prisoner's segregation, or indeed behaviour in the unit; making sure that prisoners receive their entitlement, regardless of what they may have done.)
- A sense of serving a positive purpose (for example, one segregation unit provided tailored activities; two had a violence reduction programme; whole prison commitment to low and short use of segregation)
- Shared responsibility among staff and engagement with the prisoner (for example a 'complex cases' review to share input on individuals; reviews held on time and are well attended; the wing manager maintains responsibility for every segregated prisoner in GOoD reviews - "We are piloting a system of risk assessment that involves staff plus the service user.").
- Treating prisoners as individuals (for example, engaging daily and addressing their individual needs and concerns; offering extra support during difficult times- for example following a self-harm episode or following a life event such as a death in the family or a special anniversary; engaging in light hearted - but respectful, banter.)
- Respect for diversity and concern for equality (for example, a sign pointing to the direction of Mecca; daily menu includes symbols and illustrations to adjusted for use by prisoners with LDs.)
- Maintaining a good balance between security and individual needs (for example, imposing as few restrictions as necessary for ensuring order and security.)
- Preference for problem-solving / de-escalation over punishment (for example, officers attempt to de-escalate first and take pride in low use of force).
- Staff working together as a team (for example, officers are especially selected for work in the unit; training days; policies understood and implemented by all; good daily hand-over).
- Daily entitlements are provided to the prisoner in a timely and respectful manner (for example, cell bells are rarely used, and answered promptly when they are; promises are followed up).
- Decency, which includes the following principles:
 - prisoners should not be punished outside of prison rules
 - promised standards within the prison are delivered
 - facilities should be clean and properly equipped
 - there should be prompt attention to proper concerns
 - prisoners should be protected from harm
 - prisoners' time should be actively filled
 - prisoners should be fairly and consistently treated by staff.

The following personal story illustrates several of these aspects at play. It demonstrates how care and security were balanced by officers receiving a newly arrived prisoner, and how the prison's culture and ethos of the unit were communicated to the prisoner during his induction.

New arrival: Personal Story

A prisoner, Mr B, was due to arrive at the prison on a segregation to segregation move on an open ACCT. The unit was pre-warned by the sending prison that he was under a five-man unlock prior to the transfer. The transfer van was sent directly to the segregation unit's gate, as staff weren't sure how the man would react when escorted off the van. Eight officers gathered at the gate to meet the van. The man's record indicated a rich and long history of disruptive custodial behaviour and numerous incidents.

When Mr B arrived, he was very agitated and was placed in a cell to calm down. As he entered it, he shouted at the adjoining cells "Don't mess with me!"

An officer commented: "He doesn't want to be here. He's just off the bus. It's hot, he's sweaty. We'll let him stay in his cell, calm down, give him some food. In an hour or so we'll go and speak to him. The three man unlock is just a precaution, until we get to know the guy. We don't know him now."

Less than an hour later, an ACCT review commenced. The ACCT file arrived with many missing pages, missing signatures and so on. Mr B was angry and contested the move from one segregation unit to another: "You can't legally do this," he said.

He was transferred to his previous prison from yet another segregation unit. He was told that he will be placed in [HMP] but instead found himself in the sending prison. He did not refuse the transfer.

Mr B: "I have a big file. I am a big black man with a history of hostage taking. I came off the bus and there are all these officers waiting for me. Obviously, you're going to continue treating me like they did. Why was I sent to the block?"

Governor: "Your treatment here will be based on your behaviour."

Mr B: "I'm not dumb. You probably spoke to their Governor who is your friend and he told you all about me. And you listened."

The governor assured Mr B that his treatment will be based on his behaviour.

Mr B: "So why am I in the block?"

Governor: "Mental Health will come and talk to you. Any thoughts of self harm?"

Mr B: "Yes."

Governor: "What sort?"

Mr B: "I won't speak to you about mental health. I don't like the welcome that I got. Get off the bus, be placed in seg... I don't want to be in this prison. I am not from here. I don't understand what's going on."

Governor: “We know nothing about you. What we do will be based on your behaviour. Mental health will come in two hours.”

Mr B: “What about my family?”

Governor: “They will be notified.”

Mr B: “OK, thanks.”

By that point, Mr B was noticeably less agitated. He was asked about his medication, and the governor told him that these will be reviewed by Health Care and provided to him. He left the room.

The governor expressed his frustration that the sending prison moved the man even further away from his family, and said that this was clearly a punitive move on the sending prison’s side. “It’s hard enough working in this environment without colleagues (referring to the sending prison) stitching us up like that.” He added, “I am going to try to move him to normal location.”

Back in segregation, officers listened to Mr B’s concerns and provided him with a pen and paper from his property bag. They were relaxed and courteous. In the meantime, a senior officer came on duty. He gathered information from officers and then made phone calls to the governor and to the Reception department. Within ten minutes, officers had secured the man’s property and escorted him to reception to be inducted into the prison normally.

5.2 Staff prisoner relationships

What makes a good segregation? Staff-prisoner relationships. You have got to get on with the prisoners. First names. Before anything else, you’ve got to build relationships and trust. But I don’t stray over the line. You need humour, to crack the ice. It’s got to be a clean environment. And it should be clean irrespective of his behaviour. That way, you start off with less to argue about. Put him in a shit hole and he will kick off. (Officer).

If there’s a situation, they know how to deal with it. There’s no messing around. There’s not a bad word you could say about them. They do a good job. They’re good people: here to do a job and [to] do it properly. (Prisoner)

Segregation units combine social isolation, reduced sensory stimulation and inactivity. Coupled with their mission statement, the challenges posed by some of the prisoners housed in them, and the increased controls imposed on prisoners, these characteristics make them potentially very toxic environments. Those who occupy segregation units - prisoners and staff, need to coexist within these environments, and relationships and daily

interactions take on a particular intensity in segregation. As Richard Sparks, Anthony Bottoms and Will Hay aptly put it^{xxi},

[Prisoners and staff] share the same physical and social space. They cannot sustain a state of submerged warfare all the time. They develop familiarities. They banter. There are acts of concern and kindness. It is a situation marked by contradictions. (at p196)

Staff need to balance between the more coercive aspects of their work in the segregation unit: the locking of doors and gates, keeping prisoners separated from each other and so on, and its care-providing aspects. Officers are, after all, the prisoner's primary care givers whilst they are segregated, and prisoners are dependent on them for the provision of all their basic needs, even more than is usual in the prison setting. We discuss the potential health effects of segregated environments in a later chapter (Mental Health). In what follows, we discuss the relational aspects of segregation and how prisoners and staff view each other.

The environmental intensity of segregation units means that the 'care' aspect of the role of officers becomes all the more meaningful and consequential for segregated prisoners. As noted by Sara Tait in concluding her study of prison officers, the concept of 'care'

carried important positive effects; alleviating to some extent the psychological distress caused by imprisonment: feelings of powerlessness, isolation, and worthlessness.^{xxii}

For officers, developing and maintaining empathy for someone when your job is to lock them up in their cell for 23 hours a day may be particularly challenging. When this someone is also behaving in a disruptive - or distressed - manner, the task of caring for them and their every day needs is made even more difficult.

As discussed in the previous section, the punitive nature of segregation units of the past had meant that relationships between prisoners and staff tended to be more adversarial, with some staff believing their role to be one of inflicting more punishment and making life even harder for the segregated prisoner. This was illustrated by an anecdote which one prisoner recounted about how, in the past, officers would give a prisoner a cigarette, in the full knowledge that they had no way of lighting it. Now, in contrast, as one officer related, there was more emphasis on care - not just because that is the professional response, but also because it contributes to the security of the unit:

more emphasis on caring for prisoners and trying to get to the root of their problems as opposed to strictly for punishment. Treating him decently and hopefully he'll feel more at ease and then we'll be safer. [A prisoner] . . . has just assaulted a member of staff and he was treated professionally. No point in us taking revenge. In the past, that might have happened.

This description largely resonates with what we observed during our visits and with what prisoners told us. Prisoner-staff relationships were a key strength of many of the segregation units we visited. By and large, relationships - though limited in number and scope - were positive, with many prisoners being complimentary, or at least not negative, about officers, and officers (mostly) expressing some empathy towards prisoners and an understanding of their predicament.

We asked our prisoners interviewees whether there were any officers they got on with, and if so what was positive about those individuals. The vast majority – 89% - replied that there were officers they got on with. This included both those residing on segregation units and CSC residents (87% and 100% of interviewees respectively).

When asked what was positive about the officers they got on with, the key factor noted by many of our interviewees was that the officers are willing to help and ‘try and do things for you if they can’.

If you ask for something, if they're able, they'll do it. No hesitation. They're easy to speak to.

Most of them are quite good. If you ask them to do something, they'll look into it. They are polite and respectful.

But a good officer didn't just serve an instrumental role. They also had good interpersonal skills and treated prisoners with respect. Other positive officer traits as cited by prisoners, included: being a good listener; being compassionate, sympathetic, kind and understanding; being fair and; being respectful. Almost a fifth (17%) of our prisoner interviewees cited a sense of humour and an easy manner as important factors in the making of a good segregation officer:

They joke on with me, what's the word - banter? Try and put a smile on your day.

They have a laugh and a joke when they let you out to exercise and stuff like that

They are alright with you - crack on - good banter.

Other prisoner interviewees noted, with appreciation, officers' ability not to hold a grudge and continue treating them with respect and fairness:

They're firm but fair. If I flooded my cell, they wouldn't hold it against me. They've seen it all before, and it won't make them do what I want. They deal with any situation.

A willingness to engage in an open and direct manner, to 'say it as it is' and to recognise the prisoner's individuality, were also important.

Mr. X is funny. We have a laugh. He's fair. If he says he'll do something, he'll do it. He's a straight talker. If he can do something for you, he'll do it. He talks to me, he's helped me a lot. (Prisoner)

For others still, officers' role went even further in that they were seen as agents of internal change, helping them to better understand themselves:

They're good people who try and make you think about how you can do better and improve.

They help me to understand myself better.

They know how I am and how to deal with me.

One man noted that officers' attitudes towards prisoners varied greatly, with some officers playing a role which extended beyond the more utilitarian aspects of their job, others not quite knowing how to behave and others still negatively impacting on prisoners:

Yes, [I get on with] some. They are more reasonable. If there's a problem, they will try and find a solution for you. Sometimes when I feel down and that I'm about to self harm I'd ring the bell to engage in conversation, but they don't always have time. If stuff kicks off in the unit, they don't have time. In the last few weeks there have been some new staff here and they're not sure how to behave, so they're a bit stricter than other. Some people here wind me up, as a sport. They know they will get a reaction... they are not here now - not sure where they are. (Prisoner)

To some extent, as well as prisoners, segregation staff were also isolated from the rest of the prison, in the sense that units were often separated from the wings and segregation staff made a team of their own. The sense of isolation was made worse by staff shortages, as one officer observed

They take people off for the wings, so you can be on your own and you can feel as isolated as them [prisoners]. (Officer)

The pressures of the environment and work in segregation meant that working there could be hard on staff too. One manager explained that segregation units were:

...very damaging for staff. When you speak to former segregation staff, they really describe the release of pressure, the intensity drops. There is something about that environment that is potentially damaging for staff and certainly puts more pressure on them. (Manager)

Poor communication from managers sometimes placed a further burden on officers. Asked to describe a bad day in the segregation unit one officer replied:

A bad day is when management starts getting involved. We deal with prisoners day in, day out, when they try and get involved, it's not always for the good. Sometimes a governor will say 'yes' and then not come back, giving false hopes. (Officer)

The potential for damage was also noted by one prisoner who said that:

The environment is damaging to staff too, and it makes them vicious. Every block I've been to, it's the same - not all of them, but some of them are. (Prisoner)

By and large, however, our prisoner interviewees reflected positively on officers in the segregation units. We asked prisoners if a) they felt safe, and b) whether they would describe officers as supportive, or caring. Most segregated prisoners we interviewed described officers on the unit as caring or supportive: 57% of all prisoners said staff were very supportive or somewhat supportive; while only six (12%) said they were uncaring. In three prisons, the prisoners felt that the unit was safe but officers were uncaring. These prisons included one prison where cuffs were regularly used to escort prisoners to segregation and another which recorded the highest use of force in the prisons visited. Two prisons – considered safe and caring by both prisoners and staff – were large local prisons: an interesting finding, given that larger prisons are sometimes associated with an impersonal emotional climate.

We should note that, while most prisoner interviewees had something positive to say about staff, they were, overall, less positive about the units more generally. Women and CSC prisoners in particular were less likely to answer positively when asked what they thought the segregation unit / CSC 'does well'.

We also asked officers what they thought were the most important skills for working in segregation units. We found different emphases, including professionalism, inter-personal communications, order and security, and respect for the prisoner's individuality.

The most often cited traits in the making of a good segregation officer were interpersonal skills, and key among them was communication. More than half (52%) of our officer interviewees cited being a good communicator as a key skill:

Communication. Your communication skills are the most important part of your job. Allowing them to have a voice. De-escalation boils down to communication. (Officer)

Our job is really about talking to the prisoners. Some don't like it, but they are not suitable for this job. Good interpersonal skills. Listening. A lot of staff won't do that - they want to be in control of the conversation. (Officer)

Other traits cited by officers as important for working with segregated prisoners included (in order, starting with the most frequently cited): patience; a good sense of humour; experience and resilience; treating prisoners with empathy and compassion; being honest/open, and being firm but fair. Other skills cited included tolerance, calm, confidence, decency and being open minded. Being able not to hold a grudge was also cited by several officers as an important trait because, as one officer explained,

[You need to have] thick skin because one minute a prisoner will openly abuse you and 20 minutes later that prisoner would have cuts on his wrists and you'll be dealing with him on an ACCT basis.

Some of the officers took professional pride in their ability to remain even-tempered in the face of provocation. They could be cordial and helpful to someone who had just been verbally abusive or who had assaulted a colleague.

[One woman] attacked me a week ago. Next time I opened her door, I never mentioned it. I wanted her to think, 'Okay, we're moving on.' Our job is to get her to move away from violence. You will never do that by giving her a week behind her door. (Officer)

When they're mouthing off and being abusive, it's hard to be well-mannered. (Officer)

[You need] a high level of tolerance of abuse and anger. You have got to be able not to react. I will not allow them to swear. I will speak to you the way you speak to me. There's no point in rising to his level of anger. You've got to bring him down to normal. You won't get to the heart of the matter then, anyway. So give him time to cool off. (Officer)

Some described techniques they used to maintain an even temper:

Being able to talk to them, to be firm, especially if they are hard to manage. You have to be calm, you need to be able to de-escalate the situation so be able to talk to people. You have to be more tolerant, not be excitable, a sense of humour.

One officer explained that the significance of a non-judgmental attitude was that, "We break down barriers."

A second set of skills mentioned by segregation staff were relational - getting to know the prisoner, their needs and the challenges they present, or what might be described as a form of dynamic security, albeit a limited one as officers had limited contact with prisoners at the unit.

... officers are clear about the primacy of maintaining security and order and about how to do so . . . At the same time, in keeping with the principles of dynamic security, maintaining positive relationships with prisoners remain key to achieving those outcomes; and officers have still been expected to deliver the Service's other outcomes and to treat prisoners with care and respect. (MOJ, Evidence to the Justice Committee's review of the role of the prison officer)

The staff-prisoner ratio in segregation units meant that officers had time to learn to know segregated individuals, particularly those segregated for longer periods. This was in contrast to their colleagues on the wings. While 57% of segregated prisoners said segregation staff were 'very' or 'somewhat' supportive the rate fell to 25% for wing staff.

Asked what she liked about segregation unit officers, one woman said:

I can talk to them. They know me inside out. I respect them. Upstairs, I would barricade. I panic on normal location.

One segregation officer said you need . . .

Consistency, professionalism, trust, a good working relationship. If you speak to prisoners they open up, deal with issues, [they] say something they've never told someone else, wouldn't say anywhere else. Staff consistency builds up trust, relationships over a long time.

This is an important aspect of dynamic security which, practised well, integrates the tasks of care and maintaining order. The security function protects prisoners from abuse, victimisation and threats – it is crucial for safety. Of the prisoners we interviewed in segregation units, almost three-quarters (71%) described the segregation unit as 'safe' or 'somewhat safe'. The rate was similar among CSC prisoners, with 75% describing the unit as 'safe'.

Not all the officers we interviewed were happy with a balance which favoured care over security and discipline.

In the past, there have been cases of leniency- the previous governor was 'prisoner-centric'- saw them as victims- the current governor is more pragmatic. (Officer)

I thought it [segregation] was discipline and uniform. The uniform is still here, but the discipline has gone. That's a reflection of society. (Officer)

These officers tended to emphasise the more traditional, or formal, aspects of their job, focusing on security over care.

Contrary to care and separation, it should be a place of punishment for breaking the rules. It should be a place they don't want to be – a deterrent.

We've been told by prisoners that compared to other segs we're harsh. But they don't come back, so it works.

One way in which security and care could be integrated was to switch from one role to the other – from caring to punitive – as circumstances required, exercising a crude form of behaviour modification.

A lot of our role is consequential thinking – taking accountability. They have to accept responsibility, but also experience positive reinforcement. 'If you engage, you get these privileges.' If they're non-compliant, they won't get them. (Officer)

If a prisoner is disruptive, you've got to give him chances. Give him the opportunity. I offer him exercise – he has the choice. I might tell him, no exercise, because of your behaviour. (Officer)

The problem with practices such as the one exemplified by the second officer quoted above, is that they result in the prisoner not being provided with his minimum entitlement, in this case exercise, which should not be behaviour dependent but a basic provision.

A final attribute officers mentioned in the context of caring and secure relationships with prisoners was the ability to respect individuality.

You need to understand that everyone has different needs and a different outlook. You need to see different points of view. We all need to communicate better. What I do with one prisoner is not the same as the next cell. You need to apply the rules, yes, but you need to adapt them to the person. (Officer)

This went both ways. As a woman prisoner observed, the relationship between officers and prisoners was a mutual one:

They're alright. Who knows what problems they have, they can have off duty? It's a give and take.

Other officers commented on respecting individuality:

A prisoner is a whole person. You have to be adaptable; even round a fixed regime, you have to deal with every individual. It's far easier to leave someone

behind their door. ... What we do now, it's in our personality to engage – it takes great inter-personal skills. ... It's two different hats. You find a balance when you work here. You're an officer, first and foremost: the roll count, paperwork. You start unlocking, but I'd speak to every prisoner. You'd engage first thing in the morning. Any issues, I'd update my diaries. You can see peaks and troughs. (Officer)

Fair - this is the challenging bit – firm, but versatile. You need to be able to change from one to another, depending on who you're working with. Always decent - the sentence in my mind is, 'What if my brother was locked up in this prison?' (Officer)

You just have to be flexible in how you manage people. Don't go from a cell where you have been shouted at and treat the next cell on that basis. Getting them to see you as a person because you are treating them as a person. (Officer)

Ultimately, a good segregation team of staff is one which includes a mix of 'types' of personalities and attitudes. As one officer put it, one needed:

A good mixture of people: tough and empathetic, 'old school' and 'new school' etc. (Officer)

Another officer noted that different individuals react differently to situations and to other people, requiring a diverse segregation team to manage them:

Some react better to different staff. That's the good thing down here - we're all capable of working with different things with different people, get them to engage. [Prisoner Mr C] is a good example. He set fire to his cell so we denied him a lighter. Mental health told us that tobacco was his thing, so we gave him tobacco and lit the cigarettes for him when he wanted them.

Note that the officers resolved two problems – Mr C got tobacco, so they met his needs and they eliminated the risk of him setting his cell alight, thus maintaining security.

The example suggests that problem-solving not only demonstrates care, but it also helps to maintain order. Sarah Tait^{xxiii}, similarly found that officers could combine a caring attitude with the maintenance of order.

These officers generally felt safe and deployed their personal authority and legitimate power to maintain order, recognising that prisoners who felt safe felt cared for, and that responding to prisoners' needs was integral to keeping the peace. (2008: page 8)

It seems fitting to conclude this section by recalling what the Control Review Committee said regarding the management of prisoners who present serious control problems:

At the end of the day, nothing else that we can say will be as important as the general proposition that relations between staff and prisoners are at the heart of the whole prison system and that control and security flow from getting that relationship right.^{xxiv}

5.3 Security, risk and the use of force

Security levels

Once a prisoner had been placed in the segregation unit, staff need to determine the particulars of their custody and the level of security they require. This is meant to be a dynamic, ongoing assessment, geared towards applying the lowest level of control necessary for the safe custody of the prisoner.

Our visits and observations did not shed much light on the decision making process and the factors taken into account in determining, for example, a prisoner's unlock level (how many officers need to be present when his cell is being unlocked); whether or not prisoners were allowed to associate during their exercise period (some segregation units never allowed more than one person out at a time; others allowed two to exercise together and in the CSC units most prisoners could associate during exercise), or indeed whether or not the prisoner could be provided with a kettle or a radio in their cell. These decisions were meant to be taken on the basis of ongoing assessment of the risk that any one prisoner poses to others or to the prison's functioning at any given time, but this was not always evident from our visits.

A few officers mentioned that unlock levels were discussed daily in the morning briefing. Others said that the decision was taken by a manager, but that officers had input. This was important, as officers have regular direct contact with prisoners and are most likely to gauge changes in mood.

In one prison where 16 prisoners were segregated, seven had been judged to require three officers whenever they were out of their cell (a 'three-officer unlock'- one SO and two officers).

Some officers commented that they knew the prisoners in question well, and were pragmatic about applying the security level. Indeed, we observed some of these prisoners being unlocked by a single officer, two being unlocked at the same time (one to shower while the other was making a phone call), and the unit routinely allowed them to exercise in pairs.

We noted that the prisoners on three-officer unlock status had been maintained at this level since their arrival in segregation (some for over two months), and asked a governor about how three-officer unlock levels were determined:

We need to look at the process for deciding on a three-men unlock. To be honest, sometimes we don't have three men to do the unlock. We put it [three-officer unlock] on them as a safety measure for staff, but we should look at how we review our decision.

That day, the unlock level of the men was reduced, but we were concerned at the possibility that the levels of security would not have been reviewed had we not visited and commented on them. As another manager reflected:

If you don't reduce the unlock level when you have the opportunity, you'll miss it and create a monster. It's a narrow window of opportunity - you shouldn't miss it.

The manager's warning implies that too high levels of security bring negative consequences for staff-prisoner relationships. On a practical level, if any movement requires three officers, it becomes harder to provide everyone on a full unit with their exercise, phone calls, and a shower.

In the CSCs, where prisoners who are officially labelled as particularly 'high risk' are housed, the picture was somewhat more complicated: prisoners were allowed, and indeed in some units encouraged, to associate with each other during exercise periods, and some also participated in group activities. At the same time, these prisoners were assumed to be very high risk and hence subjected to higher unlock levels, restraints and so on. Here, risk assessments were dynamic and each individual was discussed weekly during the dynamic risk assessment meeting (DRAM). We attended one such meeting, attended by CM (Chair), Psychology, Probation, Mental Health In-reach, Cognitive Therapist, Forensic psychologist and two unit officers. The unlock level of each of the unit's residents was discussed, but only one resulted in change.

The group discussed one resident, who was on a three-officer unlock. The officer from the unit asked what the man would need to do to reduce this risk level. The psychologist replied that he would need to engage with staff, and demonstrate signs of a change in attitude. The officer replied that the man was engaging with officers. Without further discussion, the group then decided that there would be no change in his unlock level.

We discuss CSC reviews further in chapter 7.

Use of force

We observed the relocation of a prisoner to segregation under restraint. Officers were positioned at every gate between the wing and the segregation unit. Five officers were directly involved in the manoeuvre. When the prisoner arrived – his head bent forward and held by an officer – his hands were in cuffs. He was taken into a cell. There was a delay in removing the cuffs – at least five minutes. Shortly after the officers emerged and the cell door was closed, he commenced a dirty protest. With an officer present, we spoke to him the following day.

We asked if he believed the restraint was necessary. He replied:

It was out of line. I'd just woke up and said, 'Can you come back in five minutes?' No, they were on me. There was no reason for it.

He added, "The cuffs were too tight. My wrists still hurt." He explained that he was angry at the way he had been treated; there was nothing in the cell to break; so he decided to foul the cell.

A manager, recalling an era where force was applied frequently, described the negative impact of an over-use of force:

Because they used violence, we met force with force. What that created was that people who did not get along with each other when they were on normal location united against us, who had put them there. It was a constant cycle of restraint, violence, restraint, violence. You had a constant fear of being stabbed at work.

Of the 50 segregated prisoners we interviewed, 11 had been escorted to the segregation unit under control and restraint (C&R) (three in cuffs). Three of the 11 were women. One in five of the men were escorted to segregation under restraint; among women, it was one in three.

The decision to apply control and restraint ('C&R', the use of force) to escort someone to the segregation unit should be a 'last resort' and based on an identified threat. Control and restraint can be spontaneous, a response to a live situation, or a planned manoeuvre. We include the use of ratchets and cuffs because they are instruments of incapacitation. Policies for the use of restraints with prisoners in the CSC system differ: the use of cuffs in movements off the CSC units is routine.

Again, we did not interview a sufficient number of prisoners who were subjected to the use of force to reach conclusive findings, but the interviews provide some indicative evidence

about the circumstances in which force was used. Five of the 11 prisoners had used force or threatened others. One had allegedly assaulted an officer with a weapon and a second had taken a prisoner hostage. These circumstances appear to justify the use of force - though whether the force was proportionate and applied only as long as was necessary are separate questions.

A disproportionate number (five prisoners) of those who had been restrained reported mental health needs. Asked if the use of force was proportionate, one replied:

Dunno! I was off my face on subutex! Usually I fight, so it seemed pretty alright to what it could have been.

Four of the 11 were forcibly restrained for refusing a lawful order. Undoubtedly, there was more to the story than we were able to explore, but many of the prisoners who were restrained for refusing an order believed that force was unnecessary. It was odd, for example, that one of the prisoners who was cuffed while being escorted, a young offender, was segregated at his own request. Why would the prison feel it necessary to apply handcuffs to a person who requested a move to segregation? The prison may have used cuffs for this purpose as a matter of policy, but this was a situation in which decency would have called for some flexibility.

We asked prisoners on whom force was used whether they believed it was necessary at the time. Their views were equally divided.

Yes. I tried to kick someone, and it could have looked like I was trying to kick an officer, but I wasn't.

No. It was used as a punishment. I've still got bruises.

From the perspective of staff, the use of force reflects, to a large extent, the challenging situations they face.

*I was on nights once and there were two troublesome prisoners here. Between the two of them we restrained them 27 times... it was a long and hard night.
(Officer)*

A manager, asked to recall a 'bad day', described an incident in which force was used:

We had a guy... a young lad serving six or seven years. Constantly attacks staff - bites them. We did a lot of work with him. Got to the point where he seemed to be responding. He was then put on Basic and completely lost it - turned on staff, bit them again. It took 40 minutes to restrain him.... that was a bad day.

Another manager explained:

It's a difficult environment and staff do a really good job in managing a difficult population. Lots of provocation and threats all the time.

Yet, challenging behaviours notwithstanding, a number of managers - and officers - viewed a low use of force as a sign of a well-run segregation unit. Many also claimed that force was very rarely used.

While our observations on visits appeared to confirm a low use of force, some prisons were quicker to resort to force than others. Committing an assault was a frequent factor in the decision to use force to escort the person to segregation. But there were incidents of assault where the prison staff did not think force was necessary.

There was an assault on a member of staff in the prison. It was quite serious - she punched a female officer and then sat on her and continued to punch her. The officer is still on sick leave... The assaulting woman was then walked down to the seg - not in restraints. . . . Afterwards, I had prisoners ask how the officer is - they were genuinely concerned. (Manager)

Part of the ethos, which managers could influence, was to inculcate pride in resolving problems without resorting to force. A manager recognised that there were situations in which officers could perceive that force was necessary for their safety.

If staff feel that the reason they have control [is] through the more coercive side of things, asking them to give up these more coercive things is a big ask, because they don't know if it would work.

NOMS' policy advocates the use of de-escalation techniques.

Some managers suggested that conflict resolution skills should be added to current training. There was widespread consensus that interpersonal skills were more important than the use of force in maintaining a stable unit.

Being able to talk to them gets you out of trouble. We can all roll about on the floor [use force], but that doesn't resolve it. You're a lot better talking to them.

De-escalation was relevant as a means of preventing the need for force, but when force was used, it could shorten the duration of the conflict.

It's all about de-escalation. The sooner we can get people on their feet – out of locks or holds – the better. Working here, de-escalation becomes a way of life.

We also found mixed evidence about how managers monitored the use of force and implemented policy. In some prisons, we saw evidence of insufficient governance. A respondent explained:

We used to have a monthly use of force meeting. No more. We'd say, 'Why so many of that ethnic group?' The meetings got cancelled. I've got spreadsheets, data...and no one cares.

Governance also includes monitoring of any injuries sustained. On one visit, we saw five prisoners on the morning after they had been restrained. Four of them had obvious signs of bruising on their necks and faces. We scrutinised the health care reports - only one prisoner had any injury recorded. We did not observe the health checks, and it is possible that the bruises had not yet appeared when they were examined. But the discrepancy between the bruising we observed and the medical record was a matter of concern. In another prison, we were told that fewer than half of the outstanding health reports had been completed for use of force incidents.

A manager stated that they reviewed each use of force incident in detail, but they also, “recognise staff where they used less force than they could've done.” Recognition of an officer's success in using alternatives is likely to encourage staff to try other options before turning to force. Another technique of good management was a post-incident interview with the person who was restrained. A governor explained:

We debrief all prisoners who have had force used on them. The debriefings are the same day or the following morning. Governors encourage them to use the complaints process. We do low level investigations. In planned removals, we review the CCTV. The Safer Prisons Team debriefs after every C&R incident. That is better done the next day than in the heat of the moment. We look for trends, try not to see incidents in isolation.

Each time force is used, the incident can be examined to learn why the situation was not resolved without it. The officers who managed the following incident successfully avoided the need to restrain the prisoner. In this sense, it is instructive as an example of minimal force. However, the incident also illustrates how managers can –inadvertently - escalate situations.

The use of force: example

A prisoner, Mr D, was unlocked by three officers in personal protection equipment (PPE) every time he left his cell for his half an hour of exercise. A governor – not present at the time – took the decision not to allow him exercise, as the officers were required elsewhere. This was not communicated to the prisoner until he asked for his exercise. He then became angry and made a threat to officers. A different governor decided to employ a PPE team to deliver the prisoner's evening meal. Before they arrived, a segregation unit officer spoke to Mr D through his door. She began to de-escalate the situation by hearing Mr D's side of the story. After Mr D explained why he was angry, the officer replied that making threats and dirtying his cell would not help his case. She promised to ask if Mr D could have a longer period of exercise on the next day.

The officer told the use of force co-ordinator that she was willing to try to deliver the meal without resorting to the PPE team. The use of force co-ordinator rejected the offer on the grounds that if the prisoner assaulted the officer, allowing her to take the risk would not be seen as a defensible decision. Before the PPE team entered the cell, the governor who had come to observe spoke to the prisoner through his door. This governor had not heard the background to the conflict. He had not known that another governor had made the decision, nor that no one had informed Mr D of the change. Hence his negotiation with Mr D was seriously compromised.

When the team entered the cell, another prisoner began kicking his door and shouting at the officers, but the meal was delivered without further incident and the team was congratulated by the use of force coordinator on a successful operation.

We asked the use of force co-ordinator whether he had had a chance to speak to Mr D directly, to gauge the prisoner's mood prior to his decision to deploy a PPE team. He replied:

"I prefer not to. In fact, the governor talked to him, and that is precisely what I do not want. The prisoner has calmed down. That is what allowed us to open the door. I do not know how he will react to what the governor is saying."

The precautions appeared to have been carefully thought through, but the management of the situation was poorly coordinated and communication with the prisoner was inadequate. Once the initial decision to use the PPE team was made, the team preferred to use force rather than resolve the problem. As stated, the governor who Mr D asked to speak to had no background information about the situation. It was surprising that the use of force co-ordinator chose not to assess the prisoner's mood prior to making use of the full PPE team. The situation might have developed very differently had the prisoner been consulted early about a change to his exercise schedule.

5.4 Relationships and risk in CSCs

The CSC operating manual states the aims of the CSC system:

The overall aim of the CSC system is to remove the most significantly disruptive, challenging, and dangerous prisoners from ordinary location, and manage them within small and highly supervised units; to enable an assessment of individual risks to be carried out, followed by individual and/or group work to try to reduce the risk of harm to others, thus enabling a return to normal or a more appropriate location as risk reduces.

The manual adds that one of the means of achieving this is:

To stabilise factors relevant to risk, evidence a reduction in risk, and prepare for a return to normal location where the provision of Close Supervision is no longer required.

The manual also describes a key role for CSC officers:

Staff play a vital role in providing a pro-social role model, in setting clear boundaries, being professional and working closely with prisoners to try to reduce their risk.

Thus, the quality of the staff-prisoner relationships is intended to serve the purposes of reducing risk to enable men to progress back to normal location, but it also had a more immediate purpose: to ensure staff and prisoner safety.

That's what the CSC system is about. We will manage the risk until we get to a position where we can safely manage him with others. It's all down to having a rapport with prisoners. If someone knows you and has some insight into your personality, he's less likely to assault you. (CSC Manager)

In what follows, we discuss the characteristics and skills required of staff working in CSCs; how staff training contributed to this role; how staff interaction with residents in CSCs affected the residents' behaviour; and the quality of interactions among the residents. We hope to shed light on the question: did the quality of relationships contribute to the CSCs' official aim of reducing risk and preparing people for reintegration to normal location?

In this context, there were important differences among the units in the CSC system and the level and quality of interactions within them, ranging from no joint activities other than a short exercise period in one, to free association and social interactions in another.

We asked managers in CSCs what characteristics they looked for in recruiting officers to work there. Their lists included resilience, caring, a team player, people with experience of life, and good communication.

Resilience; a caring attitude; ability to relate - good interpersonal skills; but also being able to do the tough stuff as well. You have to be able to switch quickly. Confidence in what you're doing.

Another manager focused on the ability to respond calmly to confrontation:

Being able to talk to prisoners in a sane, rational manner, you can de-escalate most situations: calm, collected, reasonable and polite.

I don't mind the prisoner shouting at me for an hour – it is healthy. It's about giving them the opportunity to move forward from being 'dangerous'.

One manager, when asked whether gender was important in a CSC staff team, replied:

I would like more females. Sometimes they bring a different skill set. Also, some prisoners find it easier talking to a female. Some have problems talking about vulnerable things to a male officer.

Officers we interviewed described key skills needed for working in a CSC.

Empathy, knowledge, non-judgemental, and a team player. You get exposed if you are not a team player. The key to it is you can't judge prisoners. . . .You cannot treat him differently if he had assaulted a member of staff.

Understanding why people come to prisons; mental health training, without a doubt; assertiveness skills; caring; team building; communication.

Officers described the specialised CSC training modules. There was a two-stage programme: the first, how to work with people who have mental health problems and/or personality disorders; and the second, self-monitoring to “check that mind, body, and soul are ok to work on the unit” (Officer).

In one CSC, we heard that the staff and managers had trained together, and both reported that the benefit was greater cohesion as a team.

All of it is good. But, in particular, the work on your own well-being, dealing with stress. ... We did training as a team, and that bonded us.

Prisoners' views on how officers treated them gave a mixed picture of how consistently staff implemented these skills. Some prisoners in the CSCs described the officers as understanding, patient and willing to help. Their perceptions supported the view that officers were achieving their aims of resilience, empathy, communication, and understanding.

They are not overbearing. They'll have a chat if you need a chat. They'll make themselves available.

They're fair in how they deal with you - open, humane, and accommodating.

But there were criticisms of the way staff treated residents. One person described a bitter lesson in being assertive:

I keep my distance [from staff]. In the past, when I said my concerns about the regime, I got put behind my door. I complained that there were some staff who were bullies. So they put me behind my door. That went on for three months.

Monitoring and managing interactions among prisoners was a high priority for staff. The small number of residents replaced the total social isolation typical of segregation units with a very small social network of as few as five prisoners in some units, together with officers and psychologists. Social contacts were further limited by stipulations about who could exercise with whom. In contrast to local prisons, relationships in CSCs developed over long time periods - months or even years of seeing the same people.

I only socialise with one other prisoner. We get on ok. I'm only allowed out with this one other lad, but to be honest he doesn't come out often and he doesn't play pool, so I play pool with the officers.

You get on with some people, and with others you don't. There's one guy here, [whom] I've known for eight years. We get on.

The limited number of possible social contacts could make the atmosphere intense, as observed by these officers:

A very little thing is a drama. They all play mind games with each other. It's all about them. The dynamic is interesting, but exhausting. I still get to work there [on the CSC], but don't enjoy it as much. It's a claustrophobic environment.

Maybe one falls out with another one. The first one will deliberately stay on the phone so the other one can't come out. We had two prisoners on the same group who fell out. They would ignore each other, and then they started making threats. You hear what is happening, so it's decided we'll split these two up. They accept that - they're relieved.

As illustrated by this comment, relationships on CSCs were closely monitored and analysed for psycho-social significance. On one hand, this vigilance prevented disputes from escalating into violence. We observed a briefing in which managers, psychologists and staff discussed a confrontation between two residents, applying multi-disciplinary insights to their conflict. But the close monitoring may have also led some prisoners to consider their behaviour - and that of CSC personnel - as artificial.

You have to learn the right language to progress, like 'pro-social skills'.

Another prisoner modified his behaviour in response to the monitoring:

Here, you can't be yourself. Say I didn't want to talk – that would be a problem. I could have a debate with them. It's written down as I'm aggressive. So I stopped doing that. I am like a piece of the furniture.

Residents also recognised that interactions with their peers could be fraught with suspicion:

One is racist, one has anti-social personality disorder, one speaks to nobody, one is on constant supervision, and one is being sentenced under the mental health act. How well can you get on with this group?

In the two most advanced units within the CSC system, we heard that residents had incentives to minimise conflicts with their peers. One person was asked to explain the paradox that prisoners who were deemed dangerous could apparently get along without violence. He replied:

Because it takes a long time to get to [there]. You need to get through there to progress. It's the only way out. Most of them there have already spent a lot of time in other CSCs. I'd say that conflicts are quite rare.

Another said:

There's an incentive for keeping your head down here, because if you don't, it messes it up for everyone.

In one CSC, the social environment appeared to be more relaxed and 'normalised' than in the other units. It featured free association, work, and wing meetings to feed back concerns. While interactions were closely monitored, the regime fostered a greater sense of community and a progressive purpose.

One prisoner said he had experienced a shift in his perspective:

I found it a bit of a struggle at first to get on with the other guys. I ... find it difficult to form relationships and settle down. Recently I started getting on with the other

prisoners and talking. It's a group. I wouldn't say anyone dominates - everyone has their good and bad days. It's like a group. It's like a submarine here.

Another prisoner on that unit seemed to confirm that officers maintained rehabilitative relationships:

Officers don't push prisoners. They stay calm and let the inmate go on with shouting, etc. And then, when they've calmed down, they challenge them. I'm not used to that.

However, a third prisoner in that CSC commented that:

In a way it's better [at another CSC], because you don't have to constantly engage with other people and watch your every step. Here, they have taken the notion of 'close supervision' too literally and they watch and comment on every little thing you do or say.

While the evidence we have presented here suggests that a CSC marked by mutual respect, decency, and a sense of progress can change the attitudes of prisoners who had been disruptive and/or violent, other prisoners were far more negative in their assessment of CSCs.

Indefinite isolation without reason and restricted access to psychology and mental health, both of whom participate in adding restrictions. Most of the restrictions are entirely unnecessary, arbitrary, not independently reviewed. And impact consequences on prisoners are never considered.

I've got nothing positive to say about the CSC system. It's torture - lots of mind games. How it's run. If they take everything off you, you have nothing to lose - they give us this label of 'worst of the worst' - sometimes you have no option. You put in your apps. You're sat in your cell for 23 hours. You're stewing. Things go round and round and, for sure, when I come out the first person I see will get it - whoever it is in front of me. They push you and push you to see when you'll snap.

These criticisms suggest that far more needs to be done to foster among CSC residents a sense of legitimacy.

6 Mental health and well-being

The natural default process of segregation units is one which creates a toxic environment and they are never natural. It's not a nurturing place. Unless people there are given constant support and guidance as to how to deal with prisoners, it defaults back to being toxic. (Manager)

Prisoners go stir crazy through the isolation. Mr E – he can't do bang-up. It's time to ruminate, and his behaviour goes off. He's smashed cells; he won't shower; he's not looking after himself. Staff identified that he wasn't quite right. A cycle of him being more and more withdrawn. He won't engage with staff, so he gets less and less. Staff pull away. That can't help but affect his mental health. (Manager)

The term 'mental health' covers a very broad range of conditions and severity. Within the scope of mental health problems are permanent and temporary conditions; degrees of severity; conditions which respond to medication and others that do not; and symptoms which are obvious or hidden. The term 'mental health' is also applied to disorders such as autistic spectrum disorder and personality disorder, as well as general unhappiness and lack of wellbeing.

The three key components inherent in segregated confinement - social isolation, reduced sensory input (and enforced idleness), and increased control of prisoners even more than is usual in the prison setting, combine together to make for a toxic environment, as identified by the manager in the opening quote. This environment is known to have negative effects on health and wellbeing. The nature and extent of any damage depends on: the individual's personal history and pre-existing conditions and other problems; whether they have any control over their placement (some individuals seek out segregation themselves); its duration; and their treatment and conditions of confinement. The longer the duration of segregated confinement, the higher the chances of developing mental health problems.

6.1 Prevalence of mental health needs among segregated people

The safety screen (discussed in chapter three) is not equivalent to, or a substitute for, clinical assessment. PSO 1700 states that:

The screen is not intended to be a comprehensive mental or physical health assessment or to preclude an assessment by a mental health in-reach team.

It is very likely that some people's mental health needs remain undetected, even in the highly supervised atmosphere of a segregation unit. A mental health professional we spoke to asserted that:

A significant number go to segregation with undiagnosed mental health problems: PD [personality disorder], autism, Asperger's, or ADHD [attention deficit hyperactivity disorder]. There should be a better assessment of why people keep ending up in segregation.

To try to assess the prevalence of mental health needs within segregation units we asked both respondents to the prison survey and our interviewees to estimate percentages of people with mental health and self harm issues.

In the prisons survey, estimates of the proportion of segregated prisoners with mental health needs were sharply divided among respondents, with a quarter stating that no one with mental health problems is segregated, and one in five estimating that this applies to the majority of segregated prisoners. Respondents from four prisons (of 66) said they did not think that prisoners in their segregation unit were segregated under any of the categories of vulnerability, including mental health problems or at risk of self harm.

As well as asking survey respondents to assess the prevalence of mental health issues in their prison, we asked segregation unit officers in the prisons we visited to estimate how frequently people with mental health needs are segregated. Over two-thirds of officers interviewed (34/49) said that 'most' or 'the vast majority' of segregated prisoners had mental health needs.

Of the 67 prisoners we interviewed, 39% replied 'yes' to the question: 'do you have any mental health issues?' The actual number is probably higher, as some of those who replied 'no' to this general question, nonetheless replied 'yes' when asked about specific symptoms indicative of mental health needs.

6.2 The negative health effects of segregation

As noticed above, the key aspects of segregation - social isolation, limited sensory stimulation coupled with enforced idleness, and increased, continuous control - are known to be potentially damaging to health and wellbeing, particularly when it is prolonged or indefinite. Prison Service Order 1700: segregation, acknowledges the mental health effects of segregation, or solitary confinement, and states that:

Research into the mental health of prisoners held in solitary confinement indicates that for most prisoners, there is a negative effect on their mental well being and that in some cases the effects can be serious.

Concluding his comprehensive review of research findings on the health effects of solitary confinement, Peter Scharff Smith similarly notes that:

The overall conclusion must be that solitary confinement—regardless of specific conditions and regardless of time and place—causes serious health problems for a significant number of inmates. The central harmful feature is that it reduces meaningful social contact to an absolute minimum: a level of social and psychological stimulus that many individuals will experience as insufficient to remain reasonably healthy and relatively well functioning.^{xxv}

Studies of the impact of segregation on mental health include symptoms occurring in the following areas:

Anxiety, ranging from feelings of tension to severe panic attacks; Depression, varying from low mood to clinical depression; Anger, ranging from irritability, poor impulse control and outbursts of violence against others, self, and objects. to unprovoked anger and rage; Cognitive disturbances, ranging from lack of concentration to confused states; Perceptual distortions, ranging from hypersensitivity to noise and smells to hallucinations affecting all five senses; Paranoia and psychosis, ranging from obsessional thoughts and ruminations to full-blown psychosis; and increased risk of self-harm and suicide.^{xxvi}

To ascertain whether any of these issues and symptoms were relevant to the segregated prisoners we interviewed, we presented them with a list of problems, and asked them to identify which, if any, applied to them. The list was composed on the basis of some of the research findings reported above on the ill effects of segregated confinement. It is very likely that at least some of the problems identified predated the prisoner's segregation whilst others were directly related to conditions in segregation. As we did not distinguish between pre-existing problems and 'new' ones, however, the list below reflected some of the problems experienced by prisoners at the time of the interview. Nonetheless, it is noteworthy that a substantial percentage of prisoners segregated or in a CSC reported problems similar to those reported in previous studies of the health effects of segregated confinement.^{xxvii} Almost half of the individuals interviewed (30/63) reported that they had three or more of the following symptoms: anger, anxiety, insomnia, depression, difficulty in concentration, and self harm. We found similar rates for prisoners in both CSCs and segregation units.

Problems and symptoms	% responding 'yes' (segregation only)
Anger	54%
Difficulty sleeping	54%
Trouble with concentration	50%
Anxiety	50%
Depression	44%
Issues with authority	44%
Mental health	39%
Paranoia (smaller sample asked)	37%
Violence	31%
Physical Health	28%
Danger from other prisoners	27%
Self Harm	22%
Hallucinations/ hearing voices	17%
Drug dependency	13%
Danger from staff	4%

Prisoners described how they were affected by their segregation:

All my mental health problems start kicking in – been really depressed listening to all the voices a lot more, just stuck in my thoughts.

[Segregation] just made me worse and made me mentally even more ill. They say it is too to challenge. Made me more ill; behaviour even worse.

It's cold in the seg, really cold, had panic attacks, refusing to eat, didn't have appetite.

Whilst segregated prisoners typically spent an average of 23 hours a day inside their cell, most of the CSC residents we spoke to had access to some social interaction, albeit with a limited number of people and within the confines of their unit. Nonetheless, they also reported that their confinement in the CSC negatively impacted on their mental health:

Ten suicide attempts so far, and my mental health is deteriorating, but I am doing better than a lot of the others.

Before CSC, I was on no medications. Now I am on anti-depressants, anti-psychotics, and valium. That is just the pressure of being here. Most CSC prisoners end up in hospitals.

I'm in solitary confinement, and I know I'm deteriorating especially when I feel aggrieved by the injustice. Everything exacerbates my situation. My mental health will deteriorate, I have no doubt. I am pro-active. I read Sharon's books [about it]. I'm aware of how it's getting to me. This is just existence, with no quality of life.

6.3 Safeguards to minimise the exposure of very vulnerable prisoners to segregation

NOMS policy provides two procedural safeguards: i) an assessment (the 'safety screen') on entry to segregation to identify people whose mental health is too vulnerable for them to sustain a period of segregation; and ii) reviews every 14 days, to assess evidence of deterioration and manage a care plan.

Health practitioners have a primary duty to the welfare of each patient. The Royal College of General Practitioners' (RCGP) statement on the role of GPs in segregation units includes the following guidance:

Health services in prison have duties to promote health, monitor prisoners undergoing segregation and ensure that a prisoner's health is not endangered by being segregated. We believe health care professionals should not be expected to participate in or contribute to the application of punishment.

The segregation PSO states:

Healthcare staff must assess the physical, emotional and mental well being of the prisoner and whether there are any apparent clinical reasons to advise against the continuation of segregation.

(PSO 1700: Segregation)

The decision to segregate is the responsibility of the manager. The manager is unlikely to have sufficient clinical expertise to assess the probable impact of segregation and depends on advice to make an informed decision. According to both the RCGP statement and the PSO, mental health professionals should assess whether there are any recognised mental (or physical) health concerns that would preclude segregation. They should

continue to monitor the person's mood and general presentation over time. The safety screen form does not imply that medical practitioners can – or should - certify that the person can sustain segregation.

Health professionals have no role to play in the application of punitive or disciplinary measures. Professional ethical guidance makes it clear that the health care professional must only act in the best interest of their patient's health.

It is a contravention of medical ethics for health personnel, particularly physicians...to certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments
(Principle 4 (b), United Nations Principles of Medical Ethics. ^{xxviii})

While we observed some health care staff who were conscientious in raising concerns about individuals through the safety screen, others completed the screens in tick-box fashion. Many health care workers misconstrued their role, thinking that the form required them to pass people as 'fit' for segregation. The policy is clear that the purpose of the safety screen is rather to raise concerns about how segregation will affect individuals and to alert managers to factors that might increase a person's vulnerability to the harm of segregation. In two prisons, nurses told us that they deferred to custody staff in assessing the risk to the prisoner.

The safety screen leaves considerable discretion with health professionals in assessing how segregation will adversely affect the person's mental health. The PSO suggests that segregation should not be imposed, without detailed discussion about their mental health, on people who are:

- Being assessed for, or awaiting transfer to, an NHS secure setting
- On an open ACCT
- Taking prescribed anti-psychotic medication, or
- Within four weeks of the start of de-toxification

A manager we interviewed said this:

The algorithm [screen] is woolly, at best. Everyone knows the damaging effects of segregation. I'm surprised the General Medical Council isn't challenging the use of segregation and the high risk it places individuals in. If the GMC said no to segregation, then governors would not use it. But doctors sign up to it.

6.4 Prisoners at risk of self harm

Prison Service Order 2700 (Suicide and self harm) states:

Prisoners who are at risk of suicide or self – harm must not routinely be held in the Segregation unit under G00D unless exceptional circumstances prevail, they are such a risk to themselves or to others that no other suitable location is deemed appropriate. Such prisoners must only be placed in the segregation unit in exceptional circumstances, or where all other options have been tried, but have been considered inappropriate and only where it is possible to provide the degree of continual care identified as necessary in the prisoner’s care plan.

Prisoners identified as being acutely at risk of self harm or suicide are registered on a process known as ACCT: assessment, care in custody and team-work. Prison Service Instruction 63/2011 states:

Prisoners on open ACCT plans must only be located or retained in Segregation Units only in exceptional circumstances. The reasons must be clearly documented in the ACCT Plan and include other options that were considered but discounted.

The principle that prisoners at risk of self harm should only be segregated in exceptional circumstances is echoed by monitoring bodies. In his 2013 annual report, HM Chief Inspector of Prisons stated:

We have consistently highlighted the role of segregation in heightening the risk of self-harm. The most severe methods of restraint (such as segregation, special accommodation, strip clothing and body belts) should only be used on prisoners who have been identified as at risk of self-harm or suicide in the most exceptional circumstances – for the obvious reasons that such measures are likely to increase an individual’s distress.

In a bulletin on self-inflicted deaths in segregation, the Prisons and Probation Ombudsman stated that in 2013 – 2014 there were eight self-inflicted deaths in segregated conditions. Four of these were on an open ACCT at the time. This was the highest number of self-inflicted deaths in segregation since 2005. In the 2013-14 Annual Report the Ombudsman also strongly criticised the justifications prisons offered for the use of segregation units for people at risk.

We did not find evidence in any of the cases we investigated that the circumstances were exceptional enough to justify the prisoner being segregated when they were vulnerable and at risk of harming themselves. Of more concern,

is that there was little evidence that this had been considered by managers authorising or reviewing segregation, although this is a mandatory requirement. (2013-14 Annual Report, page 21)

Our visits confirmed these concerns. We visited 15 prisons. All of these prisons had an explicit policy that segregation should be used for prisoners at risk of self harm only in exceptional circumstances. Yet only four of the prisons had no one on an open ACCT at the time of our visit. In the other 11 prisons, we found a total of 20 people who were segregated while on an open ACCT. Three prisons had three or more prisoners on open ACCT. Put differently, in these 15 prisons, the average number of prisoners on an open ACCT was more than one per prison – which does not suggest that the practice was ‘exceptional’.

These numbers are too small to produce statistically significant assessments of the use of segregation when someone is on an open ACCT, but our qualitative data helped to shed useful light on the factors taken into account in decisions to segregate prisoners at risk.

Among the 15 establishments, we found varying interpretations of the terms ‘exceptional circumstances’. An officer in a segregation unit, when asked how often prisoners on an ACCT were segregated, replied, “In theory, if they are on ACCT, they shouldn’t be here. I’d say around 25% on average.”

We also observed that the level of detail and documentation on ACCT forms varied greatly, with some evidence of retrospective form-filling, especially in cases of constant watches. Constant watches should demonstrate care by engaging with the person, rather than only observing and note-taking. A manager explained that part of an ACCT plan are regular checks by staff. The staff to prisoner ratio on normal location can make the target number of observations difficult to achieve.

Health Care will say, ‘Why can he not be managed on an ACCT?’ But if he has to be observed every 15 minutes, then that can’t be on normal location.

Similarly, a segregation officer explained:

You get the odd constant watch here because there’s no space [on the wings].

This is not a good enough reason for segregating someone known to be at risk. However, as policy requires regular interaction between officers and persons at risk, the disparity in staffing ratios between segregation units and normal location seemed to create a perverse incentive towards segregation. A manager commented that, given staffing numbers, a segregation unit might be safer for a person at risk of self harm than a busy main wing. But this view ignores the more likely harmful effects of isolation and enforced idleness.

For some of the prisoners segregated while at risk, the circumstances appeared to justify their segregation. One had recently been accused of a serious assault on a staff member. Another had twice been returned to normal location, each time assaulting another prisoner. An officer commented on the first of these:

One guy, with a long history of institutions, the last time he was here he self harmed seriously. He assaulted a member of staff on the wing so would it be fair to send him back there?

One prisoner, with a long history of self-harm, explained that he needs to be kept away from others because his way of coping with stress meant that he either directed it inwards (self harm) or outwards (harming others):

The thing with me is that I have two ways of releasing stress: anger, and stuff like that [indicating cuts on his arm] - I harm myself, or someone else. Because I'm not mixing with anybody, I don't want to harm prison officers, so I've been harming myself to such a degree that I've almost died two times. (CSC prisoner)

However, one person on an open ACCT was segregated following a determined escape attempt. Although this constituted a risk to security, it did not meet the test of a serious risk to others. In another prison, we were told that a person on an ACCT was segregated because a psychologist wanted to work with him one to one.

Some prisoners felt there was a direct link between the conditions in segregation and their inclination to harm themselves:

The only time I hurt myself is when I'm down here (segregated).

I have tried to commit suicide in the past. You feel hopeless in isolation.

How ridiculous is this: you feel you are nobody's business. This is why people take overdose, die in seg.

Question: How do you fill your time in segregation?

Feeling suicidal, neglected, victimised, locked up 23 hours, on my bed covering my head. I was cold, depressed, and suicidal. Cry myself to sleep not mentally able to do anything. Die, I wanted to die.

Guidance within the segregation PSO suggests increasing the frequency of staff observations. But as one prisoner commented:

They put you in a gated cell and have people staring at you. They are trying to force us not to self-harm. They take away our choice, and I get resentful, frustrated and angry.

The staff attitudes conveyed by this prisoner were reflected in what one officer told us in a discussion about prisoners at risk of self harm:

We use the gated cell quite a lot - all depends. [Prisoner B] likes to play games, hides and blocks door so they can make ligatures, etc. So we use the gated cell so we can do obs [observations] and check on them.

Two of the prisons visited had dedicated Listener suites on the segregation unit. In others, however, we heard conflicting evidence regarding the availability of Listeners.

On the wings, there are lads I can talk to discreetly. I have to bottle it up here. That's what led me to hang myself last time. Talking won't change the outcome – it changes how you feel. Here, you're offered the Samaritans phone, but no Listeners.

We asked officers about how to work with someone at risk of self harm. Their responses included many sensitive and caring practices, but not one of them mentioned facilitating access to a Listener.

Some staff viewed self harm as purely manipulative.

A lot of the self harm we have here [in segregation] is to get something from us - or attention.

A segregation unit manager said that they considered self harm by a prisoner after being segregated a 'grey area', as there was a suspicion the prisoner had done so with the aim of being moved from segregation. A serious problem with defining self harm as merely manipulative is that it leads to complacent responses to the risk of further self harm. One governor said:

I've sometimes instructed staff not to go in when someone is putting ligature around their neck if they're still talking.

A punitive response to self harm can make the situation worse.

A woman prisoner we interviewed contrasted the response of different officers:

There's one [officer] – gets dead involved – if you harm yourself, she helps, proper full on, sits down and speaks to you when you are waiting for the nurses to come down. Some [officers] will just look at you... you just get two words with some of them.

A prison officer said that, through training in personality disorder, he had acquired a different understanding of self harming behaviour:

They don't do it to get something; they do it because it's a release mechanism for themselves. That's the DSPD knowledge coming through. If you identify why they do it, you can prevent them from doing it. (Officer)

6.5 Support for prisoners' mental health in segregation

In my view mentally ill women shouldn't be here [in segregation] at all. (Officer)

We looked at how segregation units provided for the mental health needs of people in their care. Officers were asked their views on how to work with prisoners who have mental health needs. Their responses tended to describe, in practical terms, how to interact with a person exhibiting mental health problems.

Trying to keep their mind busy; keep their focus off the fact that they are segregated. We give them word search, puzzles. And talk to them – speaking to them helps. Communication. Keeping them busy.

If a prisoner has nothing to do behind his door an issue can become quite large. But if you get a chance to talk, he can break that down into manageable chunks.

Officers also revealed tensions between their perceptions of prisoners and the assessments by mental health teams:

I talk to them and try and get an understanding, or at least listen and talk to them; the mental health nurse tends to say, 'There's nothing wrong with him...'

The working relationship between segregation staff and mental health staff was an important factor in the level of involvement of the latter. In some of the prisons visited, mental health in-reach were closely involved in the segregation unit, provided personal support to prisoners, and contributed to segregation reviews, ACCT reviews and other case conferences. In other prisons, mental health professionals conducted cursory (if any) consultations with prisoners; showed deference to officers' judgments about mental health; demonstrated a lack of concern when privacy and medical confidentiality were breached and; practised poor record keeping. We observed a psychologist making important judgements regarding the future of one prisoner without even meeting the prisoner, let alone holding a consultation with him.

In one prison where the relationship between mental health and segregation staff was particularly strained, mental health staff reported problems of confidentiality and access to segregated prisoners:

When they want you for an ACCT, there's always room, but when we need to see someone for a routine appointment, that's a big problem, [they say] there's no room. They want us to speak to prisoners at their cell door. (Mental health professional)

More generally, officers felt that they would benefit from additional mental health training. In fact, this was one of the key training needs they identified in interviews. One officer explained that:

Eighty per cent [of prisoners] would have mental health problems and addictions. To take someone from the streets who was stacking shelves [in a supermarket] previously is just unfair. Unfair to them, and unfair to the people we take care of. So I'd give better training. More mental health stuff. (Officer)

Another recalled:

In my time here, there were six prisoners who I had to fight with Mental Health to get to care - and all these six ended up transferred to [mental] institutions. They'd be like 'it's behavioural, there's not much we can do so there's no point in transferring them to health care'. I see the prisoner every day for hours - I can see when their behaviour changes. In the last 18 months a new mental health team came in and they are much better. The previous team were like 'we are trained and we know' - they wouldn't listen to a word we'd say. This is different. So mental health training would help us to articulate properly what's wrong with that person. (Officer)

We witnessed a situation which illustrated well how the different perspectives of mental health professionals and security staff could clash and, where communication was poor, could have negative consequences for the prisoner.

ACCT Reviews: personal example

A prisoner became acutely distressed, having been segregated following an escape attempt. An ACCT review was conducted by a mental health professional, who discussed his situation with him, and promised to refer him to a Listener. She reassured him, and helped him to focus on positives in his life, and the support of his family. Before he left the room, three officers from the security department entered to interrogate him about the escape attempt. The prompt and sensitive ACCT review showed genuine concern and compassion. The security interview was poorly timed, coming so soon after he had been encouraged to disclose the reasons for his distress. The timing was also unnecessary, as he was least likely to escape from the segregation unit. Better communication and coordination could have resulted in a more humane and caring response.

Medication

One of the complex and contentious aspects of the mental health of people in segregation was their medication. A mental health professional told us:

People on seg receive their medication and have continuity of care. But we notice that many either deteriorate due to segregation or deteriorate if they are deprived of their medications.

Of the segregated prisoners who responded to the question, 56% said they were taking some prescribed medications.

One said:

Mental Health In-reach can only do so much, but he should advocate for me with the psychiatrist. The psychiatrist only comes in every eight weeks. They are up and down with my anxiety meds.

We interviewed a prisoner prior to a review of his GOoD status. He was segregated following a series of vague threats to officers on the wing. At the time of the interview he was hoping to get a move back to the wing, as he felt that his behaviour had improved.

Question: What did they say was the reason for segregating you?

Threat – but I didn't have my medications. I have them now.

Question: Do you think it was fair to segregate you?

It's not all about give – sometimes you have to take. The doctor stopped my medication. I don't know why. My behaviour went bad. As soon as I got my meds, my behaviour improved.

An officer similarly suggested that segregation was particularly difficult for those who were dependent on prescribed medication:

We are governed by rules. They should be there but sometimes it's to the detriment of the prisoner. We have no meds at our disposal. They are locked in their cells for 23 hours a day.

6.6 Removal from segregation on mental health grounds and prisoners who should have not been segregated

The mental health issue, speed up the process of sectioning. You are not supposed to have mentally ill people here, but you do, since they closed down the health in the community... so speed up processes. (Officer)

PSO 1700 refers to transfers from segregation units on grounds of mental health. It stipulates:

***Removal from segregation** – if the mental health of the prisoner is so at risk as to suggest that they will be totally unable to cope with segregation then they should not be kept in the segregation unit. A suggested method of identifying these prisoners who are most at risk is given in the Initial Segregation Health Screen. Prisoners who are awaiting transfer to a secure NHS facility should not normally be kept in the segregation unit.*

People in urgent need of transfer to secure mental health hospitals should thus not be held in segregation units and an effective system of screening should prevent this happening.

Some of the mental health professionals whom we spoke to believed that officers and mental health professionals believed that some of the people in the segregation unit should not have been segregated due to the nature of their mental health needs. Our observations supported this view. As three officers commented:

A lot of them shouldn't be here. Severe mental health problems end up in segregation / mental health care, and so far as I am concerned they shouldn't be here. They should be treated.

Sometimes we get from court women who shouldn't be here. You see them coming in a state and you see them deteriorate here. Ultimately she's a human being and we lock her up in a tiny room.

We had 11 people in segregation. Of them, probably four or five had serious mental health issues. They shouldn't have been there. They should've been in hospital. You can see a downturn in their behaviour, some would withdraw completely; others would want to wreck the place when they've shown no previous behaviour like that in the wings.

On one of our visits, we observed that two of the nine prisoners in segregation exhibited obvious mental health problems. Officers asked us to accompany them when they took a meal to one man. At the sound of their keys, he ran to a corner of the cell and hid himself under bedclothes – only coming out to retrieve his meal when the cell door was locked again. The other person was in a trance state, except that he sang loudly through the early hours of the morning. The mental health in-reach team determined that these two men did not meet the threshold for transfer to a mental health hospital, but there was no discernible reason that the segregation unit was used to house them, except that it would have been difficult to fit them in on the main wings.

In one of the women's prisons, two segregated women were awaiting assessment for a

transfer to hospital. The safety screens confirmed that they were not able to cope with segregation, but they were being held there as the best place for them to access the support they needed while awaiting a transfer.

All of these prisoners had been identified as awaiting assessment for transfer to hospital. Therefore, according to NOMS policy, they should not have been segregated. A mental health professional described the resources required to house someone in segregation pending a transfer to hospital.

Once they are assessed it takes time to find them the appropriate place. Mr F was on the [unit] for four months awaiting transfer to a secure hospital. It is especially time-consuming, if the mental health needs are unusual (e.g., schizophrenia is fairly straightforward, but Asperger's and PD, with ADHD would almost certainly require more specialised treatment and hence a longer wait). One took 13 months. During that time, he had to be escorted by a member of staff wherever he went around the prison.

A manager said:

We have in the past sectioned prisoners. From here [segregation unit], they go to [specialist mental health unit]. If no space is available, we will open an ACCT, and the prisoner will remain in seg till a space becomes available elsewhere.

Prisoners subject to section 50 of the Mental Health Act could also be received into a prison on a restriction direction from a special hospital^{xxix}. In such circumstances, the person could be housed in segregation. A manager described:

We recently received a prisoner from Broadmoor, who deemed he was no longer 'mad'. In-reach thought that he shouldn't be on the wings, but also not in [our specialist mental health unit] because he was 'not mad'. He was with us for 30 days but we sent him to work on a daily basis.

In their discussions about these prisoners, the mental health professionals were well-informed about the difficulties of arranging transfers to special hospitals. But they did not consistently raise concerns about holding these people in segregation.

6.7 Individuals who found normal location unbearable

A small number of segregated prisoners in the prisons visited – no more than 10% - also found aspects of segregation to support their mental state. Some prisoners welcomed social isolation, at least for a short time.

Mentally it benefits me. I haven't got weight of the world on my shoulders, can just be myself, don't have to worry about anything, no anxiety, nothing like that.

In the prisons visited, most of the prisoners who said their mental health benefited in some way had chosen to be segregated. It should be noted, however, that even those who found some benefits for their mental health also acknowledged negative consequences:

I needed quiet, because I was mentally beaten up on the wing. People go through difficult times. . . . Down here has done me a lot of favours, kept me in good spirits. It's nice and calm. It all gets spread out. It's relaxing, which is not a bad thing... Being behind my door all the time is quite disorienting. I was always told I couldn't go to work. I'd prefer to do something more constructive with my time. I'm not on the foot where I'd like to be. I haven't done any programmes, and that isn't helping me.

A manager commented on the view that some people were better off in segregation:

You do get some who are on an ACCT. Mental health [staff] will say he's better off, but I wonder: how does that benefit him? My argument would be that if he needs a low stimulus environment, then let's look for a low to medium secure unit – that would be therapeutic.

This view echoes the quote with which we began the chapter: segregation units are toxic. The rare mental health conditions that make it difficult to cope with the noise and activity of normal location are disabling. Disabilities require special measures by prison managers, as defined in the new Mandela Rules. Rule 5(2) states:

Prison administrations shall make all reasonable accommodation and adjustments to ensure that prisoners with physical, mental or other disabilities have full and effective access to prison life on an equitable basis.

Even taking any short-term benefits into account, segregating people for the purposes of assessment for transfer to hospital or awaiting transfer fails to meet this test.

6.8 Protective measures and mental health support

Some of the damaging effects of segregation can be mitigated by strictly limiting its duration. As isolation, inactivity and increased control are harmful aspects of segregation, it follows that protective measures would facilitate social interaction; provide constructive activity and stimulation; and enable some degree of autonomy self-determination. In addition, individualised support is beneficial, in the form of good relationships with staff; conscientious care (such as monitoring the person's mental state); and active planning for reintegration to the mainstream.

Mental health support, e.g., through the Mental Health In-reach teams, is vital. Their expertise is needed i) to monitor the mental wellbeing of every segregated prisoner (regardless of duration) for signs of deterioration, and ii) to provide patients with consistent support during their period of segregation.

A mental health professional was critical of the lack of investment in prison mental health services:

In my view, the motive behind so much of the management of seg is cost-cutting, and to me that is dangerous. When I started, I was an entry-level nurse. They prefer to use entry-level because they're cheaper to employ. But on reflection, this is not an entry level job.

Another mental health professional explained that the mental health services were . . .

Limited, given the size of the prison and the size of our team. We're the point of access to mental health services, through a face-to-face assessment. ... We're registered mental health nurses. For a small proportion, we can continue to see and support them; either short-term or at intervals. ... We can provide advice about other services: Listeners, work, housing.

Safeguarding the mental health of segregated prisoners requires:

- Multi-disciplinary management that includes attention to mental health needs, personality disorders, depression and mood disturbance; and substance misuse issues (e.g., complex cases reviews).
- A strong commitment, consistently implemented and prioritised, to avoid the use of segregation for people being assessed for, or awaiting transfer to, an NHS secure setting; on an open ACCT; receiving prescribed anti-psychotic medication; or who are within four weeks of the start of de-toxification.
- Ongoing multi-disciplinary reflective practice groups to strengthen the team and promote communication.

- Improved communication, for example between segregation officers and mental health professionals, with a specific focus on monitoring the effects of segregation on mental health.
- For all segregated prisoners, a system to record the specific aspects of segregation which increase the risk of deterioration for that person, and making sure that the records are read and understood by all staff. To ensure medical confidentiality, these records should be kept separate from the prisoner's medical file.
- Training for segregation unit officers in understanding and recognising personality disorders, learning disability and acute mental illness; how to provide feedback about any concerns, and; how to manage those who must remain in segregation.
- Training for managers in the impact of segregation and the importance of strong leadership to maintain a prisoner focus.

Much of the good practice we found fulfils some of the guidance already within the Segregation PSO. Examples include multi-disciplinary management, availability of Listeners, the provision of activities, and increased support from healthcare. More work needs to be done on ensuring that guidance is implemented and followed throughout the system.

7 Leaving segregation and CSCs (avenues out)

The return to normal location here is very good. Staff will come down and help them to settle in. If someone is on an eight-day CC, on about the seventh day the officers will come and talk to them. If they're good, they even let them back on early. (Unit Orderly, informal comment)

Who does it fall to, to move me on? This prison's a bit of a law unto itself. (Prisoner)

How and when a prisoner can leave a segregation unit would depend on how and why they were housed there in the first place. As we have previously discussed, the main routes into a segregation unit include:

- Serving a period of cellular confinement (CC) in the segregation unit following a disciplinary (or adjudication) hearing
- Placement for the prisoner's own protection in their own interest (OP) and
- Placement on ground of good order or discipline (GOoD) in the prison.

Some individuals are also placed in a segregation unit while they await transfer to a more appropriate setting (usually a secure hospital unit). Transfers to mental health settings, and some of the problems associated with them, were discussed in the previous chapter. The process for prisoners who have served a period of cellular confinement following an adjudication is straight forward: they would normally return to the wing when that period has expired. Usually, but not always, they will return to the same wing and cell they occupied prior to their segregation.

For prisoners segregated for reasons of good order or discipline or for their own protection, the process of returning to normal location can be more complicated. In what follows, we discuss how and when these prisoners leave segregation, and suggest that this is not always a straight forward process but rather one which requires a set of complex and sometimes prolonged negotiations and accommodations.

7.1 Segregation review boards

The reintegration to normal location of prisoners segregated under GOoD (either at the prison or, if the prisoner is awaiting transfer, at the receiving prison) depends on the outcome of segregation review boards. These reviews are held, first, within 72 hours of the prisoner's initial segregation and thereafter at least once every 14 days. Reviews are chaired by a governor and attended by healthcare, an officer who knows the prisoner and, where possible, a member of the IMB and the prisoner ("unless there are security concerns that make this impracticable").

The desired outcome of reviews, according to the PSO, is for:

Prisoners return to normal location as soon as the Review Board feel that it is appropriate and safe (for the prisoner, staff and other prisoners) to do so.

The prisoner does not have to consent to being returned to normal location- the decision to end segregation “rests solely with the segregation review board and the operational manager chairing the Board has the final authority as to whether to authorise continuation of segregation.” (PSO 1700, NOMS, 2007).

If the segregation review board decides that the prisoner should be returned to normal location, it can choose whether to:

- 1. Return the prisoner directly back to ordinary location*
- 2. Adopt a phased return to ordinary location – this is considered for prisoners who have been in segregation for a long period of time (over 1 month)*
- 3. Return to ordinary location via a High Supervision Unit.*

As part of our prison visits we attended reviews. At the best reviews, there was multi-disciplinary input, the prisoner was engaged and his point of view was valued, and the review thoroughly discussed his situation and options. The worst reviews were no more than a very brief form-filling exercise with little substantive review and, in at least one prison, prisoners did not participate in their reviews.

Where prisoners did take part in their review, many reported frustration with what they saw as a seemingly futile process, and its failure to result in any changes:

I remember when they started those reviews. I find them a complete waste of time. Some people go to try to get some information. They have already decided what is going to happen. They have all these people round that table. But if they're going to do something, they'll do it. You walk in, you get two minutes. And they just say, 'No change.'

The thing I find hard is you don't know what's happening with GOoD. You get a review, and they just remand it. All he says is, 'We're waiting to hear from Security.'

They try to listen. I was given time to talk. I think your [the researchers] presence in the review made a difference. Last time, he kept cutting me off. As I said, it had all been decided before. I try and talk as much as I can. I thought the review was meant to be my chance to give my side, but that doesn't happen.

I felt like I've been manipulated in my reviews. It's, 'Shut up. Answer my question or you're going back to your cell'.

We were concerned that a member of the IMB, and representatives from Health and Mental Health did not always attend reviews and when they did, with few exceptions, they contributed little to the discussion. Further, because segregated prisoners had access to few, if any, programmes and activities, those prisoners who were segregated because they were perceived to be too disruptive or violent had little opportunity to demonstrate change. The reviews therefore provided one of the main avenues for them to put forward the case for their return to normal location. Coupled with prisoners' perceptions of reviews as an inadequate agent of change, this raises concerns about the function of segregation reviews as an effective safeguard.

R (on the application of Bourgass and another) (Appellants) v Secretary of State for Justice (Respondent) (2015)

The supreme court was asked to consider whether two prisons had acted lawfully when they extended the period of segregation beyond 72 hours. The decisions were taken by prison managers acting in the role of governor. The practice was challenged on the basis that Prison Rule 45(2) stipulates that a decision to extend segregation beyond 72 hours must be taken by the Secretary of State. The government defended the practice by claiming that prison officials act in the role of Secretary of State.

Lord Reed, stating the court's judgment, rejected the claim that officials acting as governors could play the role of the Secretary of State. The supreme court understood that the primary rationale of 45(2) was to protect the prisoner from arbitrary prolonged segregation; and this requires that any extension be decided by officials outside the prison. Despite acknowledging that PSO 1700 (2007) confers on segregation review boards the power to extend segregation, the supreme court denied that segregation review boards could exercise the responsibility of the Secretary of State.

Further, Lord Reed commented on the duty to provide such segregated prisoners with meaningful information about the reasons for their continuing segregation. Agreeing that continued segregation was not a disciplinary punishment - and that, therefore, legal proof of guilt was not required - the supreme court concluded that sufficient evidence must be provided to enable the prisoner to challenge the decision (taking account of the need to protect witnesses from intimidation, and of the requirements of security).

GOoD reviews: personal examples

A prisoner, Mr G, was refusing to return to normal location, demanding a transfer. Present at his review were a chaplain, a nurse, an IMB member and the governor. The governor attempted to persuade Mr G to return to a wing, as this would make it easier for the prison to arrange his transfer. Mr G replied that on normal location, he would not be able to speak to a governor and he would be less likely to gain a transfer. The governor disputed this assertion, then concluded the review.

Mr H was being held in segregation on GOoD, having been accused of assaulting an officer. Present were an IMB member, a nurse, two segregation unit officers, and the governor. The governor knew Mr H well. Shortly after being segregated, Mr H had tied a noose round his throat, and the governor took time to explore with Mr H whether he should be on an ACCT. Mr H said he appreciated the question, but did not want to be on an ACCT. He said he wanted to be on normal location. He asked the governor why, if it was unsafe to place him on a normal wing, did the prison not transfer him? The governor promised to look into the suggestion, and closed the review. Back in the unit office, the governor discussed with segregation unit staff the possibility of transferring Mr H to a nearby establishment. While the solution would serve Mr H's interests, the governor had not invited the prisoner to comment on where he would like to be transferred.

Mr J had a GOoD review six days into his segregation. Present were an IMB member, a mental health professional, an officer and the governor. The governor began the meeting by asking the prisoner, "Do you know why you're here?" Mr J – who was on remand – replied that the prison was planning: "to move me out. I think that's a bit more extreme. I don't do drugs. I don't throw my weight around. I'm in the VP unit because of the nature of my crime. My trial is coming up in three months. I don't want to be placed in a prison so far away." The governor explained that they had reliable intelligence that he was exploiting other prisoners. The mental health professional asked Mr J to talk about how he was coping with segregation. Mr J replied that, "It's doing my head in. I read magazines. I worked myself off the meds, but I'm feeling tense now, sitting in that small room." The governor asked if he wanted to speak to someone from health care, and promised to arrange that.

7.2 Negotiating return to normal location

[We] need for better exit strategies for offenders spending prolonged periods of time in the unit, this would be greatly improved with easier accessibility to both in area and out of area transfers.

(Survey response)

Segregation is damaging to prisoners and costly for the prison. The Segregation PSO makes it clear that, “Segregation under Rule 45 (YOI Rule 49) GOoD is for the shortest period of time consistent with the reason for separation in the first place.”

But some prisoners did not want to return to normal location at the prison and for others, staff perceived that they continued to pose a risk to the good order or discipline of the prison. The segregation reviews, discussed above, became the platform where prisoners and prison staff negotiated the length and terms of their continued segregation or return to normal location.

As discussed in chapter 3, four in ten of the segregated prisoners we interviewed had orchestrated their segregation. The segregation cell was a ‘negotiated space’, a resource over which prisoners bargained with managers: the former seeking to improve the location and/or conditions of their confinement, and the latter seeking to ensure that they have empty segregation cells at their disposal. To shed light on how managers, staff, and prisoners negotiated, when the prisoner resisted attempts to reintegrate them, we analysed the tactics and objectives of the three groups.

The context limited the options in discussions about continued placement in segregation. First, as segregation cells are a finite resource, the capacity of the unit was an important factor in these ‘negotiations’. A manager explained:

A bad day is when prisoners were moved here when we’re full. Two lads were on the roof, we had room for one of them but they were both brought down. What am I supposed to do with them? It disrupts the unit when that happens. We had to ask prisoners here to move to the wing. (Manager)

Prisoners were aware of the potential power this gave them. A man interviewed on the main wing claimed that he kept an eye on the segregation unit exercise yard to monitor how many prisoners were there. Another man, interviewed in the segregation unit, said:

When the seg’s full, they come and start to make offers, because the power is in your hands. (Prisoner)

Second, where the decision depended on external agencies, for example a police investigation into charges made against a prisoner, managers could not dictate the timing of the next steps. Similarly, decisions about transfers, particularly within the high secure estate, were taken centrally, as one manager explained:

I have five who have been in [segregation] over three months and four in over six months. I don't want prisoners down the seg that long, but trying to move them is difficult. Moving involves the whole estate and I don't have the authority. After three to four months, they become a priority to move on, so I talk to the Dep about them. (Manager)

Managers' options were also limited by the potential for harm to - and from - prisoners who were deemed at risk or a risk to others, and those who were deemed to be both. For example, one individual was being held on GOoD because he was a vulnerable prisoner and could not go onto normal location but at the same time there was some intelligence that he was also exploiting prisoners. Another harmed himself in segregation but had also twice assaulted prisoners when placed on normal location.

The prisoner's position was also limited by outside factors. Placement in segregation may adversely affect sentence progression. For example, prisoners may be unable to access the offending behaviour courses they need to complete in order to progress. Being segregated can affect parole prospects. Two of the prisoners we interviewed explicitly stated that they had ended a period of voluntary segregation when they felt it would affect a parole hearing.

A second factor that affected the way in which prisoners could argue their case, was that staff and managers maintained control over access to information. As one prisoner complained:

Prison don't give you information about what you're entitled to. ... I should have refused to go [back to normal location] unless they transferred me. I kept saying, 'I want to go to another jail.' But they wouldn't. They don't let you know you have any rights. (Prisoner)

What was at stake? (Aims)

About half of the prisoners who engineered their own segregation aimed to achieve a transfer to another establishment. Asked why they chose to be segregated, some of the additional reasons given by prisoners included:

- Seeking relief from pressures on the wing (e.g., wanting to get away from drugs; needing 'time out')
- Gaining direct access to managers

- Avoiding risk from other prisoners (not always on OP - often GOoD)
- Accessing the stability, order and predictability of segregation 'regime'.

There is no place/way in jail for lads who need to be taken away. If the block is the only way to do it, it's sad, but that's the way it is. I took myself away from the drugs, the fights... (Prisoner)

Partly the reason is cos I've got mental health problems, yeah, I don't like being in big groups, so part of the reason was that, why I jumped on the netting. (Prisoner)

Hopefully I'll be sent to another prison, start fresh. (Prisoner)

Our analysis of negotiations showed that managers, staff, and prisoners chose a range of tactics, from the most cooperative and conciliatory to antagonistic and coercive measures. We first consider tactics employed by managers.

Tactics (managers)

Managers employed a range of methods, from 'carrots' - like a television or promise of a transfer closer to the prisoner's home - to deprivations such as a reduced number of showers per week. Each step in this series exerts greater coercive power.

The preferred option was to convince the resident prisoner to re-locate, as a governor explained:

We as a group try to reason with them. It is usually about wanting to ship out. We explain it is hard to do from a CSU [segregation unit]. They won't achieve what they want. I would break it down. Let's cross each bridge. Some still refuse. We got the nurse involved, mental health involved, to help him move on. (Manager)

Managers could exert their authority by changing the prisoner's entitlements.

We need to be firm about our boundaries. If you take advantage of the segregation, our boundaries should be more firm in our management: access basic regime - shower, phone calls and exercise. (Manager)

If they are staying, they will be reduced on IEP; access to visits down to a quarter; money down to one quarter; no tv; no smoking; no gym. (Manager)

Still more coercive measures involved laying charges for indiscipline.

We have a policy - we give him [the prisoner] a direct order. If he disobeys, we send it to the independent adjudicator, who can give added days. (Manager)

The ultimate exercise of power by managers in these negotiations included unilateral decisions about re-location, the use of force (covered in section 5.6, above) and placement in the special cell.

This lad had to control every situation. Trying to dictate, manipulative, throw faeces - whatever. He was a handful. He was sent in a vehicle with a full team to another prison. They told him 'this won't work with us'. Within 28 days he stopped. How? Let's just say that they are more proactive with their C&R... he was finally released. Within three weeks he was back in prison. Someone like that needs to be in high-security. They know how to deal with such people. (Officer)

Thus, there came a point at which negotiation ended, and governors over-ruled the prisoner's interests. The governor's power to trump the prisoner's interests was there all along, but the less coercive steps signalled attempts to work together with the prisoner to create a workable solution.

People are allowed far too easily to go to whichever House Block they want. I'm not going to give him CC if that's what he wants. (Manager)

Prisoners we spoke to were acutely aware of when the style of management shifted to one of domination:

Question: Did you have a fair chance to state your views?

No. Every decision was made before I entered the room. It's as if the review has to be held as protocol. I think they're pointless. You get in there and all the decisions have already been made. (Prisoner)

I know they won't have an answer, so I don't speak any more. I just let them get on and do what they're going to do. (Prisoner)

Managers' role in negotiating the prisoner's departure from segregation and reintegration to normal location is a key one. As well as the official setting of GooD reviews, they could also try to directly influence prisoners' willingness to reintegrate during their daily rounds, and we observed governors engaging with prisoners in this way. But segregation unit staff also played an important role, which we explore next.

Tactics (officers)

Officers do not make the decision about moving someone from the segregation unit. As an officer remarked:

For a time, segregation staff were arranging the transfers. We built relationships with the other segs' staff and could agree we'd take one of theirs in exchange. But then the governors here were saying we transferred them too quickly. So they stopped that. (Officer)

However, officers – individually and as a team – do have opportunities to influence these decisions (for good or ill). A GOoD review might agree on a prisoner visiting a wing every afternoon for a week. Officers could make that more difficult, for example by refusing to escort him, or they could facilitate the trial visits. Officers also have discretion over a range of sanctions and actions they could take. They could argue for changes in the person's unlock level, minimise the time the person was out of cell, or deliberately provide misinformation. In addition, they could charge the person with disciplinary offences, and have discretion over charges such as cell damage, threatening language, or refusal to obey a lawful order.

There were also examples of staff having a very direct impact on relocation:

Yesterday, a prisoner who was serving CC, which finished two days earlier, was still waiting for a cell on a wing. I managed to find him a cell on the wing. He served his punishment and I felt that he should be allowed to leave here rather than be punished again. (Officer)

You get ones who only want a ship-out. Then you explain, 'It's not my decision.' If they are set on a ship-out, sometimes you've got to tell them, 'The likelihood is low, given your behaviour.' Then you sit back and see how he responds. (Officer)

The Segregation PSO specifically identifies reintegration as part of officers' role:

It is expected that segregation staff focus on helping prisoners manage their behaviour and problems rather than simply on punishment.

Thus, another focus for officers in preparing people for reintegration was challenging them to think about the behaviour that resulted in segregation:

It is about trying to correct the attitude or the reasons through talking, discussing. I don't think a seg unit should be you're behind your door and if you try anything, you'll be on the floor. It is about trying to get them back onto normal location. (Officer)

They go through a cycle in preparation for returning to the wings. Everyone's individual – different personalities, needs, and issues. They get what they're entitled to, but we have the chance to identify their needs and work with them. We can work with those who would have been stuck with issues not being addressed, so they would have had constant adjudications. (Officer)

An officer working with young offenders tried a more experimental approach to stabilise a segregated prisoner:

One lad caused an external disturbance on the roof - £10k worth of damage. ... I did some radical work, said to the governor, 'Let me try to get him chilled out.' [We boxed with] pads, in exercise yard, one-to-one, didn't smash. It was an experiment, we had to gauge it, to expel energy, not smash up every day. His respect for staff was sky high, wasn't disruptive. He proved good to word, shipped out Tuesday. (Officer)

A few of the prisons visited had a more structured role for segregation staff in support of reintegration to normal location. In one prison, a segregation officer routinely followed up each reintegration, five days – and then two weeks – after the prisoner returned to the wing:

We can also work with the same individual when they return to their wing. It's this unit's ethos: we work with them on the normal wing. We have a discharge meeting with them to discuss their time here. Then we hand over to wing staff. Up to five days later, we do a follow up session with them – engaging staff and managers on the wing. We hear if there has been any issues with compliance, then we speak to the prisoner – just a chat. To show, if they've engaged really well, they're not forgotten in the system. Any issues, we'd relate back – like visits, employment. We do exactly the same 14 days later.

As we explained at the start of this section, the negotiation was required when a prisoner had interests that differed from the managers' aims to free up a cell or to change their behaviour so that they reduced the risk of reintegration. In one sense, prisoners had far less positioning power in these negotiations. Ultimately, they could not prevent managers from re-locating them by force. However, we found an array of tactics prisoners used to influence or resist the managers' decisions about relocation.

Tactics (prisoners)

Prisoners' tactics also presented a continuum, from reasoning and compliant behaviour to extremes of resistance, which included food refusal, damage to property or dirty protests. Each step in this series shows less willingness to reason with managers as a means of achieving aims.

At their most cooperative, prisoners made efforts to convince the manager to meet their needs. A second step on the continuum of prisoners' negotiating tactics was to offer trades or agree to trade-offs for benefits:

They told me I had to tell them who had it in for me; so I did. (Prisoner)

Others, more confrontational, used official channels to advance their case:

The staff and management keep putting in policies and I challenge them. I use confidential access, I produce a proper legal document. Usually, the number one [governor] backs down. (Prisoner)

Some prisoners explained that to get a result, they became more disruptive. Creating problems for managers was seen, by some, as a necessary option.

When I comply, I get fobbed off. They see polite as a form of weakness. If you use the correct channels you'll be fobbed off. If you're causing major problems, it creates paperwork, so they'll give you what you want. My violence is rewarded. (Prisoner)

As you know, in prison, he who shouts the loudest gets what they want. If you cause them problems, they give you what you want. (Prisoner)

There's ways to manipulate the system. When they have you here, they don't want you here, so you can make an agreement. (Prisoner)

A more direct claim by prisoners to power over the outcome was to restrict the options that the prisoner will accept:

For me it's here [segregation unit] or be shipped out. (Prisoner)

The final steps of the continuum were extreme acts of resistance, such as cell damage or dirty protests. Of the 15 prisons we visited, six had a current dirty protest when we were there.

A number of prisoners described how they retaliated against moves by the managers:

They said they'll give me a radio and . . . give me [a] transfer, but that hasn't happened, so I started damaging prison property. (Prisoner)

A governor explained the impact of cell damage:

We've had one or two [prisoners] damage cells, threaten self harm. No spare cells. Staff on edge. When people smash cells, it takes time to fix them. We can't keep losing cells. It's frustrating – put him in a cell, and he smashes it. But special accommodation is time-limited. (Manager)

In one sense, extreme resistance implied desperation. But these tactics also drew on the last area over which prisoners could exert control when segregated – their own bodies, used here as a tool.

Every time I go on a dirty protest, it is for their refusal to give me what I am entitled to. Every time, they bow to my demands. So that encourages me to go on a dirty protest. It causes them a problem, so they try to resolve it. (Prisoner)

They did use C&R on me in other jails but I went on dirty protest - that's the only way to stop the violence. (Prisoner)

These two prisoners – and others we spoke to – deliberately used these disruptive methods to protest against or obstruct the management of the prison. Other examples included: a) a prisoner who refused to leave the exercise yard, knowing that staff would be called to the unit to forcefully remove him. When they arrived, and dressed in protective equipment, he calmly walked back to his cell, and b) a prisoner who smeared excrement on the telephone, knowing that other segregated prisoners would lose the opportunity to use it.

We should note here that in a number of cases, similar actions were taken by other prisoners not as an attempt to 'send a message' to the managers, but rather an expression of deep distress or a mental health crisis. For these prisoners, extreme acts were not 'negotiating tactics', though their distress could have been aggravated by their treatment.

The following story illustrates how negotiations can break down, leading all parties to consider increasingly obstructive tactics.

Negotiations: personal example

A prisoner, Mr K, told us that he was 'self-segregated' with the aim of forcing managers to transfer him to another prison. Managers concluded that he was correctly located at that prison. He had been segregated for three months on GOoD.

During this time, his behaviour constituted a range of negotiating tactics. He used legal challenges, complaints, written requests to governors. He engaged in disruptive and destructive conduct which he considered to be retaliation for his treatment by staff and managers. He calculated that his behaviour would seriously obstruct the management of the prison, and according to officers this tactic worked:

It was affecting our regime. We couldn't unlock anyone.

Mr K believed that managers were blocking his transfer.

I want to move for compassionate reasons. They say they're dealing with it, but I believe they are putting a pessimistic slant on my record. I've been manipulated into the seg unit. All the time I've asked, 'Why are you not moving me?' And they say it's my behaviour.

The managers said they would support him in applying for a transfer, but on condition that he returned to normal location and demonstrate improved behaviour. In his interview, he held managers responsible for his behaviour:

If you stick a dog in a box don't blame the dog if it bites the master.

He saw non-cooperation as a way of putting pressure on governors to achieve desired outcomes.

I went on a dirty protest and pulled out the electrics. Because I wanted a move and no one did anything – not the governors, the doctors, the IMB. ...

The responses by governors also escalated as time went by. They:

- Placed him on Basic regime
- Placed him on three-men unlock following verbal threats to officers
- Required him to take his meals at his door
- Moved him to cells away from the main landing, where his fouling and damage had less of an impact on the rest of the unit
- Referred cell damage charges to police for criminal charges
- Withdrew money for cell damage from his weekly cash (in line with a recent change in policy).

A governor and the unit officers believed that negotiations were impeded by inconsistent management. The governors dealing with Mr K day-to-day pursued different tactics, which officers believed led to worse behaviour from him.

One officer explained:

We needed to show consistency. We can't allow them to think that by behaving badly they will get what they want. With Mr K, we had crossed wires and changes of direction.

Governors told us that they brought Mr K's behaviour under control by a consistent response to his conduct, which involved ignoring him unless he conformed. This strategy appear to have worked, as Mr K agreed to return to normal location. His interpretation of his return to normal location was that the record of cell damage and non-cooperation would reflect badly on his application for early release.

I decided to go back because I knew it is too close to my parole. I'm playing their game.

Good practice recommendations

Extended periods of segregation are costly and damaging. Resolving differences or solving problems at the stage of mutual cooperation and reasoning is more efficient than imposing three-men unlocks and managing dirty protests. So it is worth examining the steps in the negotiation sequence.

For a segregated prisoner, each step subjects them to greater control, fewer privileges and more negative long-term consequences. Escalation also carries costs for managers. Adjudications, awards, and extra days are costly. Cellular confinement requires additional staff time. In comparison, early use of flexibility and a willingness to negotiate over interests can pre-empt the need for segregation, or facilitate re-integration for those already segregated.

An alternative to the escalation series, used by some segregation unit managers and officers, was a problem-solving approach:

The segregation is a short term solution, by short-term I mean to give us time to find them a solution. (Manager)

I cannot see that something cannot be resolved. I'm very good at managing difficult prisoners. It is easy to manage a difficult prisoner by solving the problems. Get on the phone and sort it out. (Manager)

Even in extreme cases, where prisoners were adamant that they would not return to main location, consistent support and willingness to meet the person's needs could break the standoff. In the following situation, reintegration was temporary, as the prisoner's interests included a transfer:

Mr L was frightened to be on normal location. He was on food refusal to leave the [seg] until transferred. There was no movement. I kept pressure on them for a move. When I told him he was going, he started eating, then went on normal location. He became the person we had known before. Then we got him the move.

Discussing with the prisoner the behaviour that resulted in their segregation is also important, as it provides the prisoner with an explanation, which can encourage a sense of fairness, and it also gives prisoners things to work on while they are segregated, making the time there more constructive.

You need to be able to help people to recognise how their behaviour has to change. Punishment can be ineffective at changing behaviour. (Manager)

Managers recognised that the way the prisoner is treated while segregated has huge implications for their behaviour when they are returned to the wing.

Seg is very necessary on occasion but ultimately, most prisoners will return to normal location and as such, the way we deal with them has an effect once they are reintegrated and how they view staff. So staff have a lot of responsibility in getting it right. (Manager)

We have discussed, under the section on staff tactics, some of the steps that staff took to work with segregated prisoners in preparing them for reintegration. Nonetheless, observations on our visits suggested to us that segregation units could do more to place reintegration at the heart of their functions. A few managers talked about how reintegration was intended to work, and there were a few examples of good practice. But there were also many prisoners who were sitting in their cells in segregation units, doing little more than sleeping, showering and eating while they awaited their next GOoD review. We turn, next, to explore how segregation units pursued the relocation of prisoners to normal location.

7.3 Reintegration

[The] key purpose is getting these prisoners to turn around and getting them back upstairs. (Manager)

To challenge negative behaviour and encourage positive engagement with the aim of successfully reintegrating prisoners back into the general population. (HMP X mission statement)

In many of the prisons visited, the policies for reintegrating prisoners to normal location were far better than their implementation. However, over 60% of the segregated prisoners we interviewed had been on the unit for less than one month. We examined the circumstances of the 16 prisoners we interviewed who had been segregated for over one month. Two of the three who had been segregated for over a year were there by their choice. But one had been moved from segregation unit to segregation unit and objected to being segregated:

Really unnecessary shouldn't be in seg, all time or for long time. It's very serious, you are charged, assaulted, effected mental wellbeing just being locked up, placed on report for nothing.

The prisoners interviewed who had been segregated for between one and six months were comprised of:

- 7 on GOoD
- 2 on cellular confinement
- 2 on own protection
- 2 whose status was unclear at the time of the interview.

Interviews with managers provided examples of a range of approaches which they utilised to facilitate reintegration. While many prisons practised some of these approaches, we rarely encountered a prison in which all were consistently applied.

In some of the prisons we visited, segregation staff took care to ensure that the wing to which the person was returning were involved and fully informed. There was, therefore, some good practice in communicating information about the person as part of their reintegration to normal location. But we observed situations in which prisoners were picked up by wing staff with no handover, no attempt to inform the wing about the person's risks and needs. We also heard of serious lapses, including the following examples.

A kid -19 - was found [almost] dead. He hanged himself. He was a prolific attempter. He was on an ACCT. Left segregation to the house block with no proper handover. By the time staff got to him, he was [almost] dead. We cut him down. We worked on him until the paramedics came. He was a nice lad. It's not like Bay Watch. There's oozing of body fluids... after working on him we got him back. There was no healthcare in the prison. We had to tell the nurse what to do. He's done it a few times before and got close, but not that close. (Officer)

A manager told us of a prisoner who was segregated for fighting.

The governor said he was not to go to normal location until the adjudication. The adjudication went well. The Head of Security said he was ok with Mr M returning to the wing, where he gets on well with staff. I rang up the wing and we agreed on a phased return. That would mean him going up one night for association, see how he gets on. But the wing governor said 'No, let's just move him now.' So we did. That evening, a big fight: alarm, officers injured.

Effective reintegration

The key approaches identified by managers included: multi-disciplinary support; ensuring that the prisoner's sending wing maintained responsibility for the prisoner; a problem-solving approach; engaging the prisoner in decisions about reintegration; a phased return, and; effective communication between the segregation unit and the wing. Below, we briefly discuss each of these approaches.

- 1) By 'multi-disciplinary input and support for reintegration', we mean that all relevant agencies feed into plans for return to normal location, from the time the person arrives in segregation.

Making sure to structure expectations of what they will have on the wings. If we're discharging someone to the wing, ideally we'd have someone from the wing come down to ensure that everyone has a clear understanding of where we stand. Ensure they have employment to go back to. (Manager)

The application of this approach was evident in one of the GOoD reviews we attended. The review took place one month after segregation. Prior to the review, a mental health

support worker explained the process to the person and asked him what he wanted to happen next. She accompanied him to the meeting and helped him to articulate his interests.

- 2) The practice of 'maintaining responsibility' relates to the wings on normal location continuing to care for each prisoner they have segregated: structuring expectations for a return to the wing, contributing to plans for reintegration, and communicating with the segregation unit about the person's progress.

Our policy is, if you send him to Seg he remains your prisoner. So if he isn't coming back to you, you have to find his new location and settle him in.

One prison we visited had a column on the unit roll board which named the prison manager responsible for each segregated person. One roll board – but only one – specified whether a bed had been held on the sending wing for the segregated person.

We get the S.O. off his wing to talk to him about the wing. We try a one to one approach. When it's after an adjudication, it would be nice to bring the reporting officer down.

We need to reinforce that there is support on the residential units. People have more time in segregation, but our support plans make clear that they will be supported back on the wings. The wing custodial manager also plays a part: they are fully briefed in the re-integration plan.

- 3) 'A problem-solving approach' which has been discussed above, refers to practices that addressed the situation that resulted in segregation:

The first thing I think about is de-escalation. What happened that that prisoner kicked off? What led to the behaviour that resulted in them being segregated? Even though the governor has segregated them, that problem has still not been solved. The prisoner's feeling is frustration. So I want to know what started it. I'm a discipline officer, so my obligation is to get them calm. Solve their problems as quickly as possible. (Officer)

A manager described her role as:

. . . successfully reintegrating prisoners to the houseblock. When you see someone come down regretting their actions, when someone opens up, when they believe in what we tell them, what we promote. The main thing is to see them not return to the unit.

- 4) 'Involving prisoners' input in decisions about next steps' suggests that being open to the prisoners' interests will encourage them to work with managers and lead to more workable solutions.

We always discuss with the prisoner where we intend to move them.

Unless they agree to return, you're stuck with them. But it's chip away slowly. 'Why do you not want to go?' Maybe a structured phase. It's inter-personal: talk them into it.

It might be you he doesn't trust – so there's no shame in asking a colleague to have a go. Maybe the chaplain, or the offender manager has a better rapport with him.

- 5) A 'phased re-introduction to normal location' is recommended in the segregation PSO. Not all the prisons we visited employed this method, but it is clear that for some prisoners, reintegration must be a more gradual process.

A little more one to one is needed: Why? Is it a safety issue? We have a lot of convincing to do. ... We've taken them back up for association, then bring him back down. (Manager)

- 6) 'Good communication between the segregation unit and the wing staff' about the reintegration:

The manager who recalled a prisoner who caused a fight upon his return to normal location conceded:

There had not been enough communication. So now I do a risk assessment, a full handover of the prisoner: his history, his behaviour in seg, psychology report. The individual care plan goes to the wing. I initiate the form and discuss the prisoner with the relevant wing managers. The wing manager signs receipt of the individual care plan. Staff have the opportunity to input. The head of residence gets a copy. (Manager)

7.4 Leaving the CSC

How many people do you know who have come off the CSC? Two or three? There is no proper process of de-selection. It's cruel. (CSC prisoner)

I've seen quite a few go to hospital but they came back here - I wouldn't call that progression. I've done everything that's been asked of me, but I don't see a way out. There's no way out. (CSC prisoner)

[It is] easier to put someone in than to progress them out. When there is no care plan, the first option is segregation. (CSC officer)

Progression within the CSC system can be summarised very briefly: there is very little of it. There is some opportunity to progress within the system, and the CSCs in Full Sutton and Whitemoor offer purposeful regimes, allow some association, work opportunities and even – in Full Sutton – community meetings to raise concerns. But equally, people can regress within the system and return to the first level (Woodhill B Wing) or be housed in the most controlled unit (Wakefield CSC). Progression out of the CSC system altogether is rare and difficult to achieve.

People can also leave the CSC system through de-selection and be moved to other high supervision units (such as one for ‘dangerous and severe personality disorder’ (DSPD), or the MCBS – ‘managing challenging behaviour strategy’), or they can be transferred to a special hospital. A move to a special hospital, of course, is not a progressive move and, furthermore, may cast doubt on the suitability of the person’s selection to a CSC in the first place.

The key for measuring the success of the CSC system, as Clare and Bottomley observed in their 2001 report^{xxx}, is the number of prisoners who progress through the CSC system and back to normal location. This - reintegration to normal location, either via one of the PIPE units (psychologically informed planned environments) or directly to another prison - is the ultimate aim of the CSC system.

Our overall impression was that for most CSC prisoners there was no progress – neither within the system or in leaving it, and for those who did progress, the process was a very slow one. We met prisoners who had spent years in the system. Some said that they had never been told what they needed to do to progress through the system and equally, that nothing had been done to reduce their perceived level of risk.

One manager explained the pathways, including regression, progress within the system, and the goal of leaving the system:

They could regress to Wakefield. If they are settled but not engaging, they could go to Full Sutton and do some work there in preparation for the violence reduction programme in Whitemoor - that’s the main way out. We also do intervention work with mental health, psychiatry, etc. We will try and get them ready to move on. If they fail somewhere else, they go back to Woodhill and the progress will start anew.

The four units we visited included the two most progressive units within the CSC system. Therefore, our interview samples comprised a disproportionate number of men who had progressed within the CSC system and who could anticipate leaving it at some stage, and staff who could point to progress.

The status of the 17 CSC prisoners we interviewed, at the time of the interview, can be summarised as follows:

Being assessed	2
Progressed within the system	3
Currently leaving the system (in progress)	1
Considered for hospitalisation	2
Anticipating leaving system soon	1
Anticipating move to DSPD or MCBS	1
No discernible progress	5
Regressive move	1
Very new to system	1

Among those who did not see any evidence of progress were some who disagreed with their placement in the CSC system. Insofar as progress required engagement with psychologists, their perspective was likely to be labelled as denial of responsibility. But what could they do to reduce their perceived level of risk while disputing the evidence against them? One man explained:

*Others here get seen by the team – I don't because they have nothing to say to me. So I'm in limbo stuck here. I'm told I shouldn't have been selected. I **was** selected.*

At the time we interviewed him, another person who disputed his selection explained that he was under 'assessment'. He had been held within the CSC system for two years, so his assessment period could equally have been characterised as 'no discernible progress'.

The CSC does not only deny personal progress, it also deprives the individual of hope. One man who felt that CSCs offered no opportunity to progress argued:

They should have set terms for time on the CSC. It's like doing an indeterminate sentence with a committee deciding when to return you to normal location. It's somebody's opinion – or the MDT [Multi-Disciplinary Team], depending on your past.

Another person, frustrated by his lack of progress after years in CSCs, argued that the criteria were ambiguous and the risk reduction measures were arbitrary:

*A lot of that [progress reviews] is a waste of time ... You can work, but you can't get off the CSC any faster, no matter what you do. There is no time limit to it. You can't see a finish line. You feel it is all useless, but that is a 'bad attitude'.
(CSC prisoner)*

An officer in the CSC system also perceived that there was a lack of clarity about what was required of a prisoner in order to progress:

We were told about progression. . . . Here, the psychologists are working well with them, but they haven't done what was needed to move on. You get a sentence plan in jail but they haven't got a CSC plan. They need a goal to work towards. That would help any prisoner – everybody needs a goal. (Officer)

A psychologist in one of the CSCs reflected:

. . . there have been developments, but I am not entirely clear on the paths out. I am clear on my work with the men here, but not clear what will happen to them when they leave the CSC system. The exit strategy is not clear.

These comments echo the findings of Clare and Bottomley, 14 years ago. They wrote:

Decisions to progress, and in some cases downgrade, prisoners could seem arbitrary and dependent on whether the committee was 'favourable' towards a particular prisoner. This sense of arbitrariness could be removed if more objective and clearly identified criteria for progressing prisoners were identified.

(Clare and Bottomley, 2001, Page 16)

Two prisoners who had made little progress towards return to normal location appeared to accept their situation. One of these men reflected that he had changed in positive ways:

When I first came I didn't really talk to anybody. Now I can sit with them [other prisoners], do my things in their presence, instead of feeling vulnerable all the time.

But when he was asked where he expected go next, he replied, "I haven't really given it any thought. I don't think I'll go anywhere soon."

Three men described some progress within the CSC system, one of whom observed that the quality of the regime did not reward his 'progress':

I came here to progress but it doesn't feel like progression. I know how the units were meant to [be] run. CSC X was the best. You have cooking facilities, a gym - you can work out, you're out of your cell a lot more. Unless you choose not to associate, you can. Everyone's out.

Another man who had progressed was positive about his own experience, but less so about the system:

I'm progressing pretty quick. I've already had an interview about joining the VRP programme [violence reduction programme]. They said it is a rare (how fast it happened) which is a shame. It should be like this for everyone. . . . It's a waste. Although things are going well for me, I know good lads who are stuck here.

The third person, who was also about to take the VRP, was unsure whether this would enable his release from the CSC system:

There is still no exit strategy for me. You do it then, 'We'll see where you are.' Psychology put everything in an ambiguous context – no plain English. It's all misty, a grey cloud. Some people have done 18 years in the CSCs. There's no avenue for people to go.

The main concerns raised by the 17 CSC prisoners we interviewed were:

- About half did not agree with or understand the reasons for their selection.
- A majority did not know what they needed to do to progress, and in any case, they felt that opportunities to demonstrate a reduction in risk were limited.
- They did not see evidence of progress, and only two of the 17 were expecting to return to normal location in the foreseeable future.

Taken together, these findings suggested that, for the majority of the CSC prisoners we spoke to, the system lacked legitimacy.

Even those who had progressed criticised the system for its lack of transparency, slow progress and paucity of interventions that could reduce risk. The near-complete lack of control which CSC prisoners had over their future demonstrated how these units are at the extreme end of the segregation continuum.

At the time we visited, two of the 17 men were leaving the CSC system to return to high secure prisons and three had made progress within the CSC system. However, the two who had (almost) achieved reintegration to normal location had both been in CSCs for over 12 years prior to reaching that stage. Managers, officers, prisoners – and some of the psychologists we spoke to – confirmed that the system required a coherent and transparent CSC progression plan for every individual, which many felt was still missing.

8. Deep Custody Key Findings and Recommendations

- **Findings**
- **Good practices we observed**
- **Key recommendations**

Our study of segregation units and close supervision centres has highlighted problems in the management of these units, areas of concern and examples of good practice as well as problems external to these units which complicate their functions. We explored both segregation units and CSCs as a continuum of exclusion, because both are forms of involuntary separation from the main population. Segregation units were characterised by social isolation, inactivity, and increased control. The findings from the research can be summarised briefly.

8.1 Findings

Over two-thirds of the 49 officers interviewed in segregation units and CSCs said that ‘most’ or ‘the vast majority’ of segregated prisoners had mental health needs. Almost half of the officers interviewed said that they would benefit from more mental health training and that such further training should be offered. (pages 92, 9)

Of the 50 segregated prisoners we interviewed, 30 were segregated under Good Order or Discipline (GOoD). Five of these people had been segregated for over 42 days, four of whom had been segregated for over 84 days. One person had been segregated for 18 months on grounds of GOoD. (page 17)

Among the 50 segregated prisoners we interviewed, 19 had deliberately engineered a move to the segregation unit, for example, by refusing to lock up, obstructing their cell observation glass, or climbing on the netting. The most common aim was to pressurise the prison to transfer them to another prison. Other reasons for self-segregation included avoiding debts, not wanting to share a cell, or getting away from drugs on the wings. (page 20)

There was considerable range in the use of segregation. On average, prisons responding to the survey segregated 21 prisoners per month. However, 12 prisons segregated five or fewer people per month. (page 25)

Only nine of the 67 prisoners interviewed felt that the Independent Monitoring Board (IMB) had helped them. Two-thirds were clear that the IMB had not been helpful. (page 29)

A majority of segregation unit managers did not believe they had a responsibility to detect any disproportionate application of segregation on particular groups. (page 31)

The vast majority of the 17 prisoners interviewed in close supervision centres (CSCs) understood why they had been selected for the CSC system. Seven felt that their selection was fair; seven felt it was unfair. Some of the latter group believed that their behaviour did not fit the selection criteria, while others cited more disruptive prisoners who were not selected. (pages 34, 36)

Only half of the whole sample said they had access to religion (31% among the CSC group). Only 42% of segregated prisoners said they had access to education. The vast majority said they had some access to exercise (95%); canteen (91%); and family contact (87%). But fewer said they were able to have visits (76%) or address their health concerns (67%). Men in CSCs were much less likely to say they had opportunities to address health concerns (54% as compared to 73% of segregated prisoners). (page 40)

Regimes in segregation units were impoverished, comprising little more than a short period of exercise, a shower, a phone call, and meals. In some units prisoners had to choose between having a shower and taking exercise or making a phone call in any one day. Most of the prisons we visited did not meet international standards in the provision of exercise. In most units, periods of exercise lasted 20 - 30 minutes, well short of the 60 minutes stated in the European Prison Rules and the UN Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules). (pages 39, 41)

Prisoner-staff relationships were a key strength of many of the segregation units we visited. Prisoners felt that relations with officers were good. The vast majority (89%) said there were some segregation/CSC officers with whom they got along well. (page 90)

A majority of segregated prisoners perceived that officers were supportive (57%) (page 92). Almost three-quarters (71%) described the unit as safe (page 71). However, in three of the 15 prisons we visited, prisoners tended to describe the unit as safe and the officers as 'uncaring'. (page 73)

Of the 50 prisoners we interviewed in segregation units, 11 had been escorted there by force (under control and restraint - C&R). One in three of segregated women had been subjected to C&R, in contrast to one in five men. Prior to the application of C&R, five of the 11 had used force or threatened others. But four of the 11 had been restrained for refusing an order. (pages 80, 81)

In the prisons survey (66 responses) one in five respondents said that the majority of prisoners who are segregated have mental health problems, and one in four stated that no one who has a mental health problem is segregated - indicating a sharp divide in awareness of the problem. (page 92)

Previous research on solitary confinement found that its impact on mental health included problems of anxiety, depression, anger, difficulty in concentration, insomnia and an increased risk of self-harm. Over half of the prisoners we interviewed reported three or more of these problems. We found similar rates for prisoners in both CSC and segregation units. (page 93)

While some health care staff were conscientious in raising concerns about individuals through the safety screen, we observed others who completed the screens in tick-box fashion. Many health care workers misconstrued their role, thinking that the form required them to pass people as 'fit' for segregation. (page 96)

In the 15 prisons visited, a total of 20 people in segregation had been assessed as being at risk of self harm or suicide (on an open ACCT). For too many of those on an open ACCT, the circumstances did not appear to be exceptional. (page 98)

Of the segregated prisoners who responded to the question, over half (56%) said they were currently taking a prescribed medication. (page 103)

The main concerns raised by the 17 CSC prisoners we interviewed were:

- About half did not agree with or understand the reasons for their selection.
- A majority did not know what they needed to do to progress, and in any case, they felt that opportunities to demonstrate a reduction in risk were limited.
- They did not see evidence of progress, and only two of the 17 were expecting to return to normal location in the foreseeable future. (pages 130)

For many of the CSC prisoners we interviewed, the system lacked legitimacy for its very limited provision of programmes or interventions, its lack of transparency, and the slow progression it afforded them. (page 130)

8.2 Good practices we observed

This section summarises good practice principles for the operation, management and provisioning of segregation units and CSCs. None of the segregation unit or close supervision centres that we visited adopted all of these practices, and many were found in very few. On visits, officers, managers and prisoners sometimes described a vision of how a good segregation unit would operate – their suggestions are paraphrased under Recommendations.

Arrival

Diverse means were used in different units to communicate the purpose, expectations, services and provisions to newly segregated prisoners, including:

- A statement of purpose prominently displayed (one unit).
- A poster with a list of expected behaviour and entitlements displayed by the telephones (one unit).
- Induction booklets about rules and expectations, with puzzles or other ways to keep themselves occupied were issued to all newly arrived prisoners (one unit).

Staff communications

In one unit the roll board included: first name, date of arrival at the unit, status at the unit (GOoD/CC/OI), ACCT status, unlock level, diet, sentence status, whether the person's cell on normal location had been held for them, and next review date. Other roll boards included some, but not all of this information.

There was a verbal handover of information on each prisoner in the unit, while colleagues were at the roll board, to facilitate effective communication of key concerns and risks.

Handovers included information about risk levels and this was fed into daily decisions by managers about individuals' levels of risk (unlock levels).

The best quality handovers we observed were seen as a routine part of the day; included active participation by officers; discussed each prisoner thoroughly; and assessed the mood of the whole unit.

Diverse staff teams included a mix of types of personality and attitudes.

In one unit, a complex cases review was held regularly (at least once a week) and attracted multi-disciplinary participation – for example, representatives from probation, immigration, safer custody, psychology, mental health in-reach, health care, chaplaincy and the Independent Monitoring Board.

Conditions

People were mostly held in austere but clean and decent conditions, with access to some natural light and reasonably good ventilation. In some of the units visited prisoners were entitled to at least one shower a day and in a few exercise yards had equipment and murals, grass, or other aspects to normalise the environment. Prisoners were entitled to at least an hour of exercise a day (three units), and toilets had seats and covers (two units). In a number of units an option was given to exercise in pairs, subject to risk assessment, and in one a small gym provided an alternative in inclement weather.

Maintaining order

Segregation teams took pride in resolving conflicts without the use of force. Managers give recognition when officers de-escalate situations successfully (one unit).

A post-incident interview was held by a manager with every person who was restrained (better done in the following days rather than in the heat of the moment) (one unit).

Activities

Two units provided to all newly segregated prisoners an induction booklet which included offers of writing materials, art, textbooks, workbooks, support for distance learning or for learning disabilities. In one unit the induction booklet had puzzles to occupy the person, especially in the initial phases of segregation.

A specific member of the segregation team held responsibility for the much-neglected area of purposeful activities for prisoners in one unit. Working one-to-one with each resident, they planned and provided for course-work, hobbies, in-cell work, and other activities tailored to the individual needs, interests, and abilities of the segregated person.

In one unit, segregation unit staff discussed with the prisoner the behaviour that resulted in their segregation. This helped to explain to prisoners the reasons for their segregation which in turn encouraged a sense of fairness, and could give prisoners things to work on while they are segregated, making their time there more constructive.

Segregated persons were paid for taking part in education (two units).

Learning disability support was provided in two units with a view to:

- More accurately assessing the presence of LDD
- Providing specialist support
- Mitigating the impact of segregation

Reintegration

One segregation unit had a posted mission statement, which was:

“To challenge negative behaviour and encourage positive engagement with the aim of successfully reintegrating prisoners back into the general population.”

Reintegration good practice and principles included: multi-disciplinary support; ensuring that the prisoner's sending wing maintained responsibility for the prisoner; a problem-solving approach; engaging the prisoner in decisions about reintegration; a phased return; and effective communication between the segregation unit and the wing.

Segregation staff were active in support of reintegration to normal location. For example, in one unit, an officer routinely followed up each reintegration, five days – and then two weeks – after the person returns to the wing.

Segregation staff ensured that the wing to which the person will return is involved and fully informed. One unit was piloting an individual care plan for every prisoner on GOoD, which would collate relevant information about that person and structure the steps of their reintegration.

Another unit placed an early focus on identifying the problems that resulted in the prisoner's segregation and a problem-solving approach. Segregation unit officers engaged with prisoners to identify and address problems underlying the decision to segregate, including work on the prisoner's attitudes and behaviour. Segregation review boards investigated the reasons for segregation which they explored as problems that could be resolved rather than as justifications for continuing segregation.

Segregation unit culture

Characteristics of a constructive and fair ethos in segregation units included:

Transparency; instilling hope; professionalism and non-judgmental attitudes; making sure that prisoners receive their entitlement, regardless of what they may have done; a positive purpose; a whole prison commitment to low and short use of segregation; shared responsibility reviews held on time and well attended; treating prisoners as individuals; respect for diversity and concern for equality; a balance between security and individual needs; preference for problem-solving / de-escalation over punishment; team work; and decency.

Safeguarding mental health

Much of the good practice we observed in supporting mental health fulfilled guidance already in the Segregation PSO (1700). Examples included:

- Multi-disciplinary management that included attention to mental health needs, personality disorders, depression and mood disturbance; and substance misuse issues (e.g., complex cases reviews).
- Listeners made available to prisoners in segregation units.
- A strong, prison-wide commitment to prevent the segregation of people being assessed for, or awaiting transfer to, an NHS secure setting; on an open ACCT; receiving prescribed anti-psychotic medication; or who were within four weeks of the start of de-toxification.
- Ongoing multi-disciplinary reflective practice groups to strengthen the team and promote communication.
- Improved communication, for example between segregation officers and mental health professionals, with a specific focus on monitoring the effects of segregation on mental health.
- In a number of units a mental health professional visited at least three times per week, to assess and support prisoners (depending on the level of demand in the unit).

- In one unit training was provided for segregation unit officers in: recognising, understanding and working with personality disorders, learning disability and acute mental illness and how to provide feedback about any concerns.

Close supervision centres

CSC managers visited prisoners being considered for selection prior to their move to the assessment centre.

One CSC held regular community meetings to discuss concerns, changes in policy and suggestions by officers and prisoners about the regime.

8.3 Recommendations

Segregation, though it may sometimes be necessary, must not be prolonged or indefinite. Segregation units should maintain a good balance between security and individual needs, place reintegration at the heart of their functions, and improve exit strategies. More purposeful activities should be offered and prisoners should be involved in decisions about what happens once they leave segregation.

Engineered segregation

The number of prisoners who engineer a move to segregation should be seen by managers as an important barometer of conditions on normal location and they should target efforts to improve treatment for all prisoners accordingly. When a prisoner engineers a move to segregation, managers and officers should work together to identify the problems that led the person to self-segregate and focus on a plan for resolving them, involving wing staff and other sources of support. This problem-solving approach should be introduced early in a period of segregation. Consistent support and willingness to meet the person's needs may counter any perception that segregation is a solution to the problem.

Regimes and exercise

An active day should be the norm in segregation units, with a focus on the prisoner's needs and any behaviour that resulted in their segregation. This would also provide the prisoner with the reasons they were segregated, which can in turn encourage a sense of fairness, and give prisoners things to work on while they are segregated, making the time there more constructive.

Providing segregated prisoners with substandard regimes is unlikely to achieve positive outcomes, for the prisoner or for the prison more widely. Moreover, developing regime activities need not necessarily involve substantial expenditure or staff time. Imagination and creative thinking can make up for lack of funds.

International standards in the provision of exercise should be met. An hour of exercise is a basic right, and should not be reduced as punishment, informal behaviour control or to try to deter others, or because of staff shortages.

Relationships

Staff should be selected and trained for the positive roles they can play in segregation units, including meaningful activity and good quality one-to-one interactions with prisoners.

Governors should consider developing reflective practice for segregation officers and managers, to enable them to re-consider how they managed interactions with prisoners and learn from situations that did not turn out as they wanted.

Mental health

Every segregation unit should reduce the harmful impact of segregation, through:

- Providing prisoners with something to do
- Increasing the frequency and quality of personal contact
- Doing more to reduce the duration of segregation

Segregation should not be imposed on anyone awaiting assessment for transfer to a secure hospital or on an open ACCT, unless there are truly exceptional circumstances. Segregation managers should work with mental health professionals to ensure that alternatives to segregation are pursued more vigorously. We support the stipulation, in the revised segregation policy, that Deputy Directors of Custody (the line managers of governors/directors) monitor the numbers of people segregated awaiting transfer to hospital or on an ACCT to ensure that the current criteria are rigorously maintained.

Improved training should be delivered to health care professionals, clarifying the nature of their role in completing the safety screen, which is to identify any vulnerabilities that may adversely affect the person being segregated, and to alert the manager responsible for the decision to segregate. Safety screens must be conducted more cautiously to provide protection for people in these circumstances.

For all segregated prisoners, there should be a system to record the specific aspects of segregation which increase the risk of deterioration for that person, and the records should be read and understood by all staff. To ensure medical confidentiality, these records should be kept separate from the prisoner's medical file.

Independent Monitoring Boards (IMBs)

The IMB need to be clearer about their role in safeguarding the rights of segregated persons against unjustified segregation and, in line with their role as a member of the UK's National Preventative Mechanism, reporting unacceptable conditions or treatment. IMBs should improve their training and advice. For example, members

should all be knowledgeable about what the European Prison Rules and the UN SMRs ('Mandela Rules') require regarding segregation, mental health, the use of force, and other relevant areas.

Close supervision centres

CSCs should provide more programmes and activities which address, on an individual basis, the conduct or reasons which led to a prisoner's placement. A clear structure for individuals to progress should include clear expectations, a statement of services and support to be provided, and interim targets set. There should be a better correlation between the stated purposes of the CSCs and the population held there

Other recommendations

Reasons for imposing segregation under GOoD must be made clear (see the Bourglass Judgment).

Exercise yards should be equipped with exercise equipment.

Segregation unit managers should take personal responsibility for monitoring the segregated population for any imbalances by ethnicity or other protected characteristics.

Decisions about segregation, including segregation review boards, need to place a higher priority on ensuring that prisoners are segregated for short periods only.

Meal times should be in line with normal life with dinner served in the evening, not in the afternoon.

The provision of hygiene should not be used as an incentive for good behaviour, nor should it be reduced as a deterrent.

Kettles, radios and other provisions should be made available through dynamic and individual risk assessment – not denied to all as a matter of policy.

Much of the good practice in supporting mental health fulfils some of the guidance already within the Segregation PSO. Examples include multi-disciplinary management, availability of Listeners, the provision of activities, and increased support from healthcare. More work needs to be done on ensuring that guidance is implemented and followed in a consistent manner throughout the system.

APPENDICES

Acronyms and abbreviations

ACCT

Assessment, care in custody and teamwork – the strategy for identifying and supporting people at risk of suicide or self-harm. Anyone can initiate the process by completing an ACCT form. Subsequently, an assessment is conducted and a care plan developed.

CC

Cellular confinement – under Prison Rule 55 (e) a prisoner can be punished by being separated from other prisoners and denied association. CC can be served either in a segregation unit or in a standard cell on the wing. The period of CC can be up to 21 days for adults and 10 days for people under 18.

CSC

Close supervision centre - close supervision centres have been in operation since 1998 and were established to manage ‘highly disruptive and high risk prisoners who have demonstrated . . . violent and/or highly disruptive behaviour’ (PSI 42/2012: CSC Referral Manual).

CSU

‘Care and separation unit’ – A change in title for segregation units, CSU is the preferred term in some prisons.

CM

Custodial manager – previously ‘principal officer’, this grade of prison officer carries management duties, supervising teams of officers.

DSPD

Dangerous and severe personality disorder – a programme introduced into prisons in 2001 to target work with prisoners deemed to present a high risk of serious sexual and/or violent offences as a result of a personality disorder.

GOoD

Good order or discipline – Under Prison Rule 55, a prisoner can be segregated by order of a governor, when there is convincing evidence that the person’s continuing presence on normal location constitutes a risk to the good order of the prison.

IMB

Independent Monitoring Board – established by the Prison Act 1952, IMBs are statutory bodies for monitoring the welfare of prisoners in England and Wales. IMB members, who are volunteers from the community, have access to all parts of a prison, and to any prisoner. They investigate complaints by individual prisoners, raise concerns with the prison governor, and produce an annual report for that prison, which is personally addressed to the Secretary of State. The IMB is also a designated member of the UK's NPM (below).

IPP

Indeterminate sentence for public protection – created by the Criminal Justice Act 2003 and subsequently repealed by the Legal Aid, Sentencing, and Punishment of Offenders Act 2012 - the IPP provided courts with a sentence of imprisonment for an indefinite period. Like a life sentence, there is a minimum term ('tariff') and after that is served, release can only be authorised by the Parole Board.

Listeners

Listeners are prisoners trained and supported by Samaritans to offer a confidential listening service to fellow prisoners who are feeling distressed. Listeners are volunteers who work on a shift-basis and prisoners can call on a Listener at any time, day or night. The service was launched in 1991 in HMP Swansea and is now active in almost all prisons in England and Wales.

MDT

Two meanings:

Mandatory Drug Testing – Prisons are required to test a random sample of prisoners to monitor the use of illicit drugs. The current list of drugs that can be detected does not include 'legal highs'.

Multi-disciplinary Team – Processes such as segregation reviews and risk assessments can be more comprehensive if they draw on a range of expertise. Segregation review boards must have healthcare or mental health professionals in attendance, and make efforts to include a member of the Independent Monitoring Board. Some prisons convened a complex cases review meeting, which brought in diverse expertise, for example, from the chaplaincy, the safer custody group, and an offender supervisor.

MCBS

Managing challenging behaviour strategy –

This strategy comes under the central management of close supervision centres. The MCBS provides a structure, within high security prisons, for managing prisoners who

may have been assessed for placement in a CSC. Prisoners who are deemed to be the most disruptive, challenging and dangerous but are not selected for a CSC may be managed under the MCBS strategy.

NPM

National Preventative Mechanism: Under the Optional Protocol to the UN Convention Against Torture (OPCAT), states must nominate groups who hold the duty to visit and/or inspect places of detention to monitor and make recommendations for the prevention of treatment or conditions which could constitute torture or other cruel, degrading or inhuman treatment or punishment. In the UK, 20 such groups form a National Preventative Mechanism, coordinated by the office of the Chief Inspector of Prisons.

NOMS

National Offender Management Service – An executive agency of the Ministry of Justice established in 2004, NOMS brought together HM Prison Service and the Probation Services with the aim of ensuring consistency in ‘through the gate’ management and supervision of offenders in custody on upon release.

P-NOMIS

Prison National Offender Management Information System – A national information system which contains background and current information on each prisoner, including, for example, work placement, pay, sentence calculation, risk assessments, and prisoner property.

PIPE

Psychologically informed planned environments –

These units resulted from a collaboration between the Department of Health and the Ministry of Justice. Staff are specially selected and trained in a psychological understanding of interactions with offenders. The units focus on maintaining supportive and respectful relationships and on delivering a structured process of progression.

PPE

Personal protection equipment – apparel specifically designed to protect staff in carrying out the use of force, which includes helmets, shin guards, boots and gloves, and may include a baton and or shield. PPE is only used by officers who have had advanced training the use of force and by order of a governor.

SMARG

Segregation monitoring and review group –

It is mandatory for prisons to monitor the operations of the segregation unit and

ensure that practices adhere to the segregation Prison Service Order. For example, SMARGs are required to monitor: the proportion of safety screens completed within two hours; the number of prisoners segregated under each rule; the number of use of force incidents; and the proportion of prisoners segregated under each ethnic group.

Solitary Confinement

Rule 37 of the revised UN SMR (the Mandela Rules) requires authorisation by law of: “(d) Any form of involuntary separation from the general prison population, such as solitary confinement, isolation, segregation, special care units or restricted housing, whether as a disciplinary sanction or for the maintenance of order and security, including promulgating policies and procedures governing the use and review of, admission to and release from any form of involuntary separation.”

Solitary confinement has three characteristics: social isolation, reduced sensory input and activity, and an increased control of prisoners. These characteristics are manifested in segregation units in England and Wales. The Mandela Rules provide a definition: “For the purpose of these rules, solitary confinement shall refer to the confinement of prisoners for 22 hours or more a day without meaningful human contact. Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.”

Types of prison and prison security categorisation

Security categories:

Adult male prisoners in England and Wales are risk-assessed under four possible categories:

- Cat A present the highest risk of escape, danger to the public or national security
- Cat B present a high risk, and for whom the possibility of escape must be made very difficult
- Cat C are unlikely to try to escape but cannot be trusted in open conditions
- Cat D are not judged to be an escape risk and can be released, subject to assessments, to work in the community or take ‘home leave’

In England and Wales, the type of prison reflects differences in function:

- Local prison – for adult men, local prisons serve hold prisoners on remand and people sentenced to short terms.
- Training prison – designed to deliver rehabilitative opportunities to men serving longer sentences. Training prisons are distinguished by the level of security they require:
 - Cat B training prison
 - Category C training prison

- High security prison – for adult male prisoners considered to present a very high risk of escape or threat to national security (can hold men assessed as Category A or Category B)
- Female prison – among women’s prisons are prisons holding remanded women, others for sentenced women and two open prisons
- Young Offender Institution – YOI holding juveniles (15 to 17 years old); young men aged 18 – 21; or a more mixed population (up to 25 years old).
- Resettlement prison – the Government have designated many prisons (including local prisons) to serve the function of resettlement by holding people who are close to their release dates near to their home or resettlement area.

Methods

The study was based on a survey of all prisons in England and Wales and visits to 15 prisons.

The survey was distributed to all prisons in January 2014. We received 66 full and valid responses and eight partial returns (for example, from open prisons which did not have a segregation unit). We sent the survey to the governor/director and the task was delegated to people in a range of positions, including:

- 16 custodial managers
- 13 heads of residence
- 12 heads of safer custody
- 11 segregation unit managers
- Others, such as two deputy governors and three segregation officers.

The main areas explored through the survey were:

- Size of the prison
- Capacity of the segregation unit
- Number of people segregated under Good Order or Discipline; Cellular Confinement; Own Protection; Awaiting adjudication; Temporary; Other
- Numbers of initial and continued segregations
- Proportion of segregated prisoners who: are vulnerable; have mental health needs; are at risk of self harm; have a learning disability
- Provision of exercise and education
- What makes a good segregation unit?

In consultation with NOMS Security Policy Group, we selected 20 establishments for field visits. From these, there was some attrition, for example, where access could not be arranged or we were unable to visit within the time frame for the study. In the end, we completed 15 visits.

The 15 visits comprised these types of prison:

- 4 training prisons (for adult sentenced males)
- 4 local prisons (for remand and sentenced adult males)
- 2 mixed high secure and local prisons
- 2 high secure prisons
- 1 young offender institution
- 2 women's prisons

In addition, the High Secure Estate Group facilitated our access to four close supervision centres (CSCs).

The visits typically involved two researchers spending three days in the segregation unit: observing operations; interviewing managers, officers and prisoners; attending adjudications, GOoD reviews and ACCT reviews; and having informal discussions with mental health professionals, unit orderlies, members of the IMB, medical staff, and others. We conducted formal interviews with:

25 managers (including governors, directors and custodial managers)
49 officers
67 prisons (of whom 50 were in segregation and 17 in CSCs)

We used a variety of means to recruit people for interviews. We asked managers and officers to suggest segregated prisoners whom we might approach. We made ourselves available for any prisoner who expressed a wish to be interviewed. We met prisoners as they went to exercise or to collect their meals, at which times we explained the study and (sometimes) asked them for an interview. The prisoners interviewed were thus not a random sample, but we did not select for particular characteristics, such as status or ethnicity. The exception was length of time in segregation – we tried to select people from a range of time spent in segregation, from just arriving to over a year.

Most of our interviews were conducted in privacy, one to one, often in the adjudication room or an office. When a prisoner was considered by prison staff to be a security risk, for example on a three-officer unlock, other conditions were imposed on our interviews. For example, we had to interview a small number of people (two) in a legal visits booth (with a glass screen between us) or through their cell door. In the CSCs, a small number of interviews with prisoners had to be conducted with an officer present in the room, or in the legal visits booth. Most other CSC interviews were conducted with officers stationed outside the interview room.

Analysis of the quantitative data was carried out using SPSS. Qualitative data was organised thematically, ensuring that the views of managers, officers and prisoners were taken into account and cross-checking this evidence with notes of our observations during visits.

Literature

The literature review comprised official policy documents; prisons inspectorate reports and thematic reports; and academic and medical literature on solitary confinement.

Relevant policy documents included the Prison Service Order on Segregation (PSO1700, revised 2007); on Discipline (PSO 2000, 2005); on Suicide and Self Harm Prevention (PSO 2700); The Close Supervision Centre Referral Manual (PSI 42/2012) and the Close Supervision Centres Operating Manual.

Reports by the prisons inspectorate included inspection reports of prisons from 2013 to

the present; 'Extreme Custody', their 2006 report on close supervision centres; and 'Close Supervision Centre System' – a report on an unannounced inspection (2015). In addition, we consulted the Prisons and Probation Ombudsman for England and Wales' Learning Lessons Bulletin, Fatal Incidents Investigations #8: Segregation (June 2015); and PPO (2014) Annual Report, 2013-2014.

Among the most significant sources consulted were:

Clare, Emma and Bottomley, Keith, *et al* (2001) Evaluation of close supervision centres: Home Office Research Study 219

Shalev, Sharon (2008) A Sourcebook on Solitary Confinement

Council of Europe Committee of Ministers (2006) European Prison Rules (revised)

IMB (2009) A Prison within a Prison: Summary of the conditions reported in segregation units in prisons in England and Wales

Prison Service Journal Special Issue on Solitary Confinement, Issue 181 January 2009

Scharff Smith, Peter (2006) 'The effects of solitary confinement on prison inmates: A brief history and review of the literature,'

World Health Organisation (2014) Prisons and Health, eds. Stefan Enggist, Lars Moller, Gauden Galea, and Caroline Udesen

United Nations Commission on Crime Prevention and Criminal Justice (2015) Revised Standard Minimum Rules for the Treatment of Prisoners, "The Mandela Rules"

UK Supreme Court (2015) R (on the application of Bourgass and another) (Appellants) v Secretary of State for Justice (Respondent), Trinity Term UKSC 54

Demographic data

Breakdown of segregation data derived from NOMS Prisoner Record System (1 January to 31 March 2014)^{xxxi}

	Prison Pop Number	Prison Pop%	SegregationNumber	Segregation%
Table 1				
Ethnic Group				
White	62,491	73.1%	5,572	70.6%
Black or Black British	10,790	12.6%	1,222	15.5%
Asian or Asian British	6,615	7.7%	430	5.5%
Mixed	3,479	4.1%	510	6.5%
Chinese or Other	1,053	1.2%	76	1.0%
Not stated	296	0.3%	15	0.2%
Unrecorded	785	0.9%	64	0.8%
	85,509		7,889	
Table 2				
Age				
15-17	741	0.9%	102	1.3%
18-20	5,701	6.7%	1,113	14.1%
21-24	12,473	14.6%	1,702	21.6%
25-29	16,136	18.9%	1,793	22.7%
30-39	24,361	28.5%	2,107	26.7%
40-49	15,017	17.6%	799	10.1%
50-59	7,360	8.6%	217	2.8%
60 and over	3,720	4.4%	56	0.7%
<i>21-60 (comparator)</i>	<i>79,067</i>	<i>92.5%</i>	<i>6,674</i>	<i>84.6%</i>
	85,509		7,889	
Table 3				
Gender				
Male	81,580	95.4%	7,515	95.3%
Female	3,929	4.6%	374	4.7%
	85,509		7,889	

NOMS data on length of segregation (aggregate data on segregation January to March 2014)

Length of segregation				
	Number of prisoners	Percent	Valid Percent	Cumulative Percent
Valid less than 14 days	5556	70.8	70.8	70.8
14 to 42 days	1555	19.8	19.8	90.7
42 to 84 days	565	7.2	7.2	97.9
Over 84 days	168	2.1	2.1	100.0
Total	7844	99.9	100.0	
Missing		4	.1	
Total	7848	100.0		

Segregation study prison survey – segregation capacity by prison population

Segregation capacity by 100 prisoners population		
	Number of prisons	Valid Percent
One cell per 100	17	26.6
Two to three cells per 100	38	59.4
Four to five cells per 100	4	6.3
Six or more cells per 100	5	7.8
Total	64	100.0
Missing	2	
Total	66	

Endnotes

- i Cited in NOMS (2007) Prison Service Order 1700 Segregation, Introduction, page 4.
- ii NOMS (2007) Segregation Prison Service Order, section 3.2
- iii Council of Europe (2006) European Prison Rules, online:
<https://wcd.coe.int/ViewDoc.jsp?id=955747>
- iv Prisoners can also be segregated on normal location (in their own cell). This study did not examine the practice of segregation on normal location
- v Email communication from NOMS Security Policy Group, 23 September 2015.
- vi Ways in which some large establishments manage with a small segregation capacity deserve closer examination, as does the variation in size across and within different types of prison.
- vii A few of those interviewed had been segregated in a previous prison as well. They may have interpreted the question to refer specifically to the time they had been segregated in that prison alone. Their responses did not include consecutive segregation experienced in other prisons
- viii Findings from our prisons survey differed somewhat: as of December 2013: 1844 prisoners segregated of whom: GOOD 35%; Adjudications 29%; Cellular Confinement 23%; Own protection 11%; Temporary 1%; Other 2%.
- ix NOMS (September, 2015) Reviewing and authorising continuing segregation and temporary confinement in special accommodation: Amendment to policy set out in PSO 1700.
- x Source: NOMS Security Policy Unit 14 September, 2015. For Category B prisons and high secure prisons, the small number of each type mean that one prison could significantly influence the average.
- xi Independent Monitoring Board (2012) Issues of Concern? Major Issues Raised in Annual Reports to the Secretary of State By Independent Monitoring Boards in Prisons in England & Wales, June 2012
- xii NOMS (2011) Prison Service Order 42/2011: Prisoner Discipline Procedures, page 71.
- xiii See UKSC (2015) paragraph 101.
- xiv For a review of international standards on design features of segregation units see Shalev, S. (2008) Sourcebook on Solitary Confinement, London: Mannheim Centre for Criminology, LSE at pp 39-53, online: www.solitaryconfinement.org/sourcebook. See also: Technical guidance on design features and minimum standards can be found in the United Nations Office for Project Services (UNOPS) (2015) Technical Guidance for Prison Planning: Technical and operational considerations based on the Standard Minimum Rules for the Treatment of Prisoners. UNOPS: Copenhagen.
- xv European Prison Rules, Council of Europe, Committee of Ministers, Recommendation Rec(2006)2 adopted 11 January 2006. CPT standards similarly stipulate that: "Specific mention should be made of outdoor exercise. The requirement that prisoners be allowed at least one hour of exercise in the open air every day is widely accepted as a basic safeguard (preferably it should form part of a broader programme of activities). The CPT

-
- wishes to emphasise that all prisoners without exception (including those undergoing cellular confinement as a punishment) should be offered the possibility to take outdoor exercise daily. It is also axiomatic that outdoor exercise facilities should be reasonably spacious and whenever possible offer shelter from inclement weather.” (Par. 48)
- xvi Ian O’Donnell (2014) *Prisoners, Solitude, and Time*, Oxford: Clarendon Studies in Criminology.
- xvii Shalev, S. (2008) at p 21.
- xviii Prison Reform Trust (2008) *No One Knows: Prisoners’ Voices – Experiences of the criminal justice system by prisoners with learning disabilities and difficulties*, by Jenny Talbot, London: Prison Reform Trust; online:
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/No%20One%20Knows%20report-2.pdf>
- xix Woolf report (1991)
- xx (HMCIP (2002), Report of Full Unannounced Inspection HMP Dartmoor, September 2001)
- xxi Sparks, Bottoms and Hay (1996) *Prisons and the Problem of Order*, Clarendon
- xxii Sarah Tait (2008) ‘Care and the prison officer: beyond “turnkeys” and “care-bears”’, *Prison Service Journal*, Vol 180, November 2008.
- xxiii Sarah Tait (2008) ‘Care and the prison officer: beyond “turnkeys” and “care-bears”’, *Prison Service Journal*, Vol 180, November 2008.
- xxiv Home Office (1984) *Managing the Long-Term Prison System (the report of the Control Review Committee)* Cmd. 3175, London: HMSO (at para 16)
- xxv Peter Scharff Smith (2006) *The effects of solitary confinement on prison inmates: A brief history and review of the literature*: University of Chicago.
- xxvi Shalev, S. ‘Solitary confinement as a prison health issue’ (2014). pp27-35 in: *WHO Guide to Prisons and Health*. Enggist, S., Moller, L., Galea, G. and Udesen, C. (Eds). Copenhagen: World Health Organization.
- xxvii For a detailed discussion of the health effects of solitary confinement and a summary of the literature see: Shalev, S (2008) ‘A Sourcebook on Solitary Confinement’, London: Mannheim Centre for Criminology, LSE. Online:
www.solitaryconfinement.org/sourcebook
- xxviii Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture, and other cruel, inhuman or degrading treatment or punishment. Adopted by General Assembly resolution 37/194, 18 December 1982. For a fuller discussion of the application of medical ethics in prisons, see Shalev, S (2008) *A sourcebook on solitary confinement*, Chapter 5: The role of health professionals in segregation units; London: Mannheim Centre for Criminology.
- xxix Mental Health Act 1983, Section 50; online at
<http://www.legislation.gov.uk/ukpga/1983/20/section/50>; accessed 28 September 2015.
- xxxi Source: NOMS Security Policy Unit, email, 14 September 2015.

Segregation units and close supervision centres (CSCs) are complex places, where some of the prison's most challenging individuals are confined alongside some of its most vulnerable people, within a small, enclosed space.

This study set out to shine a light on the deepest part of the prison, and examine the use and functions of segregation units and CSCs across England and Wales . This comprehensive report is based on the views and experiences of prisoners housed in these units and staff working there.