DEEP CUSTODY:

Segregation Units and

Close Supervision Centres in England and Wales

EXECUTIVE SUMMARY

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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 (SMRs or 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

A disproportionate number of prisoners in the CSCs were Muslim. The average length of stay in the CSC system was 40 months.

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.
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 austere but clean and 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, in a small number of units, 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 detailing rules and expectations, and providing puzzles and other ways to keep themselves occupied were issued to all newly arrived prisoners in one unit.

- In one unit a complex cases review was held regularly (at least once a week) and attracted multi-disciplinary participation – including, 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 important and often 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 give prisoners something to work on while segregated, making their time there more constructive. It would also help to clarify why the prisoner was segregated, thus contributing to a sense of fairness. . 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)

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.

The report is available in full at:
http://www.solitaryconfinement.org/UK-solitary-confinement