'Everybody Knows that the Prisoner is Going Nowhere': Parole Board Members' Views about Dangerous and Severe Personality Disorder in England and Wales

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Abstract: The Dangerous Severe Personality Disorder (DSPD) Programme has been a controversial initiative in England and Wales. First introduced in 1999, DSPD became a highly contested operational as opposed to diagnostic term, used to define a population convicted of violent offences who were admitted for treatment within one of four high security units established for men. The aim of this paper is to explore the outcomes of Parole Board (PB) reviews with DSPD prisoners and investigate PB members' views about DSPD. Nearly all PB members observed that the high security location of the DSPD units was more influential to their decision-making than the label of DSPD. PB members highlighted their expectation that DSPD prisoners make a journey through different levels of security before release is an appropriate consideration. A key finding was that admission to DSPD services could be seen to have disrupted a prisoner's progression and challenged PB members' conceptions of the appropriate (and likely) future progression pathways available to prisoners. These findings have implications not only for the development of the new offender personality disorder pathway in England and Wales but also for other jurisdictions seeking to respond to the long-standing question of how to respond to high risk offenders with personality disorder.

Keywords: Parole Board, dangerous and severe personality disorder, prisoners, decision-making.

INTRODUCTION

The treatment of personality disorder has long generated debate amongst practitioners and policy-makers around the globe. This debate has most recently and arguably most intensively been had in England and Wales where, over the past decade, a proportion of offenders with personality disorder who commit serious violent offences, have been managed under the Dangerous and Severe Personality Disorder (DSPD) Programme. However, the development, if not the precise configuration of the DSPD programme was influenced by initiatives in Canada (Maden *et al.* 2004) and Holland (Maden 2007; de Boer, Whyte and Maden, 2008). A key component of the UK DSPD programme was the development of four high security treatment units for men. Two were set up within high security prisons (HMP Frankland and HMP Whitemoor) while two were based in high security hospitals (Broadmoor and Rampton). Eligibility criteria developed for the DSPD programme stated that men could be admitted to one of the high security DSPD units if assessment indicated that:

- he was more likely than not to commit an offence that might be expected to lead to serious physical or psychological harm from which the victim would find it difficult or impossible to recover, and;
- he had a severe disorder of personality[1], and;
- there was a link between the disorder and the risk of reoffending (DSPD Programme 2008:8).

The aim of the DSPD programme was to protect the public by providing therapies that reduce the patient's risk of re-offending. The DSPD proposals were initially met with some considerable resistance. While at a population level the significance of psychopathy (Hare 2006) and cluster B personality disorders as a risk factor for violence and reoffending is well established (Coid *et al.* 2006), establishing a 'functional relationship' for an individual with personality disorder remains a challenge that lies at the heart of the DSPD programme (Duggan and Howard 2009). Commentators argued that DSPD was an operational definition which did not correspond to existing clinical diagnosis or legal categorisations and also highlighted the weak evidence base regarding the 'treatability' of people with personality disorder (Buchanan and Leese

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[1]Defined as either: a Psychopathy Checklist-Revised (PCL-R) (Hare 1991) score of 30 or above (or the Psychopathy Checklist-Shortened Version (PCL-SV) equivalent); or a PCL-R score of 25-29 (or the PCL-SV equivalent) plus at least one personality disorder diagnosis from the American Psychiatric Association's *Diagnostic and Statistical Manual of Disorders* Edition IV (DSM-IV) other than anti-social personality disorder; or two or more DSM-IV personality disorder diagnoses (DSPD Programme 2008:14-15).

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2001; Farnham and James 2001). Indeed a recent review concluded that there remains no strong research evidence for the effectiveness of treatment for high-risk offenders with personality disorder (Völlm and Konappa 2012).

At the time of writing the government in England and Wales proposes to develop the capacity of criminal justice settings to manage more high risk offenders with personality disorder under a new *Offender Personality Disorder Pathway* (OPDP) (Department of Health and Ministry of Justice 2011; see also Joseph and Benefield 2012). Duggan (2011) reminds us that it is essential that the performance of the DSPD programme is reviewed and lessons learnt as its successor takes shape. Thus, given the new focus on pathways for offenders with personality disorder and the expansion of services to deal with this group, it is important to consider how specialist personality disorder services have been received by external decision makers, like those responsible for making decisions about release. In this paper we review the outcomes of Parole Board (PB) reviews with DSPD prisoners at the two DSPD prison units and PB members' views about DSPD during the 'DSPD era'. The outcomes of Mental Health Review Tribunals (MHRT) with DSPD hospital patients and MHRT members views about DSPD have been described elsewhere (Trebilcock and Weaver 2012b).

THE PAROLE BOARD IN ENGLAND AND WALES

Like many international jurisdictions, prisoners in England and Wales, particularly those convicted of violent and sexual offences, are usually subject to review by a PB before they are released to the community. In England and Wales the PB is described as:

> an independent body that works with its criminal justice partners to protect the public by risk assessing prisoners to decide whether they can be safely released into the community (Ministry of Justice website).

First established in 1968 under the Criminal Justice Act 1967, the powers and procedures of the PB in England and Wales have subsequently been amended by the Criminal Justice Act 1991, the Criminal Justice and Public Order Act 1994, Crime (Sentences) Act 1997, the Parole Board (Transfer of Functions) Order 1998, Powers of the Criminal Courts (Sentencing) Act 2000 and the Criminal Justice Act 2003. The current powers and responsibilities of the PB are outlined in s239 of the Criminal Justice Act 2003, the Parole Board Rules 2011 (which supersedes the Parole Board Rules 2004 and Parole Board (Amendment) Rules 2009 in force at the time of the study) and a number of Secretary of State Directions[2].

Eligible prisoners may have their case heard at an oral or a paper hearing. Oral hearings are typically held in prison by a panel of three members while paper hearings are usually held in London by panels of one, two or three PB members[3]. Members typically include judges, psychiatrists, psychologists, probation staff and those described as 'independent'. Changes to sentencing law in England and Wales over the last twenty years often means that determining an individual's eligibility for release by the PB can be complex. This reflects that eligibility is determined by the sentence handed down by the court, its length, and the corresponding Criminal Justice Act or other legislation under which the sentence was passed. In the case of indeterminate sentence prisoners, who made up ninety per cent of our sample (Trebilcock and Weaver 2012a), where 'the Board is satisfied that it is no longer necessary for the protection of the public that the prisoner should be confined' (C(S)A 1997, s28(6)(b)) they have the power to direct their release on license. The PB can also recommend that a prisoner is transferred to open conditions (a low security prison with Category D reception criteria)[4], but they are not allowed to make recommendations regarding other steps towards progression, including the appropriateness of the prisoner's security categorisation.

INSTITUTIONAL JOURNEYS AND PAROLE BOARD DECISION-MAKING

Once individuals come to the attention of the criminal justice system, they commence a journey. The course of this journey is determined by the decisions

[2]For a detailed overview of PB law and practice in England and Wales see Arnott and Creighton (2009); Stone (2008); Prison Service Order (PSO) 6000 Parole, Release and Recall, and Prison Service Order (PSO) 4700 Indeterminate Sentence Manual (previously called Lifer Manual). For changes after April 2009 see Prison Service Order (PSO) 6010 Generic Parole Process.

[3]For more information regarding oral and paper hearings in England and Wales see http://www.justice.gov.uk/about/parole-board/parole-board-hearings

[4]Prisoners in England and Wales are classified into one of four categories according to their perceived risk. Prisoners are classified: A, those 'whose escape would be highly dangerous to the public or the police or the security of the state'; B, those 'for whom escape must be made very difficult'; C, those 'who cannot be trusted in open conditions'; and D, those 'who can be reasonably trusted in open conditions' (Prison Service Order (PSO) 0900, Categorisation and Allocation).

made at a number of interlinked stages, including detection, detention, and later decisions about transfer or release (Gottfredson and Gottfredson 1988). Decisions are the very 'business' of criminal justice systems (Hawkins 1983b) and critical to their 'efficient, effective and humane functioning' (Gottfredson and Gottfredson 1988:2). The decision to release is one of the most important uses of discretion in the criminal justice system (Maguire, Pinter and Collis 1984) and while the length of a sentence may be indicated by a Court, in practice, its duration is often determined by a number of other decision-makers including the PB (Padfield 2007).

Because prisoners do not know when they will be released, events such as prison transfers and changes to security classification represent visible signals of progression (Maguire, Pinter and Collis 1984; Sapsford 1983). Questions of release are built into the rewards system of total institutions (Goffman 1961) and used as an incentive and mechanism for maintaining institutional discipline (Appleton and Grover 2007; Proctor and Pease 2000). Moreover, PB decisions are symbolic for they are:

> ... formally organised as the occasion for further legal categorisation of the deviant. It is the point at which a prisoner … may have his identify transformed. Having been the incarcerated deviant … he now has the opportunity to have the label of deviance lifted … and to be re-designated as having paid the price (Hawkins 1983a:104).

This highlights that through the process of decision-making, deviant biographies are created and an offender's criminal career or institutional behaviour may take on a meaning in itself (Hawkins 1983b:17). Decisions taken at one stage of a prisoner's institutional journey will be affected by past decisions and will, in turn, affect decisions made in the future (Peay 2005). Meaning can also be derived from admission to a particular type of institution (Goffman 1961; Shalev 2007). Indeed:

> an institution which is known to hold a particular type of prisoner or patient sets up expectations in decision-makers about the types of person and problem they are likely to encounter (Hawkins 2003:193).

This indicates prisoners hold a 'residue of prior handling decisions which are selectively treated as highly relevant' by PB members (Hawkins 1983b:17). A diagnosis of personality disorder (Rhodes 2002), security classification (Shalev 2007), and characterisations of dangerousness (Dobry 2003) have all been considered to impact on decisions made about release. Indeed, research from the United States suggests that a diagnosis of personality disorder can help reinforce and justify high security containment as a natural and right response and make it difficult for anyone to take responsibility for a prisoner's release (Rhodes 2002). However, research has also characterised offenders with psychopathy as 'exceptionally skilled' at securing release (Hobson and Shine 1998:504) and, in one Canadian study, to be 2.5 times more likely than offenders without psychopathy to secure conditional release (Porter, ten Brinke and Wilson 2009). This suggests that admission to a DSPD unit, a point an individual is redefined as in need of specialist personality disorder treatment, may represent an important stage in a prisoner's institutional career.

METHOD

Aims

The study aims were:

- To describe the outcome of Parole Boards (PB) involving DSPD prisoners and the communication of information about DSPD prisoners between the prison DSPD units and PBs.
- To investigate the experience of participation in PBs relating to DSPD prisoners from the members' perspective.

These aims were achieved by conducting series of qualitative interviews with a purposive sample of PB members and senior clinicians and staff responsible for progression at the two prison DSPD units.

Identification and Selection of Sampling

We also conducted a casenote review which enabled us to describe the progression and legal outcomes for a cohort of 103 DSPD prisoners located on the two prison units (HMP Frankland and HMP Whitemoor) between July 1st 2006 and December 31st 2007. The methodology and results of the casenote review relating to legal status have been presented elsewhere (Trebilcock and Weaver 2009; 2012a) and are therefore briefly summarised here.

We used data from the case-note review to identify those prisoners who had had a PB review since

admission to one of the two prison DSPD units. Forty-four PB members were identified by the PB as sitting on these PB reviews. We sought interviews with a purposive sample of these members and achieved a total sample of 13 interviews with PB members representing different member types. The sample comprised of 5 independent, 4 judicial, 3 psychiatrist and 1 probation member. Four interviews were conducted with senior clinicians and staff responsible for progression at the two prison DSPD units. These latter respondents were sampled respectively, on the basis of their clinical seniority and defined responsibility for progression within each DSPD unit.

Interview Method

Semi-structured interviews were conducted with a purposive sample of PB members and DSPD staff between 2008 and 2009. The interviews investigated members' experiences of PB reviews with DSPD prisoners and explored their views about: personality disorder (its severity and relation to dangerousness and risk); the information provided to PBs about DSPD treatment; and, their views about progression. Four interviews were conducted with senior clinicians and staff responsible for progression at the two prison DSPD units to explore how PBs may impact on the work of the DSPD units. Given the primary aims of capturing the perspective of the PB members, interviews with these senior clinicians and staff responsible for progression were designed to explore emergent themes from our analysis of the interviews with PB members, which were undertaken first. Interviews were conducted face-to-face or by telephone, according to the preference of the participants and lasted between thirty and sixty minutes.

Data Analysis

All interview transcripts were imported into NVivo (QSR International 2008) and subject to thematic analysis. The interview schedule provided an broad thematic framework for the analysis which was expanded through identification of emergent sub-codes. The analysis of the PB member interviews preceded, and informed the content of the interviews with DSPD unit staff.

RESULTS

Casenote Review of Parole Board outcomes

Of the 103 prisoners who consented to take part in the study, 51 (33 from Whitemoor, 18 from Frankland) had experience of 75 PB reviews during the reporting period. Six (11.8%) prisoners were serving a determinate sentence and the remainder (n=45, 90.2%), an indeterminate sentence. The remaining 52 prisoners were either not eligible for a PB review or a scheduled review had not concluded during the reporting period.

No DSPD prisoner in the sample was recommended by the PB for release or a transfer to open conditions.

Qualitative Interviews: The Views of Parole Board Members and DSPD Staff

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PB members were keen to emphasise that the process of PB reviews with DSPD prisoners was the same as it would be for other high security prisoners. The DSPD label was seen as less relevant to decision-making than the high security location of HMP Whitemoor or HMP Frankland, the security categorisation of the prisoner as Category A or B, and assessments of dangerousness and risk. While members were keen to stress that they were as thorough with reviews in high security as they would be with reviews in lower security, it was evident that they regarded a decision about transfer to open conditions or the community, to be premature in such cases. Consequently, the decision-making task with DSPD prisoners was regarded as being relatively straightforward:

> *You go to Whitemoor [and] in a sense you're not in the cast of mind where you're thinking 'shall we release this person?' (PB4, Probation member).*

The weight given to the high security location and the security category of DSPD prisoners highlights that PB members distinguish between reviews in high security where release is unlikely and reviews in lower security where release may be considered. Indeed, one member, who made a distinction between 'release' and 'review' PB hearings, observed:

> *Everybody knows that the prisoner is going nowhere and therefore it's a review hearing, pure and simple to identify areas of concern to the prisoner or his legal rep to address … but in terms of the main function of the Parole Board which is release or recommendation for open*

> *(prison), it's not going to happen (PB3, Judicial member).*

Staff also recognised that release was very unlikely and expressed the view that most DSPD prisoners did not expect to be released either. Instead it was suggested that DSPD prisoners hoped the PB review would recognise efforts they had made to engage with DSPD treatment which might be helpful for their progression. In this regard, PB reviews were considered to serve as a helpful means of generating a set of expectations, which in turn could improve a prisoner's motivation towards treatment. One clinician observed:

> *I think there's something about them feeling validated in terms of what efforts they're making, … for the average prisoner I think it's really important to know that people have got some faith in him, that he's doing whatever he's doing well (DSPD5, Prison service clinician).*

Challenges Involved with Making Sense of Prisoners with Dangerous and Severe Personality Disorder

Although members claimed reviews with DSPD prisoners were little different to other reviews, they nevertheless held a range of views about the nature of DSPD prisoners and DSPD services. A few members, albeit cautiously, identified that the placement of someone in a DSPD unit served as 'confirmation of their dangerousness'. Some members thought placement on a DSPD unit suggested prisoners were likely to be high risk. However, the majority displayed more caution in their interpretation of DSPD placement stating either the position that the PB should not make assessments of dangerousness on the basis of a DSPD placement, or arguing that DSPD prisoners were little different to other high security prisoners, many of whom were also considered to be 'dangerous' and personality disordered.

Others noted that DSPD prisoners had often been turned away from the mental health system and accredited offending behaviour programmes on the basis of their personality disorder or disruptive institutional behaviour. On this basis some regarded it as likely to be a positive sign (and by implication, a sign of lesser risk) if prisoners recognised the need for treatment and had an opportunity to receive it. A small number of members suggested that DSPD prisoners may have been admitted to DSPD services because they are more amenable to treatment than other prisoners.

Not all members were so positive. Some indicated that the DSPD units had invested themselves with too much confidence in dealing with a particularly difficult and treatment resistant group. A few considered the development of DSPD services to be politically motivated. One judge believed that the DSPD units had been set up: '*... to find out whether they could establish as a matter of fact that you can't actually help these people' (PB5, Judicial member).* The reasoning behind this view was that, evidence that people with personality disorder cannot be treated would generate greater support to promote the use of natural life tariffs. Although this view was not shared by other members, it demonstrates the considerable divergence of opinion about specialist personality disorder services amongst PB members.

Making Sense of the Unknown Institution

Members differed in their view as to the necessary quantity of information for a PB review with a DSPD prisoner. Psychiatrist members usually expressed the view that extensive information was required. Other members, mindful that it was very unlikely a DSPD prisoner would be recommended for a progressive move, questioned the need for certain reports. One member observed: *'I would slim it [the dossier] down in terms of a Category A DSPD prisoner to perhaps ten pages' (PB3, Judicial member).*

Members also differed in their views about the quality of information provided by the DSPD units. The most common criticisms were the level of repetition across the reports, the absence of key reports and information that was incorrect. Judicial members expressed particular frustration that PB dossiers often did not include the Judges sentencing remarks. These issues, however, were not peculiar to DSPD, but common challenges PB members identified in their work.

A few members perceived some reluctance to provide full details about treatment and progress on the part of DSPD units – a characteristic one member considered the units had in common with the therapeutic prison, HMP Grendon[5]. However, while

[5]HMP Grendon Underwood was opened in England in 1962 as an experimental psychiatric prison to provide treatment for prisoners with antisocial personality disorders. It is run along the lines of a democratic therapeutic community, and has been accredited by the Correctional Services Accreditation Panel (CSAP).

some members were critical, several also identified that psychological and psychiatric reports were rare in other PB reviews, and hence the information provided by the DSPD units was far more comprehensive than they would usually receive.

PB members observed that the attendance of psychologists and/or psychiatrists from the DSPD units to give oral evidence was particularly helpful, enabling members to achieve a greater understanding of the work of the DSPD units and the progress made by the prisoner. In the words of one PB member their attendance '*makes the report come alive' (PB3, Judicial member).* Several non-clinical members indicated that they would defer to the expertise of psychologists or psychiatrists in the review, and suggested that they would also form their own opinion about DSPD through discussion with these members. Members who had had the opportunity to visit the units and meet staff and prisoners reported that this had been helpful in developing a better understanding about DSPD. Although many PB members were dubious about the likely success of DSPD treatment, members were keen to identify that DSPD staff were very *'well intentioned' (PB5, Judicial member)* and *'hard working' (PB3, Judicial member).*

DSPD Risk Assessment as 'Data Rich, Information Poor'

Nearly every member reiterated that the primary role of the PB was to assess risk to the public. As a result, the information provided by the DSPD units about risk was positioned as crucial. Several members expressed their dissatisfaction with risk assessments, in DSPD services and the wider prison service. One member argued that the information provided by a DSPD dossier was *'data rich, information poor' (PB10, Independent member).* This highlighted a common struggle in the attempt to understand how a personality disorder manifested itself in terms of the prisoner's behaviour, and in interpreting what 'personality disorder' meant in terms of risk. Calls were also made for more information to be provided about how to interpret the implications of risk assessment scores.

While members were usually satisfied that they had sufficient information about the presence of different risk factors, they were less clear about how DSPD treatment was seeking to address these risks or the extent to which a prisoner's risk may have reduced as a result of DSPD treatment:

> *We need very clear evidence about whether or not there's been any reduction in risk, and it is almost invariably the case when dealing with a DSPD prisoner that the panel never gets that information (PB5, Judicial member).*

Importantly, several members observed that the DSPD units themselves made risk assessment more difficult because it was difficult to assess how a prisoner's risk may have changed within such high security conditions. Where positive improvements had been made by DSPD prisoners, they were sometimes treated with scepticism and attributed to high levels of staffing and security rather than change to the individual.

Several members identified a critical challenge, namely that many of the questions to which PB members wanted answers, were about the desired outcomes of the units and whether these had been achieved. Members also identified answers regarding the risk of DSPD prisoners would be very difficult to find out safely:

> *I mean other than he's not raping anybody else, how are you going to know it's worked? (PB7, Independent member).*

Making Sense of Unaccredited Treatment

When asked about the DSPD treatment programme and/or the treatability of prisoners with personality disorder, most members emphasised that the PB was not there to assess what appropriate treatment might be, or how effective this treatment was proving to be. This highlights that members identified their primary role as to assess the risk of reoffending and harm to the public. While PB members did not consider it their role to pass judgement on the treatment programme, members nevertheless held a range of views. Several members expressed degrees of scepticism about the treatability of those within the DSPD units.

> *It's not proven that whatever treatment … is applied to people in these units is going to work because conventional wisdom as you would know, is that you can't treat personality disorder and therefore I'm still a little bit perplexed about the whole thing (PB7, Independent member).*

While some members identified that specialist treatment may be beneficial, others were concerned that the length of time required to complete assessment and treatment in a DSPD unit was *'wholly*

ill-defined' (PB9, Judicial member). Members also expressed concern that the time involved with DSPD assessment and treatment may hold people back from progressing to conditions of lower security, where, importantly, their risk could be better assessed:

> *They [the prisoners] do one programme, they complete that, then they'll be assessed, then they'll find a whole range of programmes set out ahead of people, so often in fact that prisoners will want to get off the unit … And I do feel sometimes that the psychologists, forgive me if it sounds like … nonetheless they get into almost a revolving door of programming (PB8, Independent member).*

Concerns about the ill-defined boundaries of DSPD assessment and treatment were linked to a more fundamental concern about DSPD treatment. Several members explained that they would usually expect prisoners to undertake accredited offending behaviour programmes[6] in order to evidence a reduction in their risk. Yet, while a component of the therapy provided at one unit was accredited (The Chromis Programme) for the most part DSPD treatment is neither accredited nor evidence based. Evidence of a struggle to assess the weight that should be given to participation with DSPD treatment was clear. Concerns were also expressed about the extent to which DSPD treatment would or would not override other accredited treatment like the Sex Offenders Treatment Programme (SOTP). DSPD staff expressed similar concerns that prisoners may have to repeat treatment in the form of accredited treatment programmes in order to demonstrate to the PB, and other key decision-makers including those from Category A Review Boards and lower security prisons, that they had reduced their risk.

Attempts to 'Do Good'

A few PB members expressed their frustration that PB reviews with DSPD prisoners offered little opportunities to do anything positive. Several members, particularly judicial members, expressed frustration that they are not permitted to comment regarding the security category of the prisoner.

However, members also observed that reviews could serve to fulfil a number of extra-statutory functions. While no decision letter made recommendations for open prison or release, they often commended the prisoners for their engagement with the programme. For those with histories of disruptive behaviour in prison, and/or those who had struggled to come to terms with their DSPD placement, credit was given for their new outlook. It was evident that PB members had made attempts to reinforce the positive observations made by report writers in an attempt to '"do good" where good could be done' (Padfield and Liebling with Arnold 2000:117). This suggests that PB reviews may offer a valuable opportunity for DSPD prisoners to have their progress formally recorded. One member also considered a PB review with DSPD prisoners to be:

> *... used by staff I think to encourage inmates to re-engage, but it also meant that the inmate if he wanted to could air a grievance about something which unfortunately wasn't likely to be relevant to the Parole Board's decision … So it could have a sort of slightly therapeutic, stroke management aspect to it which would distinguish it from other sort of Parole Board hearings (PB6, Independent member).*

This suggests that PB reviews may serve a similar 'relief' function as Tribunals with patients detained in the mental health system, by helping to 'satisfy the patient's need for information or clarification and help to diffuse tension' (Peay 1989:223). This led some to believe that PB reviews had the potential to have a therapeutic effect and where necessary, to encourage prisoners to engage with DSPD treatment. While DSPD clinicians agreed that PB reviews had the potential to serve a positive role in encouraging engagement with DSPD treatment, concern was also expressed that PB reviews also had the potential to undermine the work of both the prisoners and staff at the DSPD units. Clinicians highlighted that both DSPD prisoners and staff were anxious about their futures (for different reasons), and concerned whether, their efforts and progress would be recognised and valued by external decision-makers, like the PB.

Looking to the Future

The majority of PB members expressed concern about the implications of placement in a DSPD unit for the future progression of prisoners. Many of these concerns were shared by the DSPD staff we

[6]Offending behaviour programmes are accredited by the Correctional Services Accreditation Panel (CSAP).

interviewed. Both PB members and DSPD staff considered the progression routes out of DSPD services to be unclear and questioned how DSPD prisoners would progress back to the mainstream prison service. Concern was expressed that DSPD prisoners may have become used to, and by implication, dependent on, one-to-one therapy and high staffing levels. Concern was also expressed that the DSPD label gave prisoners a particular status and that they may be at risk of 'playing up to this' on return to an ordinary prison wing. PB members also highlighted a perceived lack of liaison between the DSPD units and other services, fearing that this may lead to the DSPD units to become 'silted up'. There was also concern from PB members and DSPD staff that lower security prisons may misunderstand DSPD and not want prisoners from that type of service. Staff raised concern that the security category of DSPD prisoners was a significant barrier to progression, while judicial PB members expressed frustration that they could not comment on the security categorisation of (DSPD) prisoners.

Concerns were also raised about the stigma surrounding DSPD with one PB member suggesting that the label of DSPD needed to be 'remarketed' in order to lose the focus on the 'dangerous' and 'severe'. Another observed:

> *I think one of the problems that DSPD brings about is an association of worry, concern and stigma [and] that somebody who has the label almost has to jump through additional sets of hoops that perhaps other prisoners don't have to (PB13, Psychiatrist member).*

This highlights the worries that existed about the stigma that may arise from the label of DSPD and the impact that this may have on later decisions about progression. This also reflects the uncertain relationship between DSPD treatment and accredited offending behaviour courses and concerns that DSPD prisoners may be later required to engage with similar offending behaviour programmes. Both PB members and DSPD staff raised this issue and it was of note that clinicians also indicated that this was also a matter for concern amongst prisoners in the DSPD units:

> *I think day-to-day wise, it's a question our men ask time and time again is about progression cause I guess for them it's almost what's the point in spending five years of their life ... if it's not gonna be recognised, if they're just, to use their words, 'drawn back into the prison system' and … asked to do SOTP or some other traditional prison service programmes (DSPD8, Prison service clinician).*

DISCUSSION

PB members highlighted that their primary concern and statutory authority related to the assessment of risk to the public, and that it was not their role to assess the suitability and/or merits of the DSPD treatment programme. Nearly all PB members identified that the high security location of the DSPD prisoner was more relevant to their decision-making than their DSPD label. This highlights that, in practice, the power of the PB to direct release from a high security prison is highly constrained and that prisoners must negotiate a number of Prison Service hurdles before they will be considered suitable for release (Padfield and Liebling with Arnold 2000; Price 2000). This led to a distinction between 'release' and 'review' hearings with PB reviews with DSPD prisoners placed firmly in the latter.

PB members highlighted their expectation that DSPD prisoners make a journey through different levels of security before release is an appropriate consideration. One challenge along this journey may follow from DSPD services having disrupted PB members' conceptions of the appropriate (and likely) pathways of DSPD prisoners through the criminal justice or mental health system in the future. DSPD services have introduced unknown, unaccredited and individualised treatment interventions into a highly structured system. Members were sceptical that the programme would work, unsure of its relationship to other accredited offending behaviour programmes, anxious about the length of time involved with DSPD assessment and treatment and unclear of the likely (and most appropriate) progression routes for DSPD prisoners post-treatment.

The fundamental challenge for PB members – which is likely to generalisable to decision-making in other jurisdictions where such treatment programmes are introduced - is that the questions about a prisoners risk status to which the PB most want answers are, at this stage, unknown. Importantly, the increased surveillance, in terms of physical (i.e. CCTV) and psychological (i.e. treatment) mechanisms of knowing DSPD participants, paradoxically heighten anxieties about how DSPD participants would behave if

surveillance and treatment were reduced and the prisoner was moved to conditions of lower security. This highlights that good behaviour amongst prisoners may sometimes be negatively redefined as evidence of manipulation (Hawkins 1983a) and that a heightened attention to risk may paradoxically make risk assessment all the more difficult.

Our analysis suggests that visible benchmarks, timetables and recognition of progress are important for establishing trust in the potential of specialist personality disorder treatment. Uncertainties about progression may lead prisoners to struggle to invest in the treatment programme as 'once there are delays in progress, patients become more difficult to motivate and manage' (de Boer, Whyte and Maden 2008:160). The difficulty of course is that a 'delicate balance exists between offering realistic hope for the future without imparting false hope' (Maltman, Stacey and Hamilton 2008:14). Prisoners subject to specialist personality disorder treatment in the criminal justice system need to be provided with better information about how long they will be expected to engage in therapy and what their future pathways through the criminal justice system may look like. It is important to remember that external decision-makers like the PB and criminal justice staff will also require clearer information and training, about the nature of personality disorder, its treatment, implications for risk assessment and the relationship between different specialist personality disorder services in the criminal justice system.

Of course the problem remains that decisions made about the transfer of prisoners with personality disorder to lower security conditions are inevitably problematic because of the 'lack of a proper evidence base that might justify them' (Duggan 2007:120). Progression decisions are also problematic because completion of offending behaviour programmes, whether accredited or not, does not necessarily guarantee a reduction in risk. However, while the weak evidence base for personality disorder treatments will take time and evaluation to resolve, it is essential, in the meantime that the relationship of specialist personality disorder treatment to traditional offending behaviour programmes is made clear. This will be important for raising awareness and understanding amongst not only PB members, but also amongst other key decision-makers in the criminal justice system including those in other prisons, those responsible for security classification and those responsible for supervising such men on release.

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