

employment and later, the community.

Maguire's monograph makes a significant theoretical and empirical contribution. First, it offers a more nuanced analysis of the genesis of prison masculinities. Whilst Maguire challenges the view that prison-based masculinities are primarily structured by the depriving nature of the prison, he also illustrates how street-based masculinities are not just imported into prison but are also adapted within it. Consequently, he not only offers a fresh perspective on the (somewhat stale) importation-deprivation debate but also provides a persuasive account as to how (and why) some men adapt easily to imprisonment notwithstanding its punishing effects.

Second, and rather uniquely, Maguire's treatment of prison masculinities considers the intersection between class, age, transitions, and locality. Central to the monograph is the rich descriptive detail of Hull as a city and HMP Hull as an institution, as well as an analysis of the life-history accounts of 30 adult prisoners aged 18-45 years old. This combination very effectively contextualises the continuities between the cultural milieus and spaces that these working class, local lads share and experience prior to their imprisonment in a local prison. Maguire carefully reflects on his own position in relation to this research, considering both the advantages but also the challenges of negotiating access and establishing rapport as a 'partial insider'.

The empirical accounts vividly extend the monograph's theoretical arguments. For example, in Chapters 2 and 3, Maguire argues that de-industrialisation stimulated a decline in traditional, 'masculine' manual labour in favour of

'feminised' service work. Later, in Chapter 6, he demonstrates how disrupted school-work transitions and the growing precarity of employment opportunities not only has a role in explaining why men find alternative ways of performing masculinity but also how 'in the context of deprived neighbourhoods, 'doing crime' was in many cases, a more emotionally exhilarating route to a locally valorised version of performing masculinity than the employment opportunities open to many of them.'³

Third, and in contrast to the 'hard' masculinities described throughout the book, Maguire also turns his attention to the 'vulnerable masculinities' of prisoners on a vulnerable prisoner's unit (VPU). In so doing, he describes three principal adaptations of these seemingly low status prisoners: 1) 'protest,' where prisoners assert their criminal credentials and their lack of choice in the move to the VPU; 2) 'acceptance'; and, 3) 'pragmatic' adaptation. Moreover, Maguire also illustrates how male prisoners navigate and mitigate their absences and 'failures' as men. In so doing, further illustrates how the adoption of prison masculinities serves these men poorly on release. Rather, imprisonment had 'intensified' masculine traits and strategies that would contribute to their continued marginalisation.

Although this monograph might at first appear to be – as Maguire describes – a 'bleak study', Maguire dispels any sense that the pathways into prison are fixed or permanently cyclical. In this way, he avoids being either unduly deterministic or pessimistic. He not only emphasises that he is describing some working-class young men (not all), but also that there can be 'critical moments' in an individual's life that disrupt this

trajectory. It is Maggie to whom Maguire ascribes credit for encouraging his own biographical shift. Encouraged to pursue prison education and finding in Maggie someone who believed that he was not only 'teachable' but had 'something of value to say', Maguire finds for himself an alternative way of 'doing masculinity'. It is in the final pages of the monograph that we encounter Maggie, but her introduction serves as a powerful example of how any one individual can inspire, support, and encourage another.

This outstanding monograph will of interest to students, academics, and practitioners in a variety of settings and fields.

Dementia in Prison: An ethical framework to support research, practice and prisoners

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The number of older prisoners in the UK has grown significantly over the last two decades. In 2009 the ratio of older individuals in the total prison population was 1:11. In 2021, this ratio is now 1:6.¹ As the total prison population is projected to rise by a quarter over the next 5 years, it is likely that our older prisoner population will also rise in line with this prediction. The rise in the number of older prisoners can be largely attributed to convictions for 'historical' sexual offences, resulting in lengthy custodial sentences. Older prisoners are also more likely to have significant health and social care needs, which

3. Ibid, p.122.

1. HMPPS. (2020). *Offender Equalities Annual Report 2019-2020*. MOJ.

can be very challenging to manage effectively within the secure environment.

This book explores the challenges associated with dementia, which an increasing number of older prisoners are now experiencing. Aimed primarily at healthcare professionals and prison staff it argues that better detection and support are needed to improve outcomes for this vulnerable population (p.127). The book is well researched and provides a contemporary review of the issues across three key areas: namely how healthcare services in prison are provided and impact on an older population; human rights and ethical considerations of prisoners with dementia; recommendations for practice, as well as the need for further research in this area.

Using international comparisons, it aims to provide the reader with a better understanding of dementia, as well as outlining different approaches to providing care and support citing examples from the USA, Australia, Norway, France, some of which could be adapted for use in the UK. One such initiative outlined is from the USA, where modifications to the physical environment were introduced, supported by individualised care interventions. Staff were provided with training in recognising the signs of dementia, how to communicate effectively with individuals, as well

managing challenging behaviour.² UK initiatives are also described, such as the Buddy Support Worker programme designed by the charity RECOOP.³ Indeed, the book has a strong focus on person-centred approaches to care, outlining that good dementia care is founded on five key aspects, namely: comfort, attachment, inclusion, occupation and identity.⁴

One of the key challenges in planning service provision is knowing how many adults in the prison system are currently experiencing early onset or full dementia. There are cognitive screening tools available, but their application in prisons is largely untested and the evidence base is too insufficient to recommend a particular tool as suitable. One of the ethical dilemmas explored is the conflict between providing custody and care, where it is argued that the need to maintain security can adversely impact on the quality of care.^{5 6} Another dilemma concerns mental capacity and whether healthcare staff are able to seek informed consent for interventions, as well as the capacity of the individual with dementia to be involved in decisions about their care. The Nuffield Council on Bioethics⁷ ethical framework is presented and there is good discussion on how this could be applied within the prison setting (Chapters 4, 6 & 9). A later chapter (Chapter 8) also reflects this discussion in terms of

applying the framework in conducting research within a prison, which also provides guidance on how to write an ethical protocol and how to undertake research within a secure environment.

The concluding chapter of this book calls for the development of a national strategy for older prisoners that acknowledges their unique and complex health and social care needs. It is recommended that the strategy outlines the treatment and services needed to support an individual with cognitive impairment, including appropriate palliative and end-of-life care (p. 180). It is recommended that the Newcastle Clinical Model⁸ be adopted for use within prisons. It is proposed that this model provides an assessment and intervention approach that is person-centred and suitable for implementation within the prison environment. Lastly the authors stress the need for further research in this important area, to establish the scale of the problem, as well as enable decisions on care to be made on robust evidence, rather than anecdotal support for initiatives.

In the main, this book is most likely to appeal to academics planning research within the secure environment and health care professionals. However, it does also provide valuable information and application for prison staff who work with older prisoners.

2. Hodel, B., Sanchez, H.G. (2012). The special needs program for inmate-patients with dementia (SNPID): a psychosocial program provided in the prison system. *Dementia*, 12(5), 54-660.
3. Resettlement and Care of Older ex-Offenders and Prisoners (RECOOP). (2019). *The Care Act 2014 and The Buddy Support Worker Training Programme*. Available from: Buddy-Support-Worker-Leaflet.pdf (recoop.org.uk) (Accessed on: 30th August 2022).
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6. White, A.L., Larsson, A.S. (2012). Exploring scope of practice issues for correctional facility nurses in Montana. *Journal of Correctional Healthcare*, 23(1), 70-76.
7. Nuffield Council on Bioethics. (2009). *Dementia: Ethical Issues*. London: Cambridge Publishers.
8. James, L.A. (2011). *Understanding Behaviour in Dementia That Challenges: A Guide to Assessment and Treatment*. London: Jessica Kingsley Publishers.