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Editorial Comment

As has been discussed many times in this journal, the purpose of imprisonment is contested and controversial. Is it there to punish, rehabilitate, incapacitate or control? How are those competing ideas to be interpreted, applied and balanced by practitioners? What are the consequences of failing to maintain an appropriate balance? Such questions encompass some of the fundamental social and practical issues that prison staff manage on a daily basis.

This edition of *Prison Service Journal* takes up the idea of a 'healthy' prison. On the face of it, this may seem straightforward, the idea that there is equivalence between health services available inside and outside prisons. However, the articles in this edition highlight that in practice the challenges are much broader, deeper and more complex.

The Inspectorate of Prisons use the term 'healthy prison' to describe what they expect of prisons. This falls under four main areas: safety (prisoners, even the most vulnerable, are held safely); respect (prisoners are treated with respect for their human dignity); purposeful activity (prisoners are able, and expected, to engage in activity that is likely to benefit them); resettlement (prisoners are prepared for release into the community, and helped to reduce the likelihood of reoffending). From this perspective, 'healthy' does not have a medical connotation but instead means that this is a test as to whether a prison is operating in a sound manner. This is a process of public accountability.

The first article in this edition is from Professor Alison Liebling who offers a digested overview of the Measuring the Quality of Prison Life (MQPL) assessment. This is carried out in all prisons over a two year cycle and is one of the ways in which prisons are measured and assessed. This is an attempt to understand the nature and effects of imprisonment from the ground up by engaging prisoners directly in understanding and evaluating prison life. The idea here of a healthy prison is one that pays appropriate attention to the 'social, relational and moral climate'. From this perspective, the healthiness of a prison is the subject of sociological exploration.

Two articles explore the idea of a healthy or health promoting prison from a clinical professional perspective. Interestingly, they do not suggest a solely medical model, focusing on a narrow range of public health concerns, but instead locate health within a broader socio-economic perspective. Their arguments raise important questions about who prisons hold, for what purpose, the effects of this and what should be done on an organisational and wider political level to respond to this. These articles not only pose challenging questions, but also provide some practical guidance on how prisons can ameliorate some of the effects. From the perspective of

these contributors, the problem of the healthy prison is a socio-medical one.

This broader view of medicine and health is taken up in three subsequent articles which explore specific issues. The first is an article by James Ward, Di Bailey and Sian Boyd, which considers the use of participatory action research. This is an approach that engages service users and those with direct experience and focuses on creating and sustaining change. They discuss a project at Low Newton, a women's prison in the North East of England, in which prisoners were involved in developing and delivering an awareness session for staff regarding self-harm. This is a fascinating project which shows a bold approach to addressing a chronic problem in women's prison, but one that is sensitive to the issues of domination and subjugation, and the importance of the affective and emotional qualities of prison life. Paula McAdam, a nurse at HMP Liverpool, contributes an article discussing some of the challenges facing prisoners with autism. This she describes as an unexplored issue in prisons. She reveals the ways in which the prison experience may be more intense and painful for those who are on the autism spectrum and how increased awareness and sensitivity to the issues would be a valuable first step to improving services and reducing disadvantage. Finally, Jude Caie, a nurse at HMP Manchester, discusses some of the challenges faced by older prisoners, a rapidly growing group in prisons.

Together, these articles reveal that the idea of a 'healthy' prison is not simply a matter of medical treatment and a legalistic or managerial idea of equivalence or clinical service delivery. Instead, the articles in this edition suggest that the role of prison professionals is to adopt a wider and deeper perspective and incorporate this into their practice. The wider perspective is one that recognises the social causes and effects of both criminal justice and health. Sensitivity to ideas of power and inequality are not solely theoretical, but also raise questions about how services are designed and operated. The deeper perspective is one that sees health from an individual human perspective, treating people with respect for their individual dignity. Again, this is not an abstract moral argument but raises questions about interactions, roles and involvement.

The detailed micro-studies contained within this edition, focusing as they do on specific prison practices also work together to reveal the complex issues at the heart of prisons: what are prisons for, who do they hold and what are their effects? The articles in this edition also reveal how prison staff (and in some cases prisoners themselves), are involved in creatively exploring, interpreting and addressing these challenges in their daily practice.