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A short ride on the penal merry-go-round: relationships between prison officers and prisoners within UK Drug Recovery Wings

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The introduction of Drug Recovery Wings (DRWs) stems from two policy initiatives: the criminal justice focus on offender rehabilitation and the drug policy emphasis on 'recovery'. Over 2011-2012, ten pilot DRWs were introduced aimed at 'challenging offenders to come off drugs'. Qualitative interviews with 102 prisoners and 98 staff revealed that DRWs were spaces where officers and prisoners related to one another in very different ways from elsewhere in the prison. Staff-prisoner relationships in DRWs were described as closer, with less formality and more one-to-one time. This was aided by a larger ratio of staff to prisoners, smaller units, more informality in dress and language, and careful selection of officers from the limited pool of true carers. However, the involvement of prison officers in rehabilitative work was under serious threat from the minimum staffing levels being introduced across the prison estate and the decline in officer numbers.

This article focuses on the relationships between prison officers and prisoners that have developed in the course of the introduction of pilot Drug Recovery Wings (DRWs) in ten prisons across England and Wales. Our evaluation of these pilot projects provides an opportunity to explore the 'double commission'¹ of rehabilitation and control within these units at a time where, on the one hand, the policy emphasis is on rehabilitation but on the other, prison officer numbers are in dramatic decline and welfare work is increasingly 'contracted out'. Ultimately, it raises the question of whether there is any space left within the current British penal landscape for officers to undertake rehabilitative

work in specialist drug recovery units: or indeed for officers anywhere in the system to shift their double commission towards rehabilitation.

Rehabilitation in its various guises has become a familiar horse on the 'penal merry-go-round'² of prison policy aims and purposes: from the original ascendancy of moral reform under 18th century prison campaigners, through the 'penal welfarist' ideal steering policy between the 1950s and 1970s,³ to its reappearance under New Labour through the merging of a crime reduction interests with an emergent and international 'what works' movement^{4,5} Most recently, there has been a coming together of two strands of policy that has resulted in another wave of apparent rehabilitative zeal. First, the Coalition Government has emphasised rehabilitation as a central element of its approach to reforming the criminal justice system. The *Transforming Rehabilitation* consultation and associated Offender Rehabilitation Act (2014) have placed emphasis on 'through the prison gate' services, resettlement prisons and statutory supervision for all released prisoners. The second policy strand is the 'revival' of recovery in the addictions field.⁴ While a contested term, *recovery* has become the watchword in UK drug and alcohol treatment, adopted in the title of drug strategies and local projects alike, representing a radical shift away from long-term methadone maintenance in particular, and a stronger focus on abstinence and social reintegration. However, like the penal merry-go-round, the set of ideas that underpin the current recovery 'revolution'⁵ have a long and complex history of appearance and disappearance, changing definition and negotiated meaning.⁶

1. Nylander, P., Lindberg, O. and Bruhn, A. (2011). Emotional labour and emotional strain among Swedish prison officers. *European Journal of Criminology*, 8 (6), p.469-483.
2. Scott, D. (2007). The changing face of English prison: a critical review of the aims of imprisonment. In Jewkes, Y. (Ed.): *Handbook of prisons*. Portland, Oregon: Wilton.
3. Garland, D. (2001). *The Culture of Control: Crime and Social Order in Contemporary Society*. Oxford: Oxford University Press.
4. Berridge, V. (2012). The art of medicine. The rise, fall, and revival of recovery in drug policy. *The Lancet*, 379, January 7, p.22-23.
5. White, W.L. (2007). A recovery revolution in Philadelphia. *Counselor*, 8(5), p.34-38.
6. Berridge, op. cit.

The introduction of DRWs can be seen to directly stem from these policy influences. The idea of DRWs was introduced in *Breaking the Cycle*:⁷

We believe that, given the substantial investment in drug services, and the strong association between drug use and reoffending, we should be more ambitious in our aims to improve efficiency and effectiveness. We will therefore focus on recovery outcomes, challenging offenders to come off drugs. We will pilot drug recovery wings in prison from June 2011 to help achieve this.

DRWs were therefore to reduce drug-related offending by 'challenging' offenders to abstain from drug use. Pilot projects, funded by the Department of Health, were introduced over 2011 to 2012 in seven adult men's prisons, one Young Offender's Institution (YOI) and two women's prisons⁸ across England and Wales.

The implementation of DRWs has taken place in a challenging context. English prisons underwent two major reviews of staffing, pay, and conditions: both impacting prisons at the time of fieldwork (2013) and both aimed at ensuring that public prisons were sufficiently lean in terms of staffing and resources to be able to compete with private agencies for prison contracts. *Fair and Sustainable* sought to streamline management structures and establish a workforce that could be funded over the long-term.⁹ However, within a year of its 2012 rollout, 'competition benchmarking' was introduced with the intention of making public prisons even more competition-proof. Benchmarking involved the rapid reviewing of prisons and the establishment of minimum staffing levels thought necessary to maintain order. A consequence – and indeed an aim – of this initiative was that public sector prisons' staffing levels would fall.¹⁰ Frontline prison

officers numbers dropped by 30 per cent between 2010 and 2013.¹¹

A further influence has been the shift in responsibility for commissioning prison drug and alcohol services from the Ministry of Justice to the Department of Health in 2011 and from 2013, National Health Service (NHS) England. This change can be seen as part of a wider move towards outsourcing of prison functions to partner organisations.¹²

There are good grounds for anticipating that the relationships between prison officers and prisoners will be crucial to DRWs' operation. First, as will be discussed, these relationships — including the balance between control and rehabilitation — are likely to be at the heart of the character and functioning of these units (as they have been said to lie at the heart of the operation of the wider prison system). Second, drug treatment studies have repeatedly pointed to the importance of the therapeutic alliance in explaining treatment outcomes.¹³ Moreover, the strength and nature of such relationships in a prison drug treatment context are likely to be particularly important: not least, because drug-dependent prisoners frequently have very low levels of 'recovery capital'¹⁴ but also because direct access to potential sources of support is inevitably limited by incarceration. Lastly, any specialist programme within prison depends to some degree on the support of discipline officers for basic logistics: securing referrals, locking and unlocking and daily movement around the prison. Prison officers are consequently in a powerful position to help or hinder such initiatives.

Many commentators have pointed to the centrality of relationships between staff and prisoners for the general functioning of the prison system.^{15,16,17,18,19} In 1984, the Control Review Committee concluded:

...nothing else that we can say will be as important as the general proposition that relations between staff and prisoners are at the

7. Ministry of Justice (2010). *Breaking the Cycle*. London: Ministry of Justice.

8. The pilots were located in the following prisons: Brixton, Chelmsford, New Hall, High Down, Manchester, Styal, Bristol, Holme House, Swansea and Brinsford.

9. Prison Officers Association (2012). *Fair and Sustainable. Protecting the Long Term Future of Public Sector Prisons*. POA: London.

10. Justice Committee (2015). *Prisons: planning and policies. Ninth Report of Sessions 2014-2015*. London: The Stationery Office.

11. Howard League (2014). *Breaking point: Understaffing and overcrowding in prisons*. Research briefing. London: Howard League for Penal Reform.

12. Justice Committee, op. cit.

13. Meier, P.S., Barrowclough, C. and Donmall, M.C. (2005). The role of the therapeutic alliance in the treatment of substance misuse: a critical review of the literature. *Addiction*, 100 (3), p.304-316.

14. Defined as the quantity and quality of internal and external assets that can contribute to recovery from drug and alcohol problems, including family and community capital (White, 2008; Granfield and Cloud, 1999). See also Page et al. (2016). Conspicuous by their abstinence: The limited engagement of heroin users in English and Welsh Drug Recovery Wings. *International Journal of Drug Policy*, in press.

15. Crewe, B. (2011). Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology*, 8 (6), p.455-468.

16. Liebling, A. (2011). Distinctions and distinctiveness in the work of prison officers: Legitimacy and authority revisited. *European Journal of Criminology*, 8(6), p.484-499.

17. Liebling, A., Price, D. and Shefer, G. (2011). *The Prison Officer*. Oxford: Willan.

18. Philiber, S. (1987). Thy brother's keeper: a review of the literature on correctional officers. *Justice Quarterly*, 4 (1), p.9-37.

19. Stevens, A. (2013). *Offender Rehabilitation and Therapeutic Communities. Enabling Change the TC Way*. London: Routledge

heart of the whole prison system and that control and security flow from getting that relationship right.²⁰

For the prisoner, the stuff of prison life largely consists of interactions with other prisoners and prison officers: and the nature, tone and meaning of these relationships have far-reaching consequences for their time inside. Moreover, these relationships are often 'enduring and challenging':²¹ forged in the context of an extreme imbalance of power but often involving frequent contact over long periods of time.²² According to Crewe, officer-prisoner relationships have improved in recent decades, there being 'no longer an unbreachable barrier between prisoners and uniformed staff...'²³ He sees this 'reduction in social distance' as having been achieved in part through 'soft power', whereby prisoners' court officers to secure favours and privileges; and officers seek closer relationships with prisoners (at least in part) with the aim of proactive policing or 'dynamic security'. Other have focused on the complex and sophisticated nature of power and authority as it is enacted (and, all-importantly, not enacted) by officers on the landings.^{24, 25} While prison officers may describe what they do as 'common-sense', research has shown great subtlety and judgement in their maintenance of order: more often than not, holding power 'in reserve', without needing to use it or threaten its use.²⁶ However, despite the widely-agreed centrality of relationships 'at the heart' of prison life, limited research has been carried out on the nature of staff-prisoner relationships in the general prison population,²⁷ and still less on those in specialist units where the emphasis is on rehabilitation and recovery.

A central issue here is the prison officer's 'double commission' of rehabilitation and control.²⁸ As American prisons increasingly adopted a rehabilitative mission from the 1950s onwards, Cressey identified new contradictory expectations for officers. While he saw such

contradictions in both 'custodially-oriented' as well as 'treatment-oriented' prisons, he regarded the responsibilities in the latter to be 'more sharply bifurcated,' involving therapeutic goals, while also maintaining order. This made the job 'an extraordinarily difficult one', beset by contradictory directives.²⁹ Drawing on role theory,³⁰ later commentators cast this contradiction in terms of 'role conflict',³¹ whereby employees have multiple, incompatible organisational role expectations. More recently, a further wave of authors have focused on this issue.³² However, while it is contended that some mix of welfare and security/control is discernible throughout the prison system, few studies or commentators have attempted comparative studies of how the make-up of this mix might vary across different locations within prison systems.

A rare exception is Nylander and colleagues' study of treatment, special, security and regular wings in five Swedish prisons^{33, 34} They conclude that 'in treatment wings and open prisons the focus is on closeness and good relations at the expense of security issues, and the opposite goes for special security wings which are characterised by distance, detachment and security.'³⁵ Tait in her qualitative study in two British prisons,³⁶ identified five types of prison officer approaches to caring for prisoners. *True Carers*, were characterised as joining the Prison Service to help people and showed empathy towards prisoners' problems in their work. By contrast, *Conflicted* officers were much less empathic and often conflated care with control.³⁷ While this was a qualitative study involving interviews with 45 prison officers, Tait tentatively estimated the prevalence of *True Carers* in the men's estate as 15 per cent. Of particular relevance here, *True Carers* tended to cluster in specialist care units.

A larger body of work has focused exclusively on relationships in rehabilitation or treatment-oriented units: for example Therapeutic Communities (TCs). In their detailed study of HMP Grendon (a full-prison TC),

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20. Home Office (1984). *Managing the Long-Term Prison System*. The Report of the Control Review Committee. Cmd. 3175. London: HMSO. Para 16.
 21. Liebling, op. cit., p.488.
 22. Philiber, op. cit.
 23. Crewe, op. cit., p.456.
 24. Liebling, op. cit.
 25. Liebling et al., op. cit.
 26. Ibid.
 27. Ibid.
 28. Nylander, P., Lindberg, O. and Bruhn, A. (2011). Emotional labour and emotional strain among Swedish prison officers. *European Journal of Criminology*, 8 (6), p.469-483.
 29. Cressey, D.R. (1959). Contradictory Directives in Complex Organisations: The Case of the Prison. *Administrative Science Quarterly*, 4, p.2-3.
 30. Katz, D. and Kahn, R.L. (1966). *The social psychology of organizations*. New York: Wiley.
 31. See, for example, Philiber, op. cit.
 32. See, for example, Nylander et al., op.cit.
 33. Bruhn, A., Nylander, P.Å. and Lindberg, O. (2010). The prison officer's dilemma. Professional representations among Swedish prison officers. *Les Dossiers des Sciences de l'Education*, 23, p.77-93.
 34. Nylander et al., op. cit.
 35. Bruhn et al., op. cit., p.11.
 36. Tait, S. (2011). A typology of prison officer approaches to care. *European Journal of Criminology*, 8(6), p.440-454.
 37. Other types were 'limited carers', 'old school' and 'damaged'.

Genders and Player suggest that control was 'almost entirely dependent upon the degree to which officers and inmates are able to modify their traditional prison roles, in order to break down the social divide between the 'keepers' and the 'kept', and to facilitate co-operative relationships and alternative working practices'³⁸ (p.122). Accordingly, officers broke with traditional working practices, forming relationships with prisoners marked by individualism, permissiveness and trust. The large majority of prisoner interviewees reported that the officers at Grendon were fundamentally different from those they had encountered elsewhere. While a third attributed this to differences in terms of personal qualities, the majority ascribed it to the particular environment at Grendon, which allowed officers to adopt different ways of working.

More recently, Stevens undertook 80 interviews with 60 prisoners and 20 staff in the TCs at Grendon, Send and Gartree (although the main focus was on Grendon).³⁹ Again, officers from TCs were seen as 'a different breed' from the 'system screws' elsewhere: believing in the ability of prisoners to change and responding to prisoner requests and enquiries in a timely and sympathetic fashion. When TC participants were asked to describe the officers working with them, the most frequent adjective used was 'caring'. Stevens describes how TC officers were cognisant of their image: as one officer put it, 'we're 'care bears', all pink and fluffy', with concomitant stigmatisation from their peers elsewhere in the prison.

Turning to studies of prison drug treatment, Giertsen *et al.*⁴⁰ and Kolind *et al.*⁴¹ report on a qualitative, comparative study of drug treatment in three prisons in each of Denmark, Finland, Norway and Sweden. Kolind and colleagues describe how officers on treatment wings tend to be self-selecting, having often applied for jobs in these units. Once there, they are then 'more exposed to rehabilitative thinking and practices than in the rest of the prison',⁴² further contributing to their treatment-oriented occupational identity. These findings suggest that not only

do caring officers migrate to caring roles (as Tait contended) but, once there, officers are influenced by the treatment environment. Akin to Stevens and Tait, Kolind and colleagues also note that officers on treatment wings felt 'looked down upon by colleagues working regular prison wings.'⁴³ Prisoner attitudes to officers varied, depending on their role: where officers participated fully in counsellor-led group sessions in Sweden and had frequent daily contact, views were positive.⁴⁴ Indeed in such circumstances, officers could be regarded as a kind of co-therapist, similar to the externally employed drug counsellors. However, where officers had limited contact with prisoners and kept to their offices, they were regarded simply as guards.

McIntosh and Saville⁴⁵ focused on the role of prison officers in a Scottish prison's addiction centre, finding that prison officer commitment to the treatment role varied considerably and profoundly affected treatment delivery and prisoners' experiences of treatment. Officers described maintaining a difficult balance between discipline and therapy: but that discipline duties 'always come first' (p.239). Attitudes ranged from regarding injecting drug users as 'low life scum' through to a sympathetic understanding of prisoners' need to self-medicate (p.237). As a group, addiction centre officers were thought to be considerably more supportive than officers in the main prison, the majority of whom would rather 'put them against a wall and shoot them' (p.238). The small size of the centre facilitated more relaxed relationships, with officers being on first name terms with prisoners.

Commentators have suggested fundamental differences in attribution between prison officers in caring and regular roles. Bruhn and colleagues⁴⁶ refer to Muir's 'tragic' and 'cynical' world views adopted by police officers.⁴⁷ The former encompasses the tragic nature of the human condition and the influences that shape it and holds that people are all fundamentally alike. The latter holds that people are either essentially good or bad and that this is a fundamental difference in their natures. The former implies the potential for engagement and change;

When TC
participants were
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with them, the most
frequent adjective
used was 'caring'.

38. Genders, E. and Player, E. (1995). *Grendon. A Study of a Therapeutic Prison*. Oxford: Oxford University Press, p.122.

39. Stevens, op.cit.

40. Giertsen, H., Nylander, P.Å., Frank, V.A., Kolind, T. and Tourunen, J. (2014). Prisoners' experiences of drug treatment and punishment in four Nordic countries. *Nordic Studies on Alcohol and Drugs*, 32, p.145-164.

41. Kolind, T., Frank, V.A., Lindberg, O. and Tourunen, J. (2014). Officers and drug counsellors: new occupational identities in Nordic prisons. *British Journal of Criminology*, published online: November 13, 2014.

42. *Ibid.*, p.10.

43. *Ibid.*, p.10.

44. Giertsen *et al.*, op. cit.

45. McIntosh, J. and Saville, E. (2006). The challenges associated with drug treatment in prison. *Probation Journal*, 53, p.230-247.

46. Bruhn *et al.*, op. cit.

47. Muir, W.K. (1977). *Police: Streetcorner Politicians*. Chicago: University of Chicago Press.

the latter distancing and separation. In a similar manner, Nielsen and Kolind⁴⁸ describe 'institutional images of typical inmates' that underlie prison officers' understanding of prisoners' problems and needs, although they stress their 'oscillating' nature across the 'fuzzy boundaries' between constructions of the prisoner as offender or client.

Prison officers' different approaches to recovery and control may therefore reflect more fundamental differences in their world view and the attribution of blame. Those regarding prisoners with a history of drug dependence as, at least in part, tragic victims of circumstance, may be more inclined towards the rehabilitative. Cynics, who see substance use simply as a matter of personal choice — with blame attached accordingly — are likely to incline in the opposite direction. Blame can be seen as lying at the heart of the particular stigma attached to drug dependence.⁴⁹ Attribution of personal blame is therefore likely to obstruct supportive working with substance users in any environment.

The last twenty years have witnessed a dramatic increase in the provision of prison drug treatment in the UK.⁵⁰ However, only one previous British study has focused on staff-prisoner relationships in a specialist drug treatment unit.⁵¹ This article makes a substantial contribution to this literature by offering a comparative study of the role of prison officers working in DRWs across ten prisons in the UK at a time when, despite the policy emphasis on recovery, prison officers' involvement in rehabilitation is endangered.

Methods

As part of a substantial evaluation of the pilot DRWs funded by the Department of Health⁵², detailed qualitative interviews were conducted with 102 prisoners

and 98 staff across the 10 pilot DRWs as part of a rapid assessment. Rapid assessment methodologies are common in the development of health-focused interventions, including drug treatment.⁵³ These interviews were conducted by a team of five researchers in early 2013. A convenience approach was taken to recruiting prisoners for interview: in most cases, staff identified available DRW prisoners and asked them if they were happy to participate. However, in others, prisoners were independently recruited, having expressed interest in taking part in the study as they passed the researchers on the wing. Such methods are often necessitated by the complexities of the prison environment.⁵⁴ Furthermore, fieldwork was conducted at short notice, during prisoners' working days and in wings managing turnovers of frequent new arrivals. Chance therefore played an important part in determining who

was available for interview. Staff unlocked prisoners for interviews, which took place in private offices and training rooms that precluded the possibility of being overheard.

The staff most involved with the DRWs were purposively sampled, usually including uniformed wing officers and governor grade staff. Fieldwork also involved considerable periods of time awaiting the appearance of officers, prisoners and free interview rooms. This provided

valuable opportunities to observe the wings and take notes on the structure and nature of the wings, and the interactions going on within them.

Additionally, detailed face-to-face interviews were conducted with two central government policy contacts, closely involved with the development and implementation of DRWs. A one hour telephone interview was also conducted with the chief executive of a charity involved with the provision of drug treatment in prisons.

Prison interviews were face-to-face, semi-structured, recorded and fully transcribed.⁵⁵ The

The last twenty years have witnessed a dramatic increase in the provision of prison drug treatment in the UK.

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48. Nielsen, B. and Kolind, T. (2016). Offender and/or client? Fuzzy institutional identities in prison-based drug treatment in Denmark. *Punishment and Society*, in press.
 49. Lloyd, C. (2013). The stigmatisation of problem drug users: a narrative literature review. *Drugs: Education, Prevention and Policy*, 20(2), 85–95.
 50. Patel Report (2010): *Reducing drug-related crime and rehabilitating offenders*. London: Department of Health.
 51. McIntosh and Saville, op. cit.
 52. For an overview see Lloyd, C., Page, G., Russell, C., McKeganey, N. and Liebling, A. (2013). *Evaluation of the Drug Recovery Wing Pilots: Scoping and Feasibility Report*. <http://www.york.ac.uk/media/healthsciences/images/research/mharg/projects/scoping%20and%20feasibility%20report%20with%20ull%20appendices%2031.3.14.pdf>.
 53. Stimson, G.V., Fitch, C., Jarlais, D. D., Poznyak, V., Perlis, T., & Rhodes, T. (2006). Rapid assessment and response studies of injection drug use: Knowledge gain, capacity building and intervention development in a multisite study. *American Journal of Public Health*, 96(2), p. 289–295.
 54. See, for example, Heidari, E., Dickinson, C., Wilson, R., & Fiske, J. (2007). Oral health of remand prisoners in HMP Brixton, London. *British Dental Journal*, 202, E5.
 55. All but one interview were recorded and transcribed. One prisoner refused to have his interview recorded and detailed notes were taken.

majority lasted between 20 minutes and an hour. Our analytical approach drew on adaptive theory⁵⁶ which, whilst recognising the principled advantages of grounded approaches,⁵⁷ seeks to avoid the hazards of an entirely emergent approach. Thus, semi-structured interviews were developed to reflect prominent themes identified in relevant studies and policy documents. This theoretical backbone provided the outline of a hierarchical coding tree. However, questions were often answered with considerable nuance and in great detail; and some unanticipated topics arose. Supporting this flexibility, adaptive theory allows for the development of emergent codes around a coding process 'crank-started' by deductive means.⁵⁸ Framed by this structure, all interview transcripts were entered into NVivo 9 and coded using an adaptive and emergent coding system.⁵⁹ The final coding tree had four hierarchical levels, with seven lead nodes and 150 lower level codes.

Ethical permission for the study was sought and received from three different bodies.⁶⁰

The samples

Nineteen female and 83 male prisoners were interviewed. The adult men had an average age of 35, ranging from 22 to 53 years, and were serving sentences averaging 22 months. The women had an average age of 37 (range 19 to 62 years) and were serving sentences of 32 months on average. The YOI interviewees were aged 18 to 21 years and had a sentence average of 76 months.

Of the 98 staff, 47 were prison officers or governors. Of these, eight were at least partly funded through the NHS. Other staff interviewees included nurses, through-care/link workers, and third sector workers trained in delivering psychosocial drug interventions.

The Prisons

To maintain interviewee anonymity, the women's prisons are referred to in the following section as F1 and F2; and the men's prisons as M1 to M8.

Findings

The DRW pilots were found to vary considerably in their nature, size and aims⁶¹ and the composition of DRW teams likewise varied. While at F1 and M3, the staff on the DRW was comprised solely of professional drug workers (barring duty prison officers responsible for

security), at M7 and M8 nearly all the activities on the wing were undertaken by selected, uniformed prison officers. A number of DRW teams (F2, M1, M2, M4 and M6) included specialist, non-uniformed prison officers and M5 had a mixed team consisting of uniformed prison officers, psychosocial workers and a clinical team.

Care and control

Officer accounts of their relationships with prisoners tended to focus on the difference between DRW prison officers and the larger body of prison officers elsewhere in the prison. There was a strong sense of an unsympathetic prison officer culture outside the DRW and the consequent need for DRW officers to be carefully selected, in order to maintain the values of the DRW and work effectively within it. While DRW officers described themselves as caring and listening, officers elsewhere were viewed as 'turnkeys'.

We're fluffy officers in the DRW... (prison officer, M4).

A lot of the staff that are on here are prepared to listen to prisoners rather than just wanting to bang them up (prison officer, M8).

This narrative of a more caring approach was linked to a belief in the potential for change. Reflecting Stevens' work,⁶² a number of prison officers spoke of a general divide between officers that believed that prisoners could reduce or give up their drug use and offending and those who did not. The large majority of DRW officers fell into the former category and the values they appeared to espouse set them apart from the wider prison officer culture, leading them to be regarded with suspicion.

Prisoners also recognised that, as a body, the DRW officers were more caring and took a more personal approach than officers elsewhere in the prison: the word 'help' was frequently used in these accounts. This view was virtually universal among the prisoners we interviewed.

They actually don't treat you like a criminal. Or they don't give you that feeling really. They just feel more like they're there to help you really (prisoner, M6).

56. Layder, D. (1998). *Sociological Practice: Linking Theory and Social Research*. SAGE: London.

57. Glaser, B.G. and Strauss, A. (1967). *A Discovery of Grounded Theory. Strategies for Qualitative Research*. Sociology Press: Mill Valley

58. Layder, op. cit., p.117.

59. Seale, C. (2004). Generating Grounded Theory. In: Seale, C. (Ed), *Researching Society and Culture* (pp.240-247). SAGE: London.

60. The University of York Department of Health Sciences Research Committee, The National Offender Management Service National Research Committee and the NRES Committee East of England — Essex.

61. Lloyd et al., op. cit.

62. Stevens, op. cit.

Even in the more troubled DRW at F2, where relations between officers and prisoners were clearly strained, prisoners begrudgingly admitted that officers on the wing were generally more supportive than elsewhere.

I wouldn't say it was brilliant but they proper help you and that up here. It's not like staff in a normal location, up here they're proper supportive and that (prisoner, F2).

A key feature of this more caring approach was a high level of one-to-one contact with officers:

If I've got any problems I can go and talk to him and he helps me out. If I'm feeling low or if, things that have happened like in my childhood, I'm getting really down, I can talk to him about. Which I couldn't talk to other officers about (prisoner, M1).

Many (but not all) officers on DRWs therefore took the opportunity to spend time with the prisoners, getting to know them better and attempting to help them with current and past problems. This was reflected in officers' accounts of 'going deeper' into prisoner's lives, dealing with historical problems that they saw as underpinning their present situation. Such a caring – to some degree therapeutic – role was often juxtaposed with their disciplinary and security role. Reflecting Nielsen and Kolind's 'fuzzy boundaries',⁶³ one M6 officer gave a graphic description of the flexibility the DRW role demanded:

The problem is that you go from possibly rolling around the floor with a prisoner you've been fighting with, to 10 minutes later talking about the fact that his wife's left him and he feels like using again. You have to be flexible all the time (prison officer, M6).

The issue of boundaries and rules frequently surfaced through these interviews. There was a clear tension, frequently expressed by prison officers, between the helping, 'therapeutic' role and the need to enforce rules.

You're helping them in ways that you've probably never helped a prisoner before. So obviously there's borderlines that you can't

cross and they can't cross but you know from a professional point of view you build up quite a good relationship with them (prison officer, M8).

Interestingly, while caring and discipline were frequently described as polar opposites, some officers referred to the security dividends that could result from more intimate relationships with prisoners. Prisoners whose behaviour appeared challenging or out of control were often thought to have underlying emotional problems which, if addressed, could improve security. Furthermore, greater proximity and trust between staff and prisoners was associated with greater sharing of information – particularly about drugs circulating on the wing.

Officers in the DRWs were also largely seen to be more responsive to requests for practical help. Crewe has described prison as 'an environment where deficits in information, control and personal autonomy are inherent.'⁶⁴ Prisoners therefore often need the support of officers to 'get things done'. On DRWs, there seemed to be much more scope and inclination for officers to respond to prisoner requests: partly because of the greater ratio of staff to prisoners but also, it seemed, because officers on DRWs tended to be more familiar with prisoners' lives and problems, and therefore more sympathetic.

The particular roles played by officers on DRWs undoubtedly affected their relationships with prisoners. In the two DRWs (M3 and F1) where officers had no therapeutic role, there was a familiar focus on the 'good' and the 'bad', found in other prison research:⁶⁵

I do get on with the officers man: like if I see them on the street I would shake them by the hand. Do you get me? Some I would slap... [but] most of my friends that are in jail get on with the officers and that. And they're not on the DRW. (prisoner, M3).

Reflecting the wider important function of humour in prisons,⁶⁶ a prisoner in F1 referred to joking with prison staff, if joking with an edge:

They're very sarcastic and they can be [pause] annoying. But I guess we all can be that way really [laughs]. But they can get you easily wound up, even if they jokingly do it. But yeah. They can be alright as well (Prisoner, F1).

63. Nielsen and Kolind, op. cit.

64. Crewe, B. (2011). Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology*, 8(6), p.458.

65. Liebling et al., op.cit.

66. Nielson, M.M. (2011). On humour in prison. *European Journal of Criminology*, 8 (6), p.500-514.

However, interviewees did not refer to a greater depth of relationship on these wings.

Elsewhere, as described above, relationships appeared to be qualitatively different and, reflecting Giertsen and colleagues' work,⁶⁷ the greater officers' therapeutic involvement, the closer the relationships appeared to be. Indeed, where teams was delivered by mixed teams of prison officers and third sector staff, prisoners tended not to differentiate, seeing them as individuals rather than members of professional groups.

Time and wing size

On the smaller DRWs, officers and prisoners alike referred to the greater amount of time they had to talk.

So people can knock on the door and say: 'well I've got some problems, can I have a chat?' And there's more time to do that because there's less numbers. So I think that's like a major difference (prison officer, M2).

In observing these wings we saw officers sitting with prisoners, talking, joking, playing cards, drinking tea and doing jigsaw puzzles. This seemed far removed from the more formal relations seen on large DRWs, where prison officers tended to always be involved in purposeful action if on the landings (if they were not in their wing offices). The more informal, interactive atmosphere on rehabilitation-oriented wings has been noted elsewhere.^{68, 69}

The rehabilitative (and, to some extent, the instrumental) role of prison officers was therefore clearly linked to time and wing numbers. The high ratio of officers (and other staff) to prisoners on some DRWs provided the space for prison officers and prisoners to talk. As will be discussed later, in the majority of DRWs this space was under threat from the wider policy environment.

Language and uniform

In addition to time and space, there were other facets of the DRW environment that appeared to be connected with more therapeutic, recovery-oriented relationships. In M1, M2 and F2, prison officers had been selected and trained as specialists. They wore a navy polo

shirt ('soft' uniform) instead of the traditional white shirt and officers and prisoners saw this as significant.

Speaking of the specialist 'Inside Out' officers in M1, the following prison officer described how:

The service users, it takes a little while for them to gain... I suppose to trust a new Inside Out officer. Because they used to see him in a white shirt and they turn up in a blue shirt... but that trust does come... The officers that wear the white shirts, they've got no understanding of drugs and alcohol (prison officer, M1).

The white shirt was a potent symbol and the significance of officers wearing other garb should not be underestimated:

Yes a lot of prisoners do see them as an enemy, they see that uniform and they think it's like a red rag to a bull sort of thing (prisoner, M7).

In observing these wings we saw officers sitting with prisoners, talking, joking, playing cards, drinking tea and doing jigsaw puzzles.

Dress therefore appeared to be significant: both in terms of allowing prisoners to differentiate between specialist and non-specialist officers but also because it helped officers to carve out a different, more rehabilitative role. However, it is notable that the DRW where officers appeared to be held in the highest esteem by

prisoners — M7 — was entirely manned by uniformed prison officers. The explanation for this is not immediately clear. It could be that rules and boundaries were more readily enforced because officers retained their visible authority, although this was not explicitly referred to by staff or prisoner interviewees. Alternatively, as one officer pointed out, M7 is a local prison, and the experienced officers on the DRW knew a number of the prisoners from the past and were familiar with their backgrounds. There was also a firm policy of protecting M7's limited pool of officers from being re-deployed elsewhere. Officers rarely came from elsewhere on the prison: and where they did so, they tended to be unpopular with the prisoners.

Language also arose as an important issue.

Yeah, we always, especially down there, it's first names. We have to get away from those sort of barriers to uncover and help them with their recovery (prison officer, M2).

67. Giertsen *et al.*, *op. cit.*

68. Kolind *et al.*, *op. cit.*

69. Nylander *et al.*, *op. cit.*

Selectivity, training and knowledge

Prisoners interviewed in M7 and M8 said that they particularly appreciated prison officers calling them by their first name, one referring to how this made him feel 'like you're human' (M8).

The language used to describe DRW prisoners appeared to reflect their somewhat ambiguous status. Staff variously described them as prisoners, clients, service users and patients. One officer demonstrated heightened awareness of the contextual implications of such language:

To you [the researcher] they're my clients. But they are prisoners. ... I could be talking to a group of volunteers ... And if I say 'prisoner this, prisoner that' they get the hump straight away... So if there's a volunteer or the church people or other people come in I can just change tacks slightly so that I'm on the same level. But I would say to them at the end of the day they're a prisoner (prison officer, M1).

Another officer at M6 saw 'client' as a term that prisoners had to earn:

If someone has made a long term commitment to work towards abstinence: made a transition from being maintained to going into recovery, then they deserve the dignity of being classed as a client rather than a prisoner (prison officer, M6).

The language used therefore varied considerably, with some officers clearly aware of its significance. In this context, Donohue and Moore⁷⁰ have contrasted two 'penal subjectivities': on the one hand, 'offenders' and 'prisoners' that are the passive objects of punishment and, on the other, 'clients', with pathologies and needs, who are expected to engage with their own rehabilitation. Addiction tops the list of pathologies associated with the construction of a 'client' subjectivity.⁷¹ This work has considerable resonance with the DRW context. The way in which DRWs have tended to select motivated prisoners has been dealt with elsewhere.⁷² As the M6 officers asserts above, for him, the term 'client' was reserved for those who were motivated and actively committed to change. To gain 'client' status DRW prisoners therefore needed to be active participants in their treatment.

Occasionally, for operational reasons, prisoners without drug problems were housed on DRWs and this could seriously undermine therapeutic programmes.⁷³ The appearance of untrained, unsympathetic staff on the wing had a similar effect and the selection of DRW officers therefore appeared to be crucial.

Probably 80 per cent of the staff on here [the DRW] all said that they want to be involved. Because they didn't just want to be turnkeys. They want to do something a bit more. So...they already had that bit of buy in (prison officer, M3).

Serious problems arose when DRW managers lost control over the staffing:

...we've now got [some] new officers that have no understanding of substance misuse — actually aren't particularly interested in substance misuse. Don't want training. And that's where the difficulty lies. They're not rude. They go out there do their prison officer job. They'll do their personal officer 1-1 sessions. But they're not interested in the reasons for

... 'trust' and 'respect' were words frequently used by interviewees in discussing relationships.

the clients' offending. They're not interested in the reasons the client started using substances. And actually, don't have an awful lot of understanding or empathy as to why they might've started using. So it's almost as if we're starting again (prison officer, M6).

There is the sense here that DRWs' social environments were quite delicate and readily undermined by the appearance of unsympathetic officers and/or prisoners. This may reflect the relatively new, 'pilot' status of these projects, and their emergent nature. However, there is also a sense in which DRWs required honesty and trust on both sides to function well: 'trust' and 'respect' were words frequently used by interviewees in discussing relationships. Such relations could be endangered when 'outsiders' appeared on the wing.

However, it was also possible for new officers to be influenced by the environment:

70. Donohue, E. and Moore, D. (2009). When is an offender not an offender? Power, the client and shifting penal subjectivities. *Punishment and Society*, 11, p.319-336.

71. *Ibid.*, p.322.

72. Page *et al.*, *op. cit.*

73. Lloyd *et al.*, *op. cit.*

The discipline staff...they weren't really interested at first and then a couple of the officers were taking a little bit of an interest and then all of a sudden you had officers sitting in on the groups. Now to me that was a massive change (prisoner, M2).

Where DRWs housed high proportions of injecting drug users, prisoners emphasised the need for trained staff who understood addiction and refrained from stigmatisation and false assumptions. In F2, an appreciation of the rigors of detoxification was thought particularly important:

Yeah, because if they don't understand — when the girls are going through detox and that they don't understand the shouting and all the girls' emotions are coming out...They're just going to burst into tears and not know what they're crying for and they're going to end up getting warnings, negative comments shouted back at them (prisoner, F2).

A single community?

The DRWs at M2 and F2 had small, separate and intensive regimes and prison officers in both spoke of the importance of a more equal approach to relationships on the wing, echoing in places the language of TCs.

This is a pro-social environment where everybody is entitled to challenge each other pro-socially – us as well. If we're doing something inappropriate or not pro-social, please challenge us (prison officer, M2).

F2 officers spoke of doing things together such as cooking and doing jigsaws, with the implication that collaborative work brought officers and prisoners closer together:

...up here they lose that 'them and us' after the first couple of days. Initially they don't come and play stuff with us, and then all of a sudden we find them sitting round the table and openly talking, and they don't actually realise they've lost their inhibitions to communicate with us...and they'll be going, is that a piece of jigsaw miss? And it's a sort of family (prison officer, F2).

However, Prisoners in F2 did not necessarily share these views. Relations had recently been strained by a collaborative activity that had gone awry:

So, like the other day we made a cheesecake, for example, and we were fine and happy for everyone to share it: officers and girls... [A] CARATs worker...said 'well why don't you ask when you can have it?' So the girls did, and then it caused a big argument...because the staff didn't want to sit down and eat it with us, do you know, they wanted to go in office and eat it by themselves...it escalated into something else [...] And like they were calling us selfish but it's them who were selfish (prisoner, F2).

While emphasising collaboration, staff on F2 were also clear that 'at the end of the day we're still prison staff, and they're still inmates'. The cheesecake debacle illustrates the tensions inherent in attempting proximity and collaboration within a situation that is inherently unequal.

The changing policy environment

Faced with the pressures placed on them by competition benchmarking, several prison governors had removed officers from therapeutic roles within DRWs, with the expectation that external agencies would take over.

Officers referred to the likely loss of the interaction with prisoners that these changes could bring about:

The interaction a member of staff has with a prisoner will be minimal. There won't be any great personal officer work that goes on. There won't be any great interaction with the prisoners on the DRW (prison officer, M6).

Another officer spoke about his desire for prison officers to continue to be involved in this type of recovery work:

...it would be a shame if they turn my role into only opening and closing doors, but that's a personal perspective of things. I hope that when they make all these changes they still allow prison staff to be involved in the rehabilitation side of prison life (prison officer, M7).

Interviews with our three policy informants emphasise the impact of central policy on the potential for prison officers to take on caring roles. Following the introduction of *Fair and Sustainable* and benchmarking, prison officers could enable rehabilitative ventures, but not get directly involved in their delivery:

We've spent the last 20 years trying to make officers more involved...engaged with activities

and everything else, but the latest shift now is actually prison officers will just focus on the custodial key functions... whatever else is actually outside responsibility coming in (policy informant).

The Chief Executive of a major external contractor was also concerned about these changes. While more contracts for delivering drug work in prisons was obviously attractive to his organisation, he emphasised the importance of prison support:

Our ideal...of having, you know, named, dedicated staff on our recovery wings who are as committed as our staff are, you know, it's getting harder basically (NGO Chief Executive).

He continued:

Fundamentally, you can't have a successful recovery wing or, indeed any successful treatment intervention, unless there is at least a certain level of commitment from the prison management and staff (NGO Chief Executive).

Discussion and conclusions

DRWs were conceived with the aim of 'challenging offenders to come off drugs' and one way that the pilots have addressed this aim is by developing spaces where prison officers and prisoners can relate to one another in very different ways from elsewhere in the prison. In this respect and at this early developmental stage, they appear to have been successful. There was general agreement among interviewees that staff-prisoner relationships in DRWs were different, manifested in closer relationships, more one-to-one time and more informal relationships. Several features aided this development: improved staff to prisoner ratios, smaller units, more informality and the careful selection of DRW officers. Relationships on DRWs appeared to be closest where DRWs were able to select officers from the limited pool of *true carers*, although the causality here is complex. Reflecting other research,⁷⁴ *true carers* undoubtedly migrated to the DRWs, in search of more meaningful work. However,

reflecting Genders and Player,⁷⁵ there was also evidence of an impact of the DRW regime on officers that were stationed there. It is also important to recognise prisoner selection effects. DRWs actively recruited prisoners into their programmes and a key selection criterion was motivation.⁷⁶ Thus, the selection of prisoners who, at least on the face of it, wished to address their substance use, will also have contributed to the different atmosphere –and different relationships – on DRWs.

Unsurprisingly, some DRWs were more successful than others in creating caring environments. The presence of officers with little interest or belief in the potential for prisoners to change could undermine therapeutic endeavours. There were also inevitable tensions in attempting greater proximity and care within the context of an extreme power imbalance and an overriding goal of containment and security. Such tensions played out in different ways across the pilots: in the confusion over the

language used to describe prisoners, talk of equality in the context of complete inequality and the difficulties of protecting the DRW environment from the wider prison system. For Donahue and Moore,

Unsurprisingly, some DRWs were more successful than others in creating caring environments.

Helping, when it is done by criminal justice actors, is an exertion of force. It is this act of force that ultimately frustrates attempts to frame the CJS and its actors as separated from their punitive roots.⁷⁷

Ultimately, the separation of DRWs from the wider punitive and security role of the prison is clearly impossible.

A clear function of the DRWs was to give caring officers the chance to 'care'. This research supports Tait's typology, with empathic, *true carers* being the most likely to be drawn to the DRWs. There seems to be inherent worth in harnessing the caring tendencies of these officers, whose ideological outlook seemed to be very different from their colleagues. As Tait points out, 'helping prisoners has been identified as a source of meaning for prison officers in a job with few perceived rewards.'⁷⁸ However, the ability of the officers in this study to forge different types of relationships with prisoners depended on them having the time and space so to do, and this was clearly under threat.

74. Kolind et al., op.cit; Stevens, op. cit.; Tait, S. (2008). Care and the prison officer: Beyond 'care bears' and 'turn-keys'. *Prison Service Journal*, 180, p. 3–11.

75. Genders and Player, op. cit.

76. Page et al., op. cit.

77. Donahue and Moore, op. cit., p.331.

78. Tait (2011), op. cit, p.441.

This research raises broader questions about the role and purpose of prison officers: in particular, the potential for them to retain specialist roles and ways of working that are differentiated from the mainstream. Caring or therapeutic roles can be identified at three different levels within the system: at the institutional level within a prison like HMP Grendon; at the wing level within TCs, DRWs and other specialist units; and, at the individual level anywhere else in the prison estate. The extent to which prison officers' are able to shift their 'double commission' towards rehabilitation is likely to be dictated by their location within the system and their opportunity to move to a more therapeutic unit. Given the limited extent of TC provision,⁷⁹ DRWs have presented a significant new opportunity. However, over the course of the study, the involvement of prison officers in therapeutic roles within DRWs was under serious threat. Moreover, a number of factors conspire to raise fundamental questions about the rehabilitative role of officers elsewhere in the prison estate. In its recent major inquiry into prison planning and policies in England and Wales, the House of Commons Justice Committee⁸⁰ pointed to the dramatic decline in prison officer numbers, high turnover of staff and the increasing prison population as impacting on relationships between prison officers and prisoners. It points out that:

Prison officers long ago ceased to be 'turnkeys' and now play a range of functions...Some [witnesses] feared, however, that, following benchmarking, the importance of staff-prisoner relationships might be overlooked, and the role of staff could regress...⁸¹

Ultimately, the Committee took the view that:

Given the size of the prison population and the likely need to continue to make financial savings in the medium term, there is a real danger that savings and rehabilitation could become two contradictory policy agendas. The question of the sustainability of the system cannot continue to be ignored.⁸²

This research therefore forms part of a larger body of evidence suggesting that the rehabilitative role of prison officers in the UK is under serious threat. To return to Scott's penal merry-go-round: it appears that prison officers' ride on the rehabilitative horse may be over.

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79. Stevens, op.cit.

80. The House of Commons Justice Committee is a cross-party House of Commons Select Committee of MPs charged with examining the expenditure, administration and policy of the Ministry of Justice.

81. Justice Committee, op. cit.

82. Justice Committee, op. cit., p.66.