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Challenges for prison governors and staff in implementing the Healthy Prisons Agenda in English prisons

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ABSTRACT

Objectives: In the two decades that have passed since the World Health Organisation established the Healthy Prisons Agenda, there has been no research conducted to investigate barriers and challenges prison managerial and operational staff encounter in implementing the Agenda in the English prison context. This article debates sectoral, institutional and occupational challenges perceived to hinder effective implementation of the Agenda, based on a qualitative study involving prison governors and operational staff.
Study design: Qualitative study taking a grounded theory approach.
Methods: Semistructured interviews were conducted with 30 participants comprising prison governors, prison officers and external stakeholders with key strategic and operational roles across the prison estate. The interviews were analysed and coded into themes using constant comparative method.
Results: The research identified a range of managerial and operational factors that impeded recognition, acceptance and successful implementation of the Healthy Prisons Agenda. These were found to be associated with scarcity of resources, low prioritisation, perceived low importance, and pressures at operational, managerial and strategic levels to adhere to standard operating procedures. Security, control and discipline tended to supersede other imperatives considered of secondary importance to the effective running of prisons.
Conclusions: Sustainability of the Healthy Prisons Agenda can only be assured by raising its significance and importance across prison hierarchies and within policies and practices through which operational and strategic objectives are realised. This means achieving wholesale commitment by prisons—among staff at all levels—towards public health goals that are fundamental to a successful and effective criminal justice system.

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Introduction

It is widely acknowledged that prison populations in all countries of the world, England being no exception, carry a disproportionately high burden of communicable and non-communicable disease, ill-health and disability.[1–3] It is moreover the case that the most socio-economically disadvantaged communities, where levels of social exclusion, disadvantage and inequality are most marked, are significantly overrepresented within prison populations.[4] It is not surprising, therefore, that prisons accommodate large numbers of people with complex health and social needs, many exhibiting high-risk health behaviours. It is in this regard that the World Health Organisation (WHO) introduced the Healthy Prisons approach in 1995 as a system-wide strategy for protecting and improving the health of prisoners.[5] Building on the definition of health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity',[6] its principal objectives were to address prisoners' health needs and risks, to recognise and mitigate against the harmful health impacts of imprisonment and, consistent with these objectives, to safeguard prisoners' human rights and access to health services comparable (or 'equivalent') to those available to the general population. The Healthy Prisons ethos is derived from WHO's 'healthy settings' strategy for health promotion, which is holistic and multidisciplinary, and emphasises participation, partnership, empowerment and equity.[5] For prisons, this means adopting a system-wide public health strategy, embedding health within the core business of the system, and addressing health impacts of imprisonment and inequalities, necessary for effective and sustainable offender management and rehabilitation.[7] These aspirations are recognised and audited by Her Majesty's Inspectorate of Prisons through assessment of institutions' fitness as safe, secure, reforming and health-promoting environments and of their success in embracing decency and safeguarding human rights.[8]

The Healthy Prisons Agenda advocates the 'whole-prison approach', a philosophy that prioritises the health of prisoners and that of the prison staff members and promotes an environment conducive for health to thrive.[5] Reinforced by supportive policies and initiatives, the Agenda seeks to invert Goffman's traditional portrayal of prisons as institutions where strict regimes, hierarchical relationships and enduring bureaucracies are normalised as part of prisons' environment and culture[9] but which can be detrimental to health. Additionally, the Agenda attempts to move away from a biomedical perspective to a more holistic and social model of health, providing, thus, an opportunity to address health inequalities of the hard-to-reach groups all under one roof—those who frequently fall through the National Health Service (NHS) safety net.[7] Recently, these realisations have been further strengthened through the National Partnership Agreement for Prison Healthcare in England 2018–2021—concluded among the Ministry of Justice, Her Majesty's Prison and Probation Service (HMPPS), Public Health England, the Department of Health and Social Care and NHS England—that promotes collaboration on improving health outcomes for prisoners, reducing health inequalities of prisoners, addressing health-related drivers of their offending behaviour and improving continuity of care across the criminal justice pathways.[10]

The ability of prisons to effectively operationalise the Healthy Prisons Agenda has been significantly reduced through year-on-year reductions in prison funding and resourcing by the UK Government, which, we would argue, brings consequences for prisoner health. During the period 2009–2017, the UK Government reduced operational funding for the HMPPS by 13%, which led to a 30% reduction in prison staff.[11] During this period, the prison population has continued to grow (Fig. 1).[12] Operational and managerial staff experience high levels of stress and burnout, high sickness levels, high turnover, and early retirement.[13] The Prison Service faces a recruitment crisis emanating from relatively low and static salaries and unfavourable employment terms and conditions, which makes it difficult to attract a high-quality and experienced workforce.[13] This inevitably impacts both the quality and duty of care prisons have for prisoners, across the range of health, social, educational and employability needs of prisoners, most of whom will be released back to society.

Multifaceted factors of institution, environment and person are determinants of the rehabilitative culture within detention. Considering that health is not solely dependent on healthcare services; different parts of the prison system should work collaboratively to address the colossal health and social care issues experienced by prisoners. Routine and continual interactions between prison staff and prisoners can engender such a culture.[14] Nevertheless, available research suggests that, in prisoner–staff relationships, prison officers tend to exert this discretion by focussing on punishment and control, rather than on care and empathy.[13,15] Several studies have related this detrimental lack of empathy to the focus, in prison officers' training, on security and institutional order.[16] Under this training system, training in assisting prisoners with complex needs has been deemed inadequate, with prison officers typically perceiving health activities to be outside of their professional remit.[17] This is despite the duty of care that the prison officials have to protect prisoners from injury and harm, as reinforced by Article 2 of the European Convention on Human Rights that imposes a positive obligation to take preventative operational measures to protect an individual whose life is at risk.

Institutional culture is an important area where change is necessary, although this has to happen alongside significant increases in prison resources, especially in terms of staffing and workforce development. Prison governors and area managers have a key role to play, given their power to steer and motivate their workforces, and their location often at the centre of a multidisciplinary workforce, given ever increasing involvement of voluntary, community and private sector organisations in delivering prison services.[18] This requires skill and diplomacy to facilitate and balance competing priorities, where distinct professional value positions prevail. Such an intersectoral context will inevitably bring conflict of interest between different professional groups, which will be particularly heightened where prison governors and managers, on account of scarce resources, are preoccupied with safety and control, which can work towards the detriment or health and welfare.[19] Prison governors are moreover instructed by central government to embrace regulations and instructions that can