

Healthier Prisons: The Role of a Prison Visitors' Centre

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Abstract

Since the inception of the prison as a 'setting' for health promotion, there has been a focus on how the health of those men and women who spend 'time inside' can at least be maintained and if possible, enhanced, during their prison sentence. This paper presents findings from a mainly qualitative evaluation of a prison visitors' centre in the UK. It reports experiences of prisoners' families, prisoners, prison staff, the local community and the ways in which the visitors' centre has contributed positively to their health and well-being. In addition, key stakeholders were interviewed to ascertain the role this visitors' centre has in policy frameworks related to re-offending. The findings from this evaluation underscore how the visitors' centre improved the quality of visits, and contributed towards the maintenance of family ties through the help and support it provides for families and prisoners. The paper concludes by suggesting that visitors' centres are an essential part of a modern prison service helping to address the government's health inequalities agenda.

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Introduction

The aim of this paper is to present an evaluation of a prison visitors centre and to locate those findings within current debates about strategies for promoting health within prisons, reducing re-offending, fostering family ties, and tackling health inequalities. The settings approach to health promotion has focussed attention on institutions such as schools, workplaces, hospitals, and by extension, on prisons. This focus has also enabled a discussion about the seeming contradiction between prison being places of punishment and correction, and their role in enhancing the health of a group of people who are literally a 'captive audience'. This itself raises issues about voluntarism, equal rights (i.e. the right of prisoners to receive the same standards of health input as the general public), and the tension between 'punishment' and 'rehabilitation'. This paradox has led authors in the area to question whether promoting health in prison is a contradiction in terms (Smith 2000), an oxymoron (McCallum 1995, de Viggiani 2006) or simply incompatible (Greenwood *et al.* 1999). These latter debates are outside the scope of this paper, which instead will focus on the ways in which a visitors' centre can enhance the health of prisoners, their families, and the prison staff.

In the UK, the Government's strategy 'The Health of the Nation: a strategy for Health in England' (Department of Health 1992) was one of the first government documents specifically to mention prisons as a place to tackle ill health. Following the regime change in 1997, the Labour Government also mentioned prisons as a setting for improving mental health and general well-being, in 'Saving Lives: Our Healthier Nation' (Department of Health 1999). Only in 2002 however, with 'Health Promoting Prisons: A Shared Approach' (Department of Health 2002) was a fully elaborated strategy produced, which focussed on developing policies and practices throughout

prisons which would promote the health of all prisoners and staff, which would provide health education and health services, and which moved towards a social model of health underpinned by the concept of 'decency in prisons'. This document was translated into a Prison Service Order (PSO 3200) which, according to Baybutt *et al.* (2007) was, 'a crucial step forward for health promoting prisons, embedding as it did a commitment to health within the offender management system' (p242).

There appears to be political will, therefore, to tackle health promotion within prisons, at the same time as general concern, expressed for example in media reports, of widespread 'crisis' and serious issues within the penal system. The putative 37% rise in prison suicides in 2007 compared with 2006 has led pressure groups such as the Howard League for Penal Reform to say that this is the 'human cost of the prison crisis' (Woodward 2008). The Prison Reform Trust has related the rise to the increase in the numbers of those with existing mental health problems being held in prison, and to the general increase in the prison population, leading to overcrowding. As of 1st February 2008, there were 76,545 male and 4,453 female prisoners in UK gaols, according to the National Offender Management Service (NOMS 2008). The UK has one of the highest imprisonment rates in Europe (Baybutt *et al.* 2007; Smith *et al.* 2007) and recent government approaches have been to suggest building 'super jails' or titan gaols to deal with overcrowding, rather than to reconsider sentencing policy, or to renew efforts to tackle the causes of crime. Given the ever increasing prison population and the unlikelihood of this changing in the foreseeable future, it is imperative to consider how the health of those men and women who spend 'time inside' can at least be maintained and if possible, enhanced, during their prison sentence. Prison visitors' centres can arguably play a valuable role in this.

Historically prison visitors' centres have had a limited role in the provision of services and support for prisoners' families. Currently, there is a wide variation between the

services, facilities and funding provisions for prison visitors' centres in the UK (Loucks 2002). However, prison visitors' centres are a valuable way of improving the experience of visiting a prison and can provide valuable support for prisoners' families. Light and Campbell (2006) describe prisoner's families as 'the still forgotten victims' of imprisonment facing financial difficulties, emotional issues and problems visiting prisons. They note that when the first systematic study of prisoners' families was published (Morris 1965), the prison population was 30,421, and argue that it is essential that prisoners' families are included in the current debate on prison numbers. Salmon (2005) suggests that approximately 150,000 children a year have a parent imprisoned, and others will have a sibling or other relative in custody. However, very few services exist specifically to help prisoners' children and families. The small number of women's prisons means they are more likely to be far from the woman's home, and prisoners' families generally, have an average five hour round trip to visit their relative. 45% of prisoners lose contact with their families while imprisoned, and 22% of married prisoners experience a breakdown in that marriage due to imprisonment. Little is known about what occurs after release, but it is likely that families will experience difficulties in resuming their previous relationships (Salmon 2005). Visitors' centres can provide a source of support for these families and also help to maintain relationships through making visiting easier and more 'user-friendly'.

When, in 1999, the New Opportunities Fund launched its Healthy Living Centres grant programme, Leeds (UK) took the opportunity to tackle disadvantage and to improve health across the city. Seven successful bids included one for the existing prison visitors centre, to upgrade the buildings, reconnect to the local community, and to develop a programme of activities centred on the health of prisoners' families, prisoners and staff. The seven projects sit within the health and well-being strategy

developed by the 'Health Partnership of Leeds Initiative', and all are positioned in the voluntary sector.

The 'Jigsaw Project' is the Healthy Living Centre project which is centred on the existing prison visitors centre; the two entities are now conflated as the Jigsaw Visitors Centre, but for brevity, 'the Centre' or the Visitors' Centre will be used throughout the rest of this paper. The aim of the project were to: improve health and wellbeing, improve access to health information, provide a safe and friendly building with welcoming facilities, act as a bridge between the local community and the prison, build local capacity, develop partnerships and raise awareness of the issues surrounding prison life. The Centre is located next to Her Majesty's Prison (HMP) Leeds, an imposing Victorian category B local gaol with approximately 1,300 inmates. In HMP Leeds' inspection in 2005, 80% of its prisoners were white and 50% under the age of 30; about a third were serving two to four years, with approximately 4% serving life (HM Chief Inspectorate of Prisons 2005).

The Centre for Health Promotion Research at Leeds Metropolitan University undertook an evaluation of the Jigsaw Visitors Centre in 2005/06 and reported in April 2006 (Woodall *et al.* 2006).

Methodology

Data was generated using a combination of interviews, focus groups and questionnaires with a range of user groups. Annual reports, project proposals, previous evaluation reports and promotional material including newsletters and newspaper articles were collected from the Centre for analysis.

Prisoners' Families

Twenty semi-structured interviews with prisoners' families were carried out.

Prisoners' families were asked to take part in a short interview by members of the research team as they arrived in the Centre prior to visiting. The interview schedule focussed broadly on:

- their experience of using the Centre;
- benefits of the Centre, both for them personally, their children and the person they are visiting;
- access to information and services;
- views about what is working well as well or are not working well in the Centre;
- recommendations for the Centre.

A fundamental concern was ensuring that potential interviewees were able to give informed consent free from any pressure or perceived pressure. It was explained prior to interview that the researchers were independent of the prison and the Jigsaw Visitors Centre. The researchers ensured that they approached all parents or carers prior to speaking to any children, but many parents refused access. Only three interviews were completed with children. With permission, interviews with prisoners' families (including children) were tape-recorded. The visitors' comments book in the Centre was also analysed.

Prisoners

Acknowledgement was given to the fact that those in a prison environment, may feel under some pressure to participate in research activities. To avoid this and ensure that individuals were able to make decisions about whether or not to participate freely, it was emphasised that participation or refusal to participate carried no reward or disadvantage to their stay in prison.

Two focus groups were carried out with 17 prisoners. One focus group was conducted with prisoners on an alcohol awareness course (specifically for Muslim prisoners organised by the Centre); the second group were prisoners invited to attend a Centre management meeting. It is recognised that the participants may not be fully representative of prisoners within HMP Leeds, but all had contact with the work of the Jigsaw Visitors Centre and were prepared to be part of a focus group discussion. No prison staff or Centre staff were involved in these focus groups, ensuring that prisoners were able to comment openly on the service.

Prison staff

Thirty-one qualitative, self-completed and anonymous questionnaires were completed during a promotional event held in the Centre. A range of staff including Administration workers, Operational Support Grade staff, Prison Officers and Senior Officers completed questionnaires eliciting their experiences of using the Centre. In addition, three purposively sampled semi-structured interviews were carried out with senior prison staff involved closely with the Centre.

The local community

An on the street survey was conducted in the main shopping area closest to the Jigsaw Visitors Centre. The questionnaire was designed to capture people's awareness of the services available for local people at the Centre. The questions were read to respondents and responses entered by the researchers. A non-probability convenience sample of forty-six local residents participated.

Jigsaw Staff

A focus group was held with Centre staff, to explore the aims, functioning and constraints of the Centre. A SWOT analysis was held as part of this meeting.

Discussions were also held with staff during the course of the evaluation, and observation was carried out by the researchers.

Other key stakeholders

The views of key partners associated with the Centre and other stakeholders were sought by:

- two semi-structured interviews with representatives from the local Primary Care Trust;
- an interview with a representative from Action for Prisoners' Families (the national federation of services supporting families of prisoners);
- interviews with two representatives from the National Offender Management Service (NOMS);
- a focus group with the Jigsaw Visitors Centre's management committee.

Data analysis

The qualitative data were analysed thematically as outlined by Pope, Ziebland and Mays (2000), with two researchers coding and analysing the emerging themes.

Responses to closed questionnaire questions were analysed using the statistical computer package SPSS.

Findings

This section will present the findings derived from the various data collection methods outlined previously. The findings from each group will be discussed separately.

Prisoners' Families

During 2004-05, 16,052 visits were made by prisoner's families to the Centre, with 890 children, in a typical month, supervised by qualified play work staff. For many of the prisoners' families interviewed as part of this evaluation, visiting prison caused some form of strain and many articulated the physical and financial implications of keeping in touch with a prisoner. The majority found visiting an emotional and stressful experience:

"There can be a lot of tension having to come up here...every time I've come to visit he's just cancelled it, he can't face it somehow".

A distinct number of interviewees judged that the Centre had a crucial role in the maintenance of family ties. Being less anxious, stressed or frustrated by the process of visiting meant that the quality of the visit had improved, thus easing communication between the prisoner and themselves. Families recognised and valued the support they had been given and identified different types of support they had received during their time at the Centre. This support seemed to vary upon the family's circumstances and their previous experiences of prisons and the criminal justice system. However, from the analysis of interview data with prisoners' families a typology of support emerged:

1. Bureaucratic support

A minority of families who come into the Centre use the facility only out of necessity to collect the relevant documents to enable them to go into the prison to visit. Their interaction with staff and other families was limited and their knowledge of service provision in the centre was poor or non-existent.

2. Functional support

Many saw the Centre in functional terms – to provide warmth, shelter, food and drink before a visit, a place to prepare themselves before going into the prison visiting

room itself. Families using the Centre for this purpose seemed to have acquired more knowledge of the services and facilities available within the Centre by reading promotional materials.

3. Stress reducing support

The majority of those interviewed perceived the Centre not only as a place to collect visiting documents or as a place to come for more functional purposes, but as an environment which would reduce the emotional stress associated with visiting. Interview data suggested that mechanisms such as advice from Centre staff, leaflets and written information and peer support all contributed to lowering anxiety levels.

4. Visitor support plus additional service provision

There were a number of interviewees who used the Centre not only for support during visiting time, but also as a resource for Citizens Advice, counselling or utilising other facilities such as searching the internet.

Prisoners

All prisoners unanimously felt that visits were an important part of their prison life, where contact with family and friends was perceived as an important buffer for reducing prison-based stressors, such as solitary confinement. The majority of prisoners appreciated that the experience of visiting was difficult for their families, emotionally, physically and financially. Some prisoners discussed the difficulty of families travelling from different parts of the country for very short visits, and the economic implications this had on the family's finances. However, some prisoners seemed less sensitive to the demands placed on their families visiting.

Most prisoners recognised the importance of family ties for both their own mental well-being and in also having support on release from custody. Imprisoned fathers

noted the importance of keeping links with their children and described how visits and 'special' family visits (especially at Christmas) organised by the Centre were important ways of maintaining their role as a father. Prisoners discussed the attitudes and approaches of some uniformed staff during visits. Prison staff were criticised for being unsympathetic and intrusive which potentially undid the positive work of Centre.

Prison Staff

The findings from prison staff showed that they too benefited from the Centre. Many prison staff suggested that the Jigsaw Visitors Centre absorbs requests and queries from prisoners' families which would otherwise have to be dealt with by specific prison departments. One prison manager commented:

"A lot of the questions that are asked here (Jigsaw Visitors' Centre) if they didn't come here they would go to the departments inside (the prison), you would automatically up the work load of the departments...it's like general visit questions, what times, what can I bring, it just takes a lot of pressure off the front end of our organisation."

Furthermore, many prison staff felt that the work of the Centre had created a positive atmosphere during visits:

"It improves the atmosphere on visits. The visitors aren't stressed out when they go up to visits, which then rubs off onto prisoners...it's transferable it is, it does actually happen because there is a lot of information that comes out of the Visitors' Centre which puts people's minds at rest...it transfers right through the system."

Prison staff commented that if uniformed staff ran the Centre it would operate less effectively, as their principles of working prioritises security, control and strict organisation. Employing Centre staff, with skills in working with communities, was

felt to provide more independence, compassion and empathy for prisoners and prisoners' families.

The Community

During 2004-05, 1,511 visits were made by local community members to the Centre. This represents 7.4% of total visits. The on street survey showed a general lack of awareness regarding the Centre and the services it provides for local people. Most of the respondents did not provide a particular reason for why they did not use the Centre, but those that did answer provided the following reasons;

- unaware that the facility existed for local people;
- the Centre was too far to travel;
- individuals would prefer to use other local community centres;
- the stigma of using a community facility attached to a prison.

Possibly the most successful use of the Centre by local people was that of a local youth group, which was grateful for the accommodation offered, and which did not seem to be affected by the issues above, such as stigma.

Key Stakeholders

The stakeholders interviewed for this evaluation fell into two broad groups, those clearly involved with the work of the Centre (e.g. members of the Management Committee) and those aware of the work but with a less direct role (e.g. Primary Care Trust staff). Although the views of these two groups could potentially differ, analysis of the transcripts revealed no major differences. The findings are therefore presented for the whole group.

The NOMS agenda

It was perceived that the Visitors' Centre was contributing towards the National Offender Management Services' (NOMS) agenda to reduce re-offending. Both in discussion with representatives from NOMS, and other strategic partners, it was felt that the Centre was contributing to NOMS in three key areas:

1. 'Pathways' to resettlement

It was suggested that the Centre contributes towards some of the 'pathways' outlined in regional and national strategy documents for reducing re-offending. A Visitors' Centre may not 'have all the answers' to reducing re-offending but it may contribute indirectly to areas such as drugs and alcohol:

"We know that some partners are placed under pressure to bring drugs into prison so in a sense the Centre may have a role in actually helping people avoid being pressurised to do that."

2. Increasing public confidence and perceptions in the criminal justice system

The Centre contributes to the broader aims of NOMS by increasing public confidence in the criminal justice system:

"Now if you go to visit a prison and you go through a Visitors' Centre then a lot of your impression of the criminal justice system will be based on that interaction. Improving public confidence in the criminal justice system in its honesty, integrity and its reliability is all about improving engagement with law abiding society."

3. Engaging with the voluntary and community sector

The voluntary and community sector was described as an important partner for delivering the NOMS agenda. It was felt that the Centre engages with prisoners, prisoners' families and other small voluntary and community providers in a way which

would be difficult for large public sector organisations such as NOMS and the Prison Service to do.

Discussion of the Findings

The quality of the Centre's service described in this evaluation goes beyond the norms found in other prison visitors' centres (Loucks 2002; Hartworth and Hartworth 2005). Jigsaw was judged in our evaluation to be an outstanding example of a Visitors' Centre. Staff pay attention to how things are done as well as what is done. The staff provide an open, flexible, proactive and participative approach in an organisation which responds rapidly to change. Effective team work would seem to be one of the key ingredients of the Centre's success, with a team that has defined goals understood by all, individuals with clear roles and responsibilities, clear leadership and direction, positive group dynamics, open communication, and leaders with vision.

McEvoy *et al.* (1999), Cunningham (2001) and Loucks (2004) all suggest that families visiting prisons need to be able to overcome many barriers in terms of physical, financial and emotional strains. Other studies have suggested that well run, co-ordinated visits which provide advice and support for families help to reduce anxiety and stress and in turn improve the mental well-being of family members (Hairston 1991). Indeed, there was strong evidence that the Jigsaw Visitors Centre improved the quality of visits, and contributes towards the maintenance of family ties through the help and support it provides for families and prisoners. The Centre had helped children prior to going into visits and also during visiting time through the facilitated play areas run by experienced and qualified staff. McEvoy *et al.* (1999) suggests that children can be restless, troublesome and bored during visits, whereas

the play resources provided by the Jigsaw Visitors Centre were reported by families to reduce these effects.

A positive family atmosphere has been reported by prisoners, families and prison staff during visits. As in other research (Wedge, 1995, cited in Boswell 2002), special family visits were emphasised as being important for children and prisoners, giving the prisoner an opportunity to re-establish his role as a father. The continuation of these family visits should be encouraged, as it is known that prisoners worry about not seeing their family and relationships breaking down (Lester *et al.* 2003). Without special visits, prisoners may also find it difficult to re-establish their parental role on release (Social Exclusion Unit 2002) and children may begin to experience their father as a stranger. Situations like this can lead to permanent rather than temporary severance of family bonds, and cause feelings of stress and anxiety for the prisoner and child (Hairston 1998). The implications for health are obvious, for prisoners, their children and their partners.

A theme with prison staff was the supportive environment which the Jigsaw Visitors Centre has created - staff working closely with prisoners reported less confrontation after visits due to prisoners being more relaxed and less anxious. This was felt to be as a direct result of the work being done with families at the Jigsaw Visitors Centre. In turn, the stress experienced within the workplace by officers may be reduced; the Prison Service is faced with higher sickness rates among staff than other public services. Reduction in confrontation between prisoners and staff may make the prison easier to run and more able to operate positive regimes (Light 1993). The Visitors Centre, staffed by a small number of community-oriented workers provided a softer, more human face to the prison which was appreciated by prison officers as well as by the other users of the Centre.

The extent to which prisoners are able to maintain family ties has tremendous implications for reducing re-offending and ultimately therefore with increased health. With the prison population increasing, the re-integration and resettlement agenda has never been so important. There is a firm link between maintaining good family ties and reducing re-offending. Prisoners who are able to keep meaningful contact with their families are almost six times less likely to re-offend (Holt and Miller 1972) due to improved resettlement on release. Home Office research also suggests that family contact is associated with successful resettlement (Niven and Stewart 2005). In a recent report on protecting the public and reducing re-offending (Home Office 2006) there is an emphasis on family links, which are suggested to be at the heart of offender management. The Visitors' Centre contributes to both national and regional strategy targeted at reducing re-offending set out by NOMS, as it plays an essential role in maintaining family ties; thus clearly, the Centre can contribute significantly to tackling re-offending.

Independent evaluation of the Healthy Living Centres in Leeds showed that they added value to the work of Primary Care Trusts in tackling health inequalities, as they provided access to 'hard to reach groups'. Smith *et al's* (2007) study of prisoners' families show that they face multiple deprivations. Partnerships developed between the seven Healthy Living Centres enabled the Visitors' Centre to work in co-operation with other Healthy Living Centres, enabling them to focus on health and wellbeing in an organisation which did not initially have this as their primary focus, and keyed them in to wider networks working on health inequalities (Webster 2005). Greater synergy was thus created, together with developing new ways of supporting families and improving their health.

Conclusions

The supportive environment the Centre provides surpasses the norms reported in other visitors' centres; the positive impact on prisoners' families, prisoners, prison staff and the local community have all been highlighted by this evaluation. The Centre's work toward re-integrating offenders and reducing re-offending, helping to maintain family relationships and focussing on the health of prisoners and their families suggest that they are an essential part of a modern prison service and also help to address the government's health inequalities agenda.

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