Developing a care-ful model to reduce and protect against self-harm in male prisoners

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Declaration of Authorship

I, Siobhan Neave, hereby declare that this thesis and the work presented in it is entirely my

own. Where I have consulted the work of others, this is always clearly stated.

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Abstract

Self-harm among male prisoners in England and Wales continues to rise in the number of incidents and number of prisoners engaging in self-harm. This increase is not solely attributable to economic austerity, the prison system structural response towards self-harm has received substantial criticism for both how the staff have applied the response and the practicality of response. This thesis employed a critical realist paradigm to investigate the experiences of self-harm by male prisoners, prison staff perceptions of and structural responses towards self-harm, retrospective experiences of care by ex-prisoners and current experiences by vulnerable individuals. These investigations will be triangulated to develop a care-ful model to reduce and protect against self-harm in male prisoners. Six participant groups participated in four studies: 1) ex-prisoners ($n=5$) participated in a focus group and creative engagement and vulnerable individuals and staff member ($n=4$) participated in a consultation group and a semi-structured interview. 2) prison staff ($n=72$) and prisoners ($n=92$) participated in surveys. 3) prison officers ($n=20$) participated in four focus groups. 4) prisoners who self-harm participated in semi-structured interviews ($n=12$) and creative engagement ($n=2$).

The model developed from these findings indicated three key systemic areas to focus upon to reduce and protect against self-harm: culture, individual voice and resourcing. Provisions, resources, training and support should equip prison staff with the capabilities to effectively manage self-harm. A culture of safety and security should be fostered to support the care process through the empowerment of prisoners and the development of therapeutic relationships between staff and prisoners through a relational approach. Care must be individualised. The lived experiences of the male prisoners who self-harm must be understood, including the relationship their self-harm has with the prison environment and

culture, the prison system processes, prison staff and prisoners, and their conceptualisations of self-harm.

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Table of content

Appendices

Index of Figures

Index of Tables

Acronyms

BAME Black, Asian or Minority Ethnic

BPD Borderline Personality Disorder

DSM Diagnostic and Statistical Manual of Mental Disorders (version five)

EAM Experimental Avoidance Model

HMCIP Her Majesty's Chief Inspector of Prisons

IMB Independent Monitoring Board

MCOSO Men Convicted of Sexual Offences

MDT Multi-disciplinary team

NICE National Institute for Health and Care Excellence

NHS National Health Service

NOMS National Offender Management Service

NSSID Non-suicidal self-injury disorder

PTSD Posttraumatic stress disorder

TC Therapeutic communities

Prison staff grades and policy and procedural terms

ACCT Assessment Care in Custody and Teamwork

ASSIT Applied Suicide Intervention Skills Training

DIRF Discrimination Incident Reporting Form

POELT Prison Officer Entry Level Training

PSI Prison Service Instruction

PSO Prison Service Order

SASH	Suicide and Self-harm Prevention
SO	Senior Officer
CM	Custodial Manager
OSG	Operational Support Grade
OM	Offender manager

CHAPTER 1

Introduction

1.1. An introduction to this thesis

The prison service has a duty of care towards the wellbeing of prisoners, but the provision of a care service does not necessarily equate to the delivery of meaningful care (Glorney, Ullah & Brooker, 2020). As such, although the prison system has a policy response in place to address self-harm, self-harm in male prisoners continues to increase in both the number of incidents and the number of those who are engaging in self-harm (Ministry of Justice [MoJ], 2020a). Hindered by austerity and cuts to the prison service, the policy response employed to address self-harm has unavoidable inefficiencies (see Her Majesty's Chief Inspector of Prisons [HMCIP], 2019b; Howard League, 2016a; Howard League, 2017), but concerns raised about the effectiveness of the policy and its implementation extends beyond issues of resourcing. There is a growing volume of prison-based empirical literature which explores self-harm in male prisoners. However, the large prison reports and available literature have often highlighted concerns about the attitudes and understandings of the prison system and prison staff towards self-harm (Marzano, Adler & Ciclitira, 2015; Ramluggun, 2013; Sweeney, Clarbour & Oliver, 2018) and have given recognition to the practical challenges and barriers which arise from the policy implementation (for examples see HMCIP, 2019b; Pike & George, 2019). Deficits in self-harm training and support for prison staff are thought to exacerbate these issues (Ramluggun, 2013; Sweeney et al., 2018). More widely, there is a lack of consensus on the definition of self-harm or the theoretical conceptualisation of self-harm in male prisoners, generating difficulty for understanding self-harm in male prisoners or understanding the systemic influence of the prison environment on self-harm. How these different facets of the care

1

process interact or are systemic and how different actors in the care process navigate the prison system to provide or receive care remains unclear. Therefore, in order to effectively reduce and protect against the self-harm in males prisoners, it is important to understand and resolve the disconnect between the prison service provision of care, its practical implementation and the prisoners' required needs for the meaningful care of self-harm. Subsequently, this thesis aims to explore the understandings, perceptions and care experiences towards self-harm in male prisoners and how these systemically influence self-harm. This thesis aims to triangulate these findings to explore any existing gap between the care provision for male prisoners who self-harm and the meaningful delivery of care. Following this, the subsequent development of a care-ful model to reduce and protect against self-harm in male prisoners will be recommended to support meaningful and care full delivery of care. Such model will aim to have theoretical and practical value, to be useful for future policy development.

The researcher's interest for developing more effective processes for reducing and protecting against self-harm in male prisoners was initially formed from the researcher's experience of working as a practitioner within a Category B, inner London Male adult prison. Having been trained in the policy response towards self-harm, the Assessment Care in Custody and Teamwork (ACCT), and having implemented the process for many male prisoners who self-harm, these experiences illustrated the complex and challenging nature of caring for male prisoners who self-harm and the barriers the prison environment can create for providing meaningful care. Furthermore, the researcher was enlightened to the systemic nature of self-harm in prison which does not seem to be captured within the policy response, as a result, many prisoners were seen to become stuck in a cycle of self-harm which was intricately connected to wider issues within the prison.

This first chapter within this thesis, therefore, will introduce self-harm more broadly, how it is defined and the theoretical perspectives towards self-harm. Thereafter, the definitional and theoretical position taken within this thesis will be presented. Where appropriate, these understandings will be aligned with prison-specific perspectives, however, prison-focused empirical literature will be presented in more detail in the literature review within this thesis. Within this chapter, an overview of the thesis structure will also be given.

1.2. Defining self-harm

To begin with, the defining of self-harm has presented as problematic, often resulting in vague and inconsistent definitions (Fliege, Lee, Grimm & Klapp, 2009; Meszaros, Horvath & Balazs, 2017), including across the UK legal system (Walker & Towl, 2016, p. 30), within the UK prison literature (Towl, Snow & McHugh, 2000, pp. 54-55; Walker & Towl, 2016, pp. 29-33), as well as international prison literature (Lohner & Konrad, 2007). Many terms have been used to describe self-harm behaviour including self-mutilation, self-injurious behaviours, self-cutting, self-inflicted violence, parasuicide, self-wounding, and self-abuse (Sutton, 2007). The term self-harm, however, is more commonly referred to in the UK, both clinically and academically (Skegg, 2005; Sutton, 2007), and is used within the prison system in England and Wales. The National Institute for Health and Care Excellence (NICE) guidance, which directs the National Health Service (NHS) delivery of evidence-based care within prisons, gives a broad definition of self-harm to be "any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation" (NICE, 2013). Equally, the prison system policy response towards self-harm offers very little in terms of definition, aligning with a broad inclusivity of motivation and behaviour. As a result, the policy does not distinguish between the intent or severity of self-harm but does distinguish self-harm from self-inflicted deaths (MoJ, 2013, p. 14; Pope, 2018). The policy does offer guidance on

distinguishing between risks and triggers for self-harm behaviour compared to risks and

triggers for suicide (see PSI 64/2011; MoJ, 2012) but, critically, for male prisoners there is an

absence of understanding about risks and motivations for self-harm (Pope, 2018).

1.2.1. Suicidal intent in the definition of self-harm

The prison system alignment with the inclusivity of suicidal intent within its

definition of self-harm is one stance of a wider debate about whether self-harm should be

defined irrespective of motivation or whether self-harm and suicidal behaviours are

distinctive and should be defined separately (Shaw & Humber, 2010, p. 388; Fliege et al.,

2009). In line with the NICE (2013) and prison policy, the paradigm for self-harm has

emphasised a continuum between self-harm and suicidal behaviours (Shaw & Humber, 2010,

p. 388), for example as suggested in Figure 1.1.

Figure 1.1.

Skegg (2005, p. 1472) continuum of severity for self-harm

Highly lethal	Hanging, shooting, jumping from a high place, poisoning (eg, herbicides or carbon monoxide), stabbing, electrocution, drowning
Traditional methods of suicide	
Less lethal	Overdose Recreational drug ingestion as self-harm Cutting Burning
Self-injury with tissue damage	Self-biting Scratching Gouging Carving words or symbols into skin Sticking needles or pins into skin Interfering with wound healing
Other self-harmful behaviours without visible injury	Self-hitting Banging head or fist against something } Self-battery Pinching Pulling hair
	Exercising to hurt oneself Denying oneself a necessity as punishment Stopping medication or starving with intent to cause harm Deliberate recklessness (eg, risk-taking with cars or trains)

Such a paradigm supports the commonality found between the risk factors of self-harm and suicide attempts in prison (Favril, 2019), whereby suicide-related antecedents have been found to be among the strongest associated risk factors with self-harm in prison (Favril, Yu & Fazel, 2020). To focus on the intent to commit suicide would disregard the heterogeneity of prisoners as a group of individuals whose self-harm is complex in prisons; a little over half of self-inflicted deaths in prison (most commonly hanging) occurred within one month of a self-harm incident most likely to be a cut or scratch (Hawton, Linsell, Adenjii, Sariaslan & Fazel, 2014). In contrast to self-harm being amongst the strongest predictors of suicide within the general population (Butler & longhitano, 2008; Hamza, Stewart & Willoughby, 2012; Skegg, 2005), the risk of self-harming prisoners committing suicide is still relatively low and this risk differs between male and female prisoners (Hawton et al., 2014). However, if health professionals' perceptions and empathy changes based on

their level of perceived seriousness of self-harm behaviour compared to suicide, this could, therefore, be a concern (Williams, 2014).

Distinguishing motivations for self-harm is challenging; self-harm is complex and likely to be the outcome of many diverse influencers (for example, see Walker & Towl, 2016, pp. 33-35). Furthermore, the individuals' understanding of their intent may be unclear (Harvey, 2012, p. 135; Tantum & Huband, 2009, p. 29), or they just may not want to disclose their intentions (Harvey, 2012, pp. 150-158; Fliege et al., 2009; Mangnall & Yurkovich, 2008; Williams, 2014). Therefore, pathologizing self-harm, for some can be experienced as deindividualizing and ignores their individual interpretation of the behaviour (Tantum & Huband, 2009, p. 22). Thus, it is evident that it is difficult to ascertain motivation for self-harm because assumptions are sometimes made based on others' perceptions of the intention of the self-harm, opposed to those which the self-harming individual defines (which may also not be well-defined). The assumptions which become the narrative for the self-harm, therefore, are often subjective interpretations of complex behaviours and may not be helpful.

Self-mutilation/mutilative behaviours and deliberate self-harm and Non-Suicidal Self-injury disorder (NSSID), however, all emphasise the absence of suicidal intent (Walker & Towl, 2016, p. 30-31; see American Psychiatric Association, 2013: Diagnostic and Statistical Manual of Mental Disorder Five). For prisoners, there is a growing support for the need to distinguish between self-harm and suicidal behaviour (Pope, 2018). For example, an examination of documented events of self-harm in prison has suggested a tripartite schema of self-harm (non-suicidal self-harm, suicidal behaviour and a mixed group), with differences being evident between the distinct dichotomies in their situational and institutional variables (Smith, Kaminski, Power & Slade, 2019). However, there is a difficulty in finding consensus amongst the prison-based literature, as much of the understandings about self-harm in prison is based on empirical research which often has not distinguished between male and female

self-harm or has focused on female prisoner self-harm (Pope, 2018). Thus, such literature neglects gender-specific differences which are evident from self-harm behaviour in prison (for example, see gender trends; MoJ, 2020a). Additionally, a continuum does not support discriminating between aetiology and manifestation (Smith et al., 2019), which may not be useful for appropriating risk factors and triggers.

1.2.2. The positioning of terminology for the purpose of this thesis

For the purpose of this thesis, the term self-harm is used to describe any act of deliberate harm to oneself which results in any severity of injury, irrespective of intention or method. This definition is in line with the NICE guidance (2013) and prison policy (MoJ, 2013, p. 14) definition of self-harm. The use of the term self-harm will represent all related terms, for example non-accidental self-injury. In line with the literature, self-harm will include behaviours or acts seen to be mutilation/cutting of parts of the body, hanging, burning, scratching, strangulation, banging or hitting body parts, interfering/picking with wound healing, inserting objects into the body (for non-sexual intent), self-stabbing, swallowing foreign objects, hair pulling and bone breaking (Sutton, 2007; NICE, 2013).

This thesis acknowledges that there is an existing debate between whether self-harm behaviours are a continuum or self-harm is a distinct behaviour separate from suicidal behaviour, however, this is not the primary focus of this thesis. Instead, a broader definitional approach is taken by not distinguishing between non-suicidal self-harm and suicidal behaviours, in order to be able to address the research questions within this thesis and ensure the findings of this thesis are applicable, transferable and usable by the prison system.

1.3. Theoretical conceptualisations of self-harm

As with the definition of self-harm, a clear theoretical framework for understanding self-harm is absent from the literature, especially for understanding self-harm in complex environments like prison where risk factors and functions are more commonly used to form a narrative for self-harm (Nock, 2010). This is particularly true of prisoner self-harm whereby there is an expectation for prison staff to act preventatively towards self-harm based on a prisoner's risk and triggers (see PSI 64/2011; MoJ, 2012). As previously highlighted, risks and triggers, however, are unlikely to be fully understood for male prisoners (Pope, 2019) and although important, identifying these factors alone does not provide reason for why an individual engages in self-harm (Nock, 2010), which could have consequences for prevention of the behaviour. A broad range of theoretical approaches have been taken to attempt to explain self-harm. A summary of the key behavioural and social theories, emotional regulation, physiology and mental health, integrated models, and attachment and trauma-focused models are presented below.

1.3.1. Behavioural and social psychology theory

Behavioural and social psychology have been influential in conceptualizing self-harm and draw on the theories of social learning and reinforcement to understand behaviour. Observation and learning are understood as a way in which social influences can reinforce self-harm (Nock, 2010). Exposure through the media has been suggested as influential in increased reports of suicidal behaviour, for example an increase in paracetamol overdoes were recorded following the airing of a fictional paracetamol overdoses on the BBC television programme Casualty (Hawton, Rodham & Evans, 2006, p. 88). Furthermore, self-reports about self-harm support peer influence in learned and observed behaviour (Nock, 2010). Generally, however, there is a lack of empirical support for the role of social reinforcement in self-harm and the impact of social influences requires further exploration for

a prison population (Hay & Meldrum, 2010; Hooley & Franklin 2018; Nock, 2010). Popular models of self-harm which incorporate social learning and reinforcement include the Four-function model of nonsuicidal self-injury (Nock & Prinstein, 2004) and Experimental Avoidance Model (EAM) (Chapman, Gratz & Brown, 2006).

The Four-function model focuses on the psychosocial characteristics of self-harm and incorporates social influences to describe four types of reinforcement of self-harm (Bentley, Nock & Barlow, 2014):

1. Automatic negative reinforcement: self-harm is used to reduce cognitive states or reduce aversive emotions.

2. Automatic positive reinforcement: engaging in self-harm creates positive stimulation or feelings.

3. Social negative reinforcement: self-harm aids in escaping social situations or takes away interpersonal demands.

4. Social positive reinforcement: self-harm is used to gain attention, aid in access to resources, or as help-seeking behaviour.

The reinforcement of self-harm behaviour as a means to achieve a goal or to seek reward is commonly cited as a narrative for self-harm in prison, for example prisoners self-harming so they are able to effect changes in their environment, such as a move of wing (Bennett & Moss, 2013; Dear, Thomson & Hills, 2000; Jeglic, Vanderhoff & Donovick, 2005; Power, Usher & Beaudette, 2015). Although this motivation may be apparent, this reductionist defining of self-harm through motivation dismisses the ambiguity and complexity of self-harm (Williams, 2014) and neglects the risk of escalation to suicidal behaviour (Dear et al., 2000; Jeglic et al.,2005). Further, perceiving self-harm as an outcome of social positive or negative reinforcement, such as manipulation, could encourage the legitimisation of hostile

responses from prison staff, for example prison staff perceptions of prisoners self-harming to be manipulative (Crighton & Towl, 2000, p. 55).

The second model, the Experimental Avoidance Model (EAM) by Chapman, Gratz and Brown (2006) draws together theories of reinforcement and emotional regulation to understand self-harm as negative reinforcement in the avoidance of unwanted emotional arousal, as can be seen in Figure 1.2.

Figure 1.2.

Graphic depiction of the Experimental Avoidance Model (Chapman, Gratz & Brown, 2006, p. 373)

THE EXPERIENTIAL AVOIDANCE MODEL (EAM) OF DELIBERATE SELF-HARM
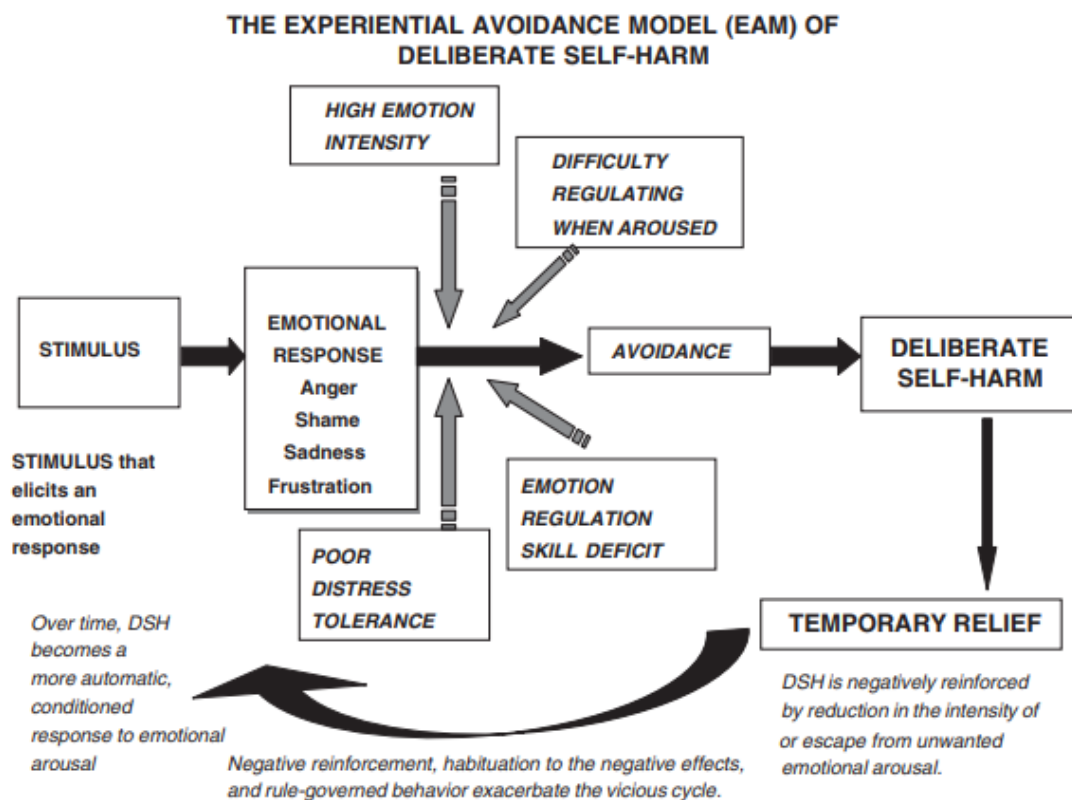
The strength of the EAM is the incorporation of different theories making widely applied and adaptable to various populations, for example for individuals with personality disorder who self-harm (Chapman et al., 2006). This is, therefore, a useful theory for the prison population which has a high prevalence of personality disorder (Favel & Danesh, 2002). The EAM and four-function model both draw on the behavioural aspects of self-harm

which favors the prisons system approach to the management of self-harm that predominantly focuses on applying risks and triggers to the prisoner's issues and subsequent actions required. Nevertheless, as with the Four-function model, this model does not provide a understanding of the meaning self-harm might have for a prisoner, in effect assuming it to be an outcome, and therefore, the prisoner having no control over their self-harm. There is no explanation, for example, for why prisoners may self-harm for the first time in prison (Towl et al., 2000).

1.3.2. Affect regulation

A predominant focus of the psychological literature on self-harm comes from affect regulation theories, otherwise known as emotional or affect dysregulation, emotion reactivity and emotion regulation (Hooley & Franklin, 2018). Here, self-harm can be perceived to be a psychological and physiological tool that expresses, controls or interrupts overwhelming emotions, for example anxiety, regulating affect through restoring the individual back to their normal emotional state (Chapman et al., 2006; Hay & Meldrum, 2010; Klonsky, 2009). Affect regulation theories can overlap with reinforcement theories, for example to provide relief from negative emotion (Chapman et al., 2006; Hay & Meldrum, 2010; Hooley & Franklin, 2018; Klonsky, 2009), or with physiological theory, for example, to create physiological emotional effect (McKenzie & Gross, 2014). Models of affect regulation have also been useful in understanding complex mental health problems, as with Linehan's biosocial theory of Borderline Personality Disorder (Andover & Morris, 2014). As such, affect regulation is useful in understanding self-harm within the general population (see Mangnall & Yurkovich, 2008; Tantum & Huband, 2009, pp. 32-33) and prison population (Bennett & Moss, 2013; Dixon-Gordon, Harrison & Roesch, 2012). Maladaptive coping (for example from the lack of resources to cope with stress, lack of control in response to stress or

a severe reaction to stress itself), is often cited as a motivation for self-harm in prison (Doyle, Keogh & Morrissey, 2015; Power et al., 2015). However, like with all functions for self-harm, it is methodologically challenging to isolate emotional regulation as the cause (Bennett & Moss, 2013). For example, with self-punishment theory, self-harm is often precipitated by related thoughts and feelings to self-punishment, but this construct is difficult to empirically measure (Nock, 2010).

Although it is likely that coping plays a significant role in understanding self-harm, it is unclear why this is, how much relevance coping has within the prison environment, or the influence that individual predispositions -like cognitive rigidity or dichotomous thinking - may have on a prisoner's decision to self-harm (Bennett & Moss, 2013; Doyle et al., 2015). Where, therefore, functionally affect regulation may provide a helpful understanding, it is not necessarily robust enough to be applied to conceptualising self-harm, and the complexity of its meaning to the individual.

1.3.3. Physiology and mental health

The physiological understanding of self-harm is incorporated in theoretical models such as the EAM and emotional regulation and provides an understanding of the physiological influence in self-harm behaviour, such as (Doyle et al., 2015; Hooley & Franklin, 2018; Nock, 2010):

- Deficiency of neurotransmitters like serotonin

- Genetic predisposition towards self-harm

- Desensitising of pain through the habituation hypothesis

- Increasing opioids to restore to optimum levels in the opioid homeostasis model

The role of biological determinants in self-harm, however, are not fully understood. For example, there are inconsistencies in hypotheses such as the opioid homeostasis and there is little empirical research which examines the role of pain and opioids in understanding the set point of normalisation (Hooley & Franklin, 2018; Nock, 2010).

The medicalisation of self-harm features within existing and new mental health diagnoses. Self-harm is proposed as a symptom of Borderline Personality Disorder (BPD) and Posttraumatic stress disorder (PTSD) and Non-suicidal self-injury disorder (NSSID) (see American Psychiatric Association, 2013: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [DSM-V]). NSSID is conceptualised through motivations to solve an interpersonal problem, provide relief from unpleasant thoughts and/or emotions, or induce a positive emotional state (Gratz, Dixon-Gordon, Chapman & Tull, 2015) and, therefore, overlapping with theories of affect regulation and behavioural theories. In prison, where mental health illnesses are more prevalent than in the community (House of Commons, 2018), drawing on a medicalised and physiological framework brings a sense of clarity towards self-harm through diagnosis and prognosis. For instance, removing the complexities of self-harm and focusing on a diagnosis allows self-harm to fit into pre-existing models of healthcare within prison.

Although there is an established relationship between self-harm and mental health disorders (Gardner, Dodsworth & Klonsky, 2016; Panagioti, Gooding & Tarrier, 2009; Poindexter, Mitchell, Jahn, Smith, Hirsch & Cukrowicz, 2015; Ramsawh, Fullerton, Herberman Mash, Kessler, Stein & Ursano, 2014), or externalising behaviours like ADHD, conduct disorder and oppositional defiant disorder (Meszaros et al., 2017), self-harm as an illness is disputed. Conceptualising self-harm as a psychological determinant ignores the influence of environmental factors, which are suggestive of the higher rates of self-harm in prison than in the community (Hawton et al., 2014; Mazarno, 2011). This reductionist

approach further removes the autonomy of individual choice and fails to understand the meaning which self-harm can have for an individual. Particularly within the mental health narrative, the suicidal facet of self-harm - which is included in the prison system definition of self-harm - is disregarded. Instead, theorists have suggested self-harm to be a coping strategy for mental health problems (Edmondson, Brennan & House, 2016; Tantum & Huband, 2009) or, for those with BPD, self-harm may function as a method to manage boundaries between the individual and others, to influence others, to establish autonomy, demonstrate toughness, create sensation, and for self-care (Gardner, et al., 2016). Evidently, the role of psychological determinants cannot be disregarded, yet their role is unclear and the relationship between self-harm, physiology and mental health is complex (Doyle, et al., 2015).

1.3.4. Integrated models

The integration of different theoretical perspectives to produce a model of self-harm has been the focus of two models which have been applied to the prison population; cry of pain (Slade, Edelmann, Worrall & Bray, 2014; Williams & Pollock, 2001) and Interpersonal-Psychological Theory of suicidal behaviour (IPTSB; Ireland & York, 2012; Joiner, 2005).

The IPTSB model (Joiner, 2005) states the desire to harm oneself is created through the co-occurrence of feelings of failed belongingness and perceived burdensomeness towards others. Thus, it is argued by Ireland and York (2012) that the prison environment, being one of social exclusion and separation, is a prerequisite for those with existing vulnerabilities, such as mental health difficulties, resulting in increased likelihood to engage in self-harm. Critiqued for its simplicity when applied to female prisoners, this model was adapted to include the influence of psychological cognition, personality, state and environmental factors.

The revised model (Integrated Model of Self-Injurious Activity; IMSIA) can be seen in

Figure 1.3.

Figure 1.3.

Ireland and York (2012, p. 75) Integrated Model of Self-Injurious Activity
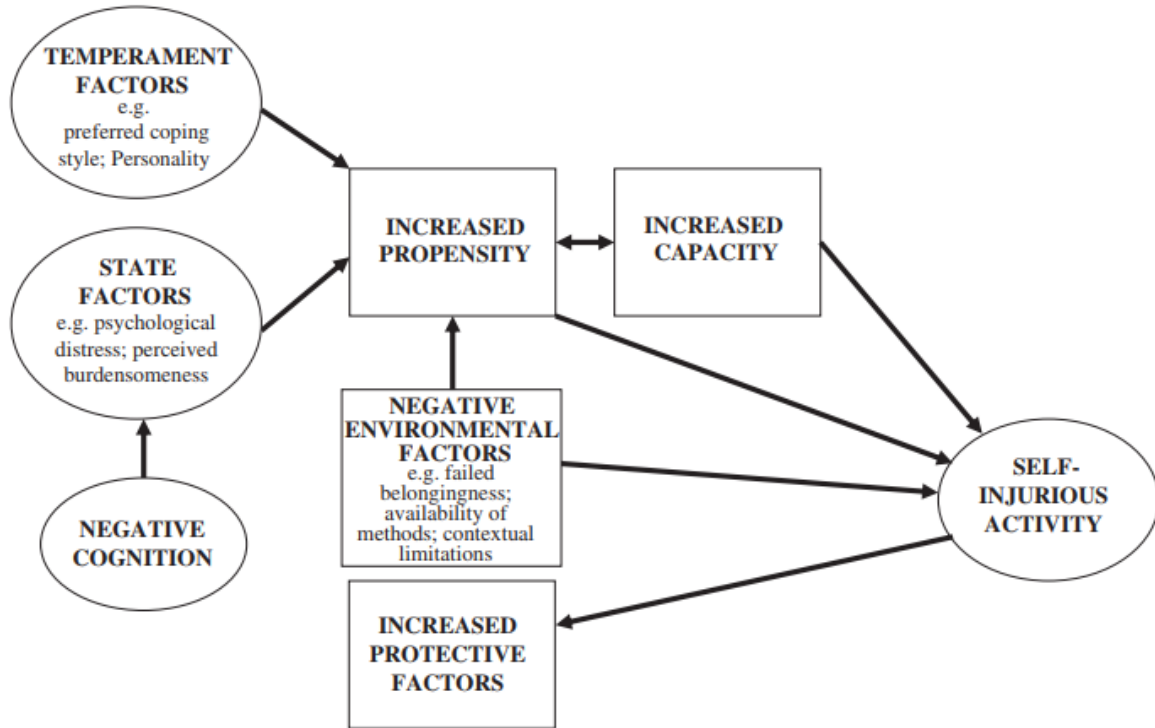
The biopsychosocial Cry of Pain model, an adaptation of the William (2001) model

(see Figure 1.4) was applied to male prisoners in their early stages of imprisonment (Slade et

al., 2014). The model suggests four factors should be present for self-harm: presence of a

stressor, presence of defeat, perceptions of entrapment and perceived absence of rescue

factors with feelings of isolation. Thus, self-harm is an outcome of the prisoner's perception

of feeling stressed and being unable to escape or be rescued from the stress. The model

incorporates diverse theoretical understandings. For example, modelling can impact

biologically mediated helplessness scripts in feelings of defeat and psychological variables

can impact perceptions of stress (Slade, et al., 2014).

Figure 1.4.

Graphic depiction of an adaptation of William (2001) Cry of Pain model (Rasmussen, et al., 2016, p. 16)
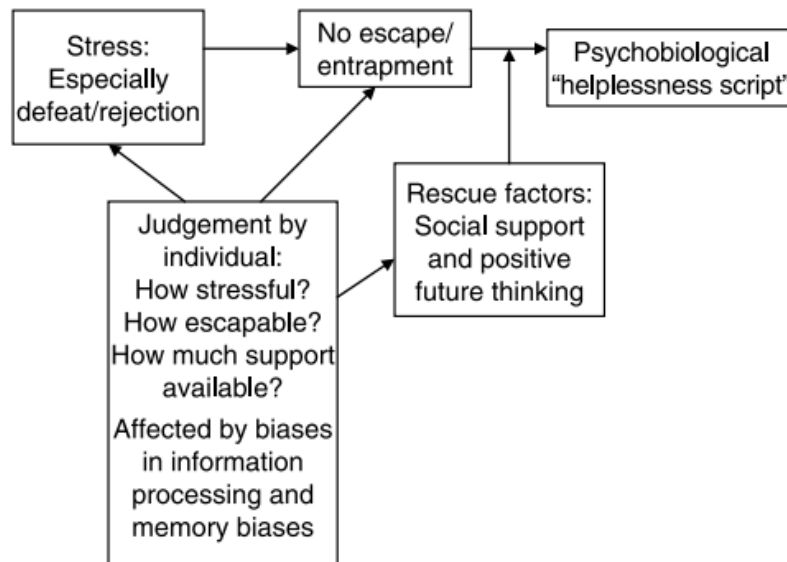
Where other theoretical approaches have not incorporated the influence of a complex environment like prison into their framework, the Cry of Pain model integrates both interpersonal and intrapersonal factors, thus demonstrating the impact that a limiting prison environment can have on prisoners' feelings of entrapment or escape. Both the Integrated Model of Self-Injurious Activity and Cry of Pain model include the influence of personality. The IPTSA, for example, demonstrates the impact of introversion/extroversion traits (Ireland & York, 2012) and the Cry of Pain model, for example, demonstrates the impact of resilience (Slade, et al., 2014). However, both models appear to be limited in their exploration of the underlying meaning of self-harm to a prisoner. For example, why is self-harm the outcome of internal struggle, opposed to another behaviour like aggression? With the Cry of Pain model, although it is applicable to prison, the role that the prison environment has within this model is unclear (Pope, 2018). The IMSIA, despite its application to prison, focuses on the female prisoner population and self-harm trends demonstrate that female prisoners engage in more prolific self-harm than male prisoners (see MoJ, 2020a). Therefore, the relevance of the

IMSIA to male prisoners, particularly those males who are motivated by situational outcomes, such as those demonstrated with behavioural theories, is unclear.

1.3.5. Attachment theory and trauma-focused approaches towards self-harm

Attachment theory (Bowlby, 2005) takes a developmental perspective, focusing on the importance of the caregiver-infant relationship for developing prototypes for the child's sense of self, self-regulation, and relations with others (Van Der Kolk, 2015). Attachment theory suggests infants instinctually form an attachment bond with a caregiver through which, when secure attachments are developed, they learn to feel safety and comfort when experiencing intense sensations (Bowlby, 2005). In turn, this can aid the infant to develop self-reliance, self-soothing, self-regulation, self-nurture, and self-control (Van Der Kolk, 2015). When a child develops mastery over this, they are able to understand interpersonal relationships, sympathy and empathy (Van Der Kolk, 2015). However, when neglect, separation or brutality occur in early life this can lead to non-secure attachments and develop the foundation for problems in the infant's social relations and identity later in life (Van Der Kolk, 2015).

Psychobiological theories have incorporated the attachment theory into their understanding of the impact that poor early life attachment and negative early life experiences can have on the development of the brain (Schore & Schore, 2008). Such experiences are believed to generate deficits in the maturation of the parts of the brain responsible for affect and self-regulation (Schore & Schore, 2008). Similarly, neurological theories demonstrate that experiencing childhood trauma or maltreatment increases the risk of developing neuropsychiatric problems later in life, particularly problems in the areas of the brain responsible for emotional regulation and response, and memory (Perry, Pollard, Blaincley, Baker & Vigilante, 1995). For example, adults who have experienced early-life

abuse have been found to have smaller hippocampal volume than children with PTSD (Anda et al., 2006), demonstrating the long-term chronic impact trauma can have upon brain development. Experiences of trauma and childhood maltreatment are prevalent among prisoners; 29% of prisoners are reported to have experienced emotional, physical or sexual abuse and 41% have witnessed violence (Williams, Papadopoulou & Booth, 2012), which is estimated to be higher than the general population (Cawson, Wattam, Brooker & Kelly, 2000). PTSD, especially among ex-servicemen, is also estimated to have a higher prevalence in prison than the general population (Goff, Rose, Rose & Purves, 2007; MacManus et al., 2013). Having experienced trauma (sexual, psychological, violence or neglect) is a well-documented risk factor for self-harm (Sutton, 2007; Mangnall & Yurkovich, 2008; Tantum & Huband, 2009, pp. 59-62), as are many of the associated outcomes of experiencing trauma, such as impulsivity (Mangnall & Yurkovich, 2008), poor cognitive functioning, for example poor problem solving, poor future directed thinking (William, 2014), underlying psychological issues (Mangnall & Yurkovich, 2008), and substance misuses and addiction (Tantum & Huband, 2009, p. 9). This association between childhood maltreatment and risk of non-suicidal self-injury has been demonstrated within prisoner populations (Dixon-Gordon et al., 2012). Similarly, prisoners who have experienced lower levels of secure attachment are more likely to engage in self-harm and demonstrate significantly higher levels of maladaptive emotional coping and avoidant coping, higher preoccupation with relationships, discomfort with closeness, hopelessness and need for approval (McKeown, Clarbour, Heron & Thomson, 2017). Furthermore, prisoner cognitive impairment is a predictor of suicide risk behaviours, independently of other correlating influences like mental health illnesses and other illness comorbidities, substance misuse, impulsivity, sentence length, and prison status (Vadini et al., 2018).

The impact of historical events and subsequent development deficits cannot alone be applied to conceptualising self-harm in prisoners because the prison environment will play a role in prisoner self-harm (Sutton, 2009). Being in prison creates losses of freedom, privacy, self-respect, dignity, income, contact with meaningful others, control over one's own life, which are likely to impact prisoners (Sutton, 2009). Additionally, the day-to-day experience of prison such as over-crowding, poor conditions, noise, bullying, time to dwell on one's own life, and lack of stimulation, can all influence the prisoner's stress levels and mental state (Sutton, 2009). Young prisoners, in particular, have been found to be significantly more likely to feel more unsafe in prison than those young prisoners who do not self-harm (Harvey, 2012, p. 146). Furthermore, practises within the prison system have been suggested to exacerbate symptoms of trauma, such as rub down searches, sharing cells or restricted movement (Mollard & Hudson, 2016). Being in segregation, especially, has also been found to increase the likelihood of severe self-harm (Lane, 2011).

A model of risk for male prisoners by Lanes (2009) demonstrates the interrelated nature of these developmental, situational, and contextual risks for suicidal behaviour. Developmental events, such as adverse childhood experiences, brain injuries or lack of school education, can create a predisposition for psychological difficulties, such as BPD, which can manifest in dangerous behaviours like suicidal behaviours (Lane, 2009). Perpetuating factors can include the prison environment, such as segregation and moving prisons, which all can cause additional distress (Lanes, 2009). A model such as that of Lanes (2009) incorporates both intrapersonal and interpersonal perspectives which is often absent from psychological theory conceptualising self-harm (McKenzie & Gross, 2014). More generally, applying attachment and trauma-focused theoretical frameworks to self-harm in prisoners incorporates many of the aspects of other theories, for example, affect regulation, maladaptive coping, and associations with mental health illnesses. Whereas other theories have limited application to

the prison environment, both attachment theory and trauma-focused theory are highly relevant to the prison population due to the high prevalence of difficult early-life events experienced amongst prisoners (William et al., 2012). Adopting an attachment and trauma-focused approach demonstrates more inclusivity of individual experiences and meanings that self-harm may have for prisoners. Nevertheless, much of what is understood about the experiences of trauma in prison has been generated through research with female prisoner and requires further understanding (for examples see Marzano, Fazel, Rivlin & Hawton, 2011). Moreover, the model by Lanes (2009) requires further investigation for how prison-related factors become perpetuating in prisoners' distress (Pope, 2018).

1.3.6. Summary and positioning of theory for the purpose of this thesis

Psychological theory provides varied conceptualisations of self-harm, but for the most part fails to provide a comprehensive understanding of the meaning self-harm has for prisoners or cannot account for the complexity of the prison environment. As with the disparities in definition, the focus of self-harm is on the behaviour, as opposed to understanding the individual's meanings, understandings, and intent behind the behaviour. Failing to give voice to the individual's narrative for their own self-harm risks subjective assumptions being made and the complexity of self-harm being ignored, which in turn may lead to failing to provide care which is meaningful to the individual. Applying an attachment and trauma-focused framework to understanding self-harm in prison may support the development of a more meaningful understanding of self-harm in prison as fully incorporates the lived experiences of prisoners, which inevitably would influence their later thinking, understandings and behaviour. Additionally, this framework would benefit from drawing on the importance of biological, social and psychological understandings of self-harm which provide a more holistic conceptualisation than any single theoretical approach. Yet,

attachment and trauma-informed approach is not without flaws and there are noticeable gaps in the understanding of what meaning prisoners attach to self-harm and what they learn that reinforces the use of self-harm. Understanding these meanings about self-harm is imperative if the prison system's care response for self-harm, the ACCT, is able to be meaningful for prisoners and if care needs are to be fully understood and delivered.

1.4. Overview of this thesis

A brief summary of the overview of the chapters in this thesis can be seen in Table 1.1. Following this brief summary, a more detailed description of each chapter is presented.

Table 1.1.

A brief summary overview of the chapters in this thesis

Chapter title	Summary
Chapter one: Introduction	An introduction to the definitions and theoretical understandings of self-harm
Chapter two: Literature review	A comprehensive summary of the relevant literature to this thesis
Chapter three: Methodology	A description of the methodology used within this thesis
Chapter four: Study one: Understanding concepts of care and experiences of care by ex-prisoners and vulnerable individuals	Empirical study one
Chapter five: Study two: Prison staff and prisoners' perceptions of the procedural response towards, and management of, self-harm in prison	Empirical study two
Chapter six: Study three: Prison officers' experiences and understandings of prisoner self-harm	Empirical study three
Chapter seven: Study four: The perspectives and experiences of prisoners who self-harm	Empirical study four
Chapter eight: Discussion	A discussion of the overall conclusions for this thesis, theoretical contributions,

Chapter one has presented an understanding of defining self-harm and theoretical explanations for self-harm behaviour. The positioning of this thesis in its definition and theoretical approach towards self-harm was summarised. An overview of the following chapters in this thesis is presented.

Chapter two presents a thorough exploration of self-harm in prison. This includes the history of the prison system response towards self-harm, the effectiveness of this implementation, the role of prison staff in caring for self-harm, and the care experiences of prisoners who self-harm. Care will be explored more broadly through the application of a cycle of care to the prison system, to highlight likely breakdowns in a care process. These include prison as a bureaucratic system and the impact this can have on caring for prisoners, the challenges of the officer role as a caring role and individual deficits for prisoners engaging in care-receiving. The rationale, overall aims and research questions for this thesis will be presented.

Chapter three presents the methodology and rationale for the empirical research presented in chapters five to eight. The research design of the thesis is discussed, including the research paradigm and the methods employed. The research sites, their procurement and the participant groups engaged in the research are discussed, as are the material and measures used to conduct the research. The analytic approaches and issues of reliability and validity are explored. Ethical considerations and reflections of the researcher during the research process are presented.

Chapter four presents the empirical work of study one. The area of interest in study one focused on understanding experiences of, and requirements for, care. Existing literature explored the deficits in the care process within prison. Many factors - interpersonal,

situational, and intrapersonal - impact how staff conceptualise and prisoners experience care. The existing literature highlights a gap in understanding how these different factors interplay and how they are understood by individuals being cared for within organisations, such as prisons. Study one aimed, therefore, to explore the care experiences of vulnerable individuals from a housing charity in North East England and the care experiences of ex-prisoners when they were in prison. This was achieved through conducting a consultation group and individual interview with vulnerable individuals and staff member within the housing charity and a focus group and creative engagement with ex-prisoners.

Chapter five presents the empirical work of study two. The area of interest in study two focused on competence and effectiveness of the prison system response towards self-harm. The existing literature demonstrated the integral role that collaborative working plays in the Assessment Care in Custody and Teamwork (ACCT) process and, therefore, the importance of prisoners' and prison staff perceptions towards the care process being aligned. The existing literature highlights a lack of understanding about the alignment or differences between prison staff and prisoners' perceptions towards the sharing of self-harm information, knowledge known about self-harm, the quality of care and value the prison system puts upon caring and accessibility to support. Study two, therefore, used surveys to examine the differences between prisoners' and prison staff perceptions of the competence of the prison system responses towards self-harm in prison.

Chapter six presents the empirical work of study three. The area of interest in study three focused on the experiences of prison custodial staff in the responses and management of self-harm in prison. Existing literature demonstrated the substantial role officers play in implementing the prison system response and management towards self-harm. Their perceptions, attitudes and experiences all influence their capability and motivation in caring for prisoners. This can be further exacerbated by the prison environment limitations and the

culture of prison staff. The existing literature demonstrates a lack of understanding of the systemic challenges and barriers for prison staff responding to and managing self-harm, including systematic, situational, and environmental factors. Study three, therefore, aimed to use focus groups with officers to explore staff perspectives about self-harm, their perceptions towards the prison system response and the impact they feel these have on the prisoners who self-harm.

Chapter seven presents the empirical work of study four. The area of interest in study four focused on experiences of response, management, and care towards prisoners who self-harm and prisoners' conceptualisation of self-harm within a prison context. Existing literature demonstrated that prisoners understand what they require from care, and interpersonal relationships with staff, especially, play an important role in the prisoners' experiences of care. The prison system response towards self-harm, the ACCT, can be a positive experience for prisoners, but is not without flaws. The existing literature demonstrates a lack of understanding of how prisoners who self-harm experience care, especially how experiences of care are impacted by situational and contextual factors. Study four, therefore, aimed to use semi-structured interviews and creative engagement with prisoners who self-harm to explore their perspectives of the prison system, staff and other prisoners' attitudes and responses towards and prison system management of self-harm in prison, and how they feel the prison environment impacts their self-harm.

Chapter eight integrates discussion of the four empirical studies and the research questions. The findings of the four studies are triangulated and presented in a care-ful model to reduce and protect against self-harm in male prisoners. The findings are discussed in relation to the literature represented in chapters one and two and existing gaps within the literature. The limitations of the empirical studies are discussed, including participant sample and methodological limitations, as well as implications for future research and practise.

CHAPTER 2

Literature review

2.1. Introduction

This literature review will address the issue of self-harm in prison, focusing on male prisoners. The challenges presented by implementing the prison system response towards self-harm, including the practical difficulties and how the prison staff implement this response, will be explored, and the prisoners' perspectives of the effectiveness of this response discussed. A culture of care, more broadly, will be discussed to explore whether or how an effective culture of care can be embedded into the prison system.

2.2. The extent of the issue with self-harm in prison

It has been estimated that the prevalence of self-harm among men in prison as 5-6%, which is substantially higher than the estimate of 0.6% within male and females in the general population (Hawton et al., 2014). According to the latest HMPPS Safety in Custody statistics (MoJ, 2020a), between December 2018 and December 2019, Safety in Custody reports stated an increase in both the number of reported incidents of self-harm (total increase of 13% for male prisoners) and the number of prisoners engaging in self-harm (total increase of 3%), which equates to 63,328 incidents in one year, with 12,977 individuals self-harming in prison. Of the total number of self-harm incidents, 3,481 required hospital attendance, which is an increase of 8% on the previous year. The statistics state cutting was the most reported means of self-harm for males, with 14% more males engaging in this form of self-harm from the previous year. However, self-strangulation also increased by 22% for males. Despite the increase of self-harm in prison, self-inflicted death continues to decrease; the latest decrease resulting in an 8% decrease from March 2019 to March 2020 (MoJ, 2020a).

Documented risk factors recorded by the Safety in Custody statistics state that the majority of male self-harm incidents were reported to be carried out within their cell, however 10% of incidents were within the segregation unit and 10% within the vulnerable prisoners unit. Additionally, a little over a third of the incidences in male prisoners were carried out by those aged 30-39, with a further quarter of the incidents among those under 24 years old (MoJ, 2020a). The HMPPS self-harm policy (PSI 64/2011; MoJ, 2012) indicates the following risk factors:

- Prisoner background: young, lacking social support, unmarried, separated, or widowed.

- Prisoner history: childhood maltreatment or adversity, history of violence, family history of mental illness.

- Medical history: having a mental illness or personality disorder or recently in contact with or discharged from a psychiatric service, having a physical illness especially chronic, pain related or a functional impairment.

- Current psychological state: negative emotions, or feeling powerless, disconnected, or desperate

- Current context: experiencing difficult personal problems, prison or sentence-related difficulties and setbacks, unstable mental state, disengaging with support or being reckless.

Problematically, however, a commonality has been recognised between these highlighted risks for self-harm and risks for other behaviours, such as violence and suicide (see MoJ, 2012; Towl & Crighton, 2017, p. 95). Empirical research exploring risk factors for self-harm in male UK prisoners have extended those identified in HMPPS guidance. Hawton et al. (2014), for example, found risk factors to include being under 20 years, white ethic origin, in a high security prison, and either serving a life sentence or on remand. However,

methodologically, using prevalence rates to demonstrate risk factors is difficult; remand and

local prisons, for example, have a higher turnover than other prisoners, which can complicate

the reliability of prevalence rates (Crighton & Towl, 2000, Chapter 3, p. 61). Furthermore,

reported risk factors rely on the accurate reporting or self-reported risk factors; on

investigation, Her Majesty's Chief Inspector of Prisons has found some acts of self-harm to

have not been fully investigated by staff within the Assessment, Care in Custody and

Teamwork (ACCT) process (HMCIP, 2017b). Particularly noted from prisoner suicide

research, it is perhaps, therefore, more useful to assess risk factors on an individual basis as

multiple factors are likely to interact to exacerbate risk (Towl & Crighton, 2017, p. 43). For

example, experiences of distress in prisoners can reflect complex relationships between

intrapersonal affect and perceived safety, family support and having experiences of, or

engaged in, previous high-risk situations (psychiatric treatment, self-harm, suicide attempts;

Liebling, Tait, Durie, Stiles & Harvey, 2005). Situation risk factors are also complex to

interpret, for example younger prisoners who self-harm report feeling more unsafe in prison

than their non-self-harming counterparts (Harvey, 2012, p. 146). They also perceive

themselves to have a lower ability to adapt to prison life and an external locus of control

(Harvey, 2012, p. 146).

2.3. The history of the conceptualisation of, and response towards, self-harm in the

prison system

Despite self-harm and suicide having long been acknowledged as a problem in UK

prisons, it was not until the 1970s that Her Majesty's Prison Service (HMPS) (currently

known as Her Majesty's Prison and Probation Service or HMPPS) formed a policy response

for suicide (Shaw & Humber, 2007). This policy, the Circular Instruction (CI 39/73), focused

the conceptualisation of suicide as a medical concern for which the medical officer was

responsible and the prison hospital utilised as a means to manage suicide (McHugh & Snow, 2000, Chapter 1, pp. 6-7). Prisoners' records were marked with a 'F' which was widely recognised throughout the prison system and surrounding systems as an indicator of a prisoners' previous or current suicidal behaviour (McHugh & Snow, 2000, Chapter 1, pp. 6-7). The impact of the marking of the record not only failed in recognising the changeability of risk but created stigma and, subsequently, the frequency of suicides in prison increased throughout the 1970s (McHugh & Snow, 2000, Chapter 1, pp. 6-7).

In 1984, following several high-profile suicides in which a 'lack of care verdict' were determined in Ashford Remand Centre, a review was released by HM Chief Inspector of prisons (HMCIP) which targeted prison suicides (McHugh & Snow, 2000, Chapter 1, pp. 7-9). In 1985, following several suicides at Glenochil YOI, the Chiswick report was released addressing the phenomenon of suicide in prison (McHugh & Snow, 2000, Chapter 1, p. 9). Consequently, these reports demonstrated the need to improve procedures for preventing suicide; staffing numbers, staff training and education, the identification and management of high-risk prisoners and follow-up investigations into prison suicides all required improvement. Ultimately, these reports lead to the creation of the Suicide prevention management group and replacement of the CI in the late 1980s (McHugh & Snow, 2000, Chapter 1, pp. 9-12). The focus in prevention shifted from trying to identify types of prisoners who were likely to commit suicide, towards identifying onset and development leading to suicide (McHugh & Snow, 2000, Chapter 1, pp. 9-12).

In the 1990s, in replacement of the punitive and stigmatising use of strip cells and markings of 'F' on prisoner records, a multi-disciplinary approach was encouraged and the Samaritans and peer listening service were introduced into prison (McHugh & Snow, 2000, Chapter 1, pp. 9-12; Walker & Towl, 2016, p. 36). Peer listeners are prisoners trained by the Samaritans to provide a supportive listening service for prisoners at risk of self-harm or

suicide (Hancock & Graham, 2008, as cited in Walker & Towl, 2016, p. 36). Another suicide

by a Youth Offender (YO) in HMP Swansea lead to the first full thematic review by HMCIP,

the Tumin report, which criticised prison culture and ethos, and the medical conceptualisation

of suicide which neglects to account for the substantial influence of the prison environment

on suicidal behaviour (McHugh & Snow, 2000, Chapter 1, pp. 12-14; Walker & Towl, 2016,

p. 36). The report highlighted the need for understanding environmental and social factors in

suicide, encouraging an integrated approach which focused on the quality of life of prisoners.

For example, structural elements of prison, staff-prisoner relationships and prisoner self-

development. Consequently, in 1994, the Suicide Awareness Support Unit was established

along with the introduction of new Instruction to Governors (IG; McHugh & Snow, 2000,

Chapter 1, p. 15). In line with the "Caring for the Suicidal in Custody" strategy, the onus of

responsibility to identify and manage suicidal prisoners shifted from the medical officer to all

members of staff and additional provisions for support - primary care, special care, Suicide

Awareness Teams (SATs) (McHugh & Snow, 2000, Chapter 1, p. 15; Walker & Towl, 2016,

p. 36). The new management tool, F2052SH (At Risk of Self-harm), supported a non-

medical conceptualisation of suicide and self-harm and aimed to improve intervention

through the use of case reviews and support plans, as well as improve communication

between staff (McHugh & Snow, 2000, Chapter 1, pp. 16-18; Walker & Towl, 2016, p. 36).

However, implementation of the F2052SH was found to be inadequate and professional

accountability absent (Senior et al., 2007; Walker & Towl, 2016, p. 36). Where management

of self-harm and suicide targeted physical surveillance of prisoners, meaningful interactions

were unrecognised and communication and information sharing, especially between the

prison, external agencies and external establishments, remained problematic (McHugh &

Snow, 2000, Chapter 1, pp. 20-21; Senior et al., 2007). Although a link had been established

for self-harm as a likely predictor for suicide, no reliable standardised measure for self-harm

was available (see Crighton & Towl, 2000, Chapter 3, pp. 48-53; Senior et al., 2007). The

continued rise in suicides throughout the 1990s led to the thematic review generated by

HMCIP in 1999 which recognised groups of prisoners' individual needs, as well as, the need

for a change in ethos towards self-harm and suicide (Walker & Towl, 2016, p. 37). A focus

was put upon the need to rethink how staff and prisoners feel, think and behave. Personal

development, feelings of safety and respect, better physical health and healthy relationships

were all encouraged (McHugh & Snow, 2000, Chapter 1, p. 23). Thus, understandings of

self-harm and suicide began to become more inclusive of external factors such as

interpersonal and environmental influences.

Consequently, in the following years, the Safer Locals programme was introduced,

and suicide strategy moved away from prevention and medicalisation, towards awareness and

staff involvement (Liebling et al., 2005; Walker & Towl, 2016, p. 37). In 2003 the Prison

Service Order (PSO) 2700 was introduced, along with several new or updated procedures

such as screening at reception, induction units, Mental Health In-reach, detox units and risk

information transfer (Liebling et al., 2005; Walker & Towl, 2016, pp. 38-40). The

Department of Health's introduction of prisons' rights to equivalence of care led to the

creation of new Mental Health In-reach teams modelled on the Community Mental health

team equivalent. These teams formed part of the multidisciplinary approach, providing

expertise in outreach care and crisis resolution for mental health needs (Walker & Towl,

2016, p. 38-39). Suicide Prevention Coordinators were introduced which aided better

information sharing about those at risk, co-ordination of care, demonstration of best practise

in responding to and managing self-harm and suicide and developed a needs-focused

approach (Liebling et al., 2005). In 2004, the F2052SH was replaced by the ACCT, and later

the PSI 64/2011, a three-tier system for monitoring of risk level, first night wings and Safe

cells (Walker & Towl, 2016, p. 38). The PSI 64/2011 provided guidance for staff managing

self-harm and suicide and included a comprehensive list of risk factors for self-harm (MoJ, 2012). The ACCT, which was produced by National Offender Management Service (NOMS) and the Department of Health, aimed to provide targeted assessment of needs, more robust identification of prisoners at high risk of self-harm, improve accountability of the case-management, training, information sharing between teams and teamwork (Towl & Crighton, 2010, p. 391). The ACCT introduced personalised case reviews and CAREMAPs to identify triggers and warning signs and generate a management plan (MoJ, 2012). A post-closure plan was also introduced to ensure the initial self-harm or suicide risks had been addressed (MoJ, 2012). In general, this initiative aimed to, in a way that previous initiatives had not, make cultural and physical changes to prison which would aid in the delivery of better care and support (Liebling et al., 2005; Towl & Crighton, 2017, p. 98-99).

2.4. How successful has the implementation of the prison system response towards self-harm been?

The introduction of the ACCT and the PSI 64/2011 moved the conceptualisation of suicide and, later, self-harm from a medicalised understanding towards the recognition of situational and contextual understandings and, subsequently, the need for a more robust management strategy. Although, the prison system response towards self-harm and suicide has been effective in reducing the numbers of self-inflicted deaths in prison, the numbers of incidents and prisoners self-harming has continued to increase (see MoJ, 2020a). Therefore, this may be indicative of the need to distinguish between self-harm and suicide in prison (as suggested by Pope, 2018). More specifically, limitations of the implementation of the ACCT and PSI 64/2011 have been widely documented. As would likely be expected, the initial years of the implementation were challenging (Liebling et al., 2005). Adapting to the new system was problematic for staff, especially for those who preferred more traditional

management strategies, such as social distance between the prisoner and officer, exercising authority and having an 'edge' over prisoners (Liebling et al., 2005). Furthermore, a punitive culture remained embedded into some of the new initiatives; safer cells, for example, were sometimes found to be used as a means to assert authority over prisoners who officers believed were being manipulative (Liebling et al., 2005). Ultimately, when piloted, the initiatives generated mixed outcomes for reducing distress (Liebling et al., 2005). Yet, some problems with the implementation of the ACCT and PSI 64/2011 have persisted.

2.4.1. Challenges with multi-disciplinary working and information sharing

The sharing of information between prisoners, prison staff, agencies and organisations is an ongoing problem (Coles & Shaw, 2012; Harris Review, 2015; HMCIP, 2017b). For example, often this can result in medical information, such as hospital discharge information and community medical information, not being shared (Harris Review, 2015; Prisons and Probation Ombudsman [PPO], 2017ab). Prisoners coming into prison are held in the prison reception but the prison staff managing these prisoners often lack key information required to complete the necessary assessments of risk for self-harm and suicidal intent (HMCIP, 2017b; Howard League, 2017). This is exacerbated by large numbers of prisoners coming through the system with low numbers of staff available to complete the assessments needed to assess risk (Howard League, 2017). Targets of the National Prison Healthcare Board focuses on the importance for multi-agency approaches for reduced incidences of self-harm and suicide, yet this statement has received criticism for its vagueness about how to approach successfully implementing and resourcing these ways of working (House of Commons, 2018).

The multi-disciplinary approach towards the care of the prisoners at risk of self-harm and suicide was a key implementation of the PSI 64/2011, thus emphasising the importance of collaboration and jointly held responsibility by all prison and healthcare staff in the

protection of prisoners (Forrester & Slade, 2014). Complex case meetings, Multi-agency

meetings and the ACCT reviews provide a key opportunity for staff to join together to share

information, communicate and ensure the provision of Multi-disciplinary team (MDT)

expertise, such as mental health, in the proactive support of prisoners (Slade & Forrester,

2015). ACCT reviews, which provide a platform for staff from different levels to collaborate

on their understanding of prisoners at risk have, however, been found to lack

multidisciplinary representation (Pike & George, 2019; PPO, 2017b; Ramluggun, 2013).

Thus, resulting in insufficient information being included in the CAREMAP, the

management plan for those self-harming (Walker, Shaw, Hamilton, Turpin, Reid & Abel,

2016). The challenges between different staffing groups working together and sharing

information with each other are thought to contribute to the lack in MDT representation in the

ACCT process (Pike & George, 2019; Ramluggun, 2013). The failure to share risk

information, however, can have a detrimental impact on ACCTs not being opened when

required (for examples, see Harris Review, 2015). Despite the focus in the PSI 64/2011 on

the importance of good information sharing about self-harm through multidisciplinary

working, it is not clear how this procedure is enforced in practice (Towl & Crighton, 2017, p.

92). Subsequently, officers have reported finding it difficult to get hold of prisoner

healthcare information needed to assess risk of self-harm and suicide (Ramluggun, 2013).

Evidently, this demonstrates a wider issue around a staff culture which lacks cohesion and

clarity on multidisciplinary working, as well as demonstrating the challenges that arise from

working across systems within systems.

2.4.2. Supporting the officers to implement the ACCT effectively

        Providing support to prison staff responding to and managing self-harm is a

substantial factor in the effective implementation of the ACCT (Slade & Forrester, 2015).

Positive prison management attitudes towards their staff, and their effective implementation and use of the ACCT, can improve staff confidence and belief in making a difference for prisoners (Slade & Forrester, 2015). Yet, too often prison officers report feeling they lack formal and informal support from senior management, instead feeling their struggles go left unnoticed (Ramluggun, 2013).

The lack of resources and training given to prison staff has continuously been raised by prison reviews as barriers to the care of prisoners at risk of suicide or self-harm (see HMCIP, 2019b; Howard League, 2016a; Howard League, 2017). Without resources, such as available staff, officers have found they are limited in the meaningful time they can spend with prisoners to fully engage the ACCT process to provide care and be proactive with preventing self-harm (Marzano et al., 2015; Pike & George, 2019; Sweeney et al., 2018; Walker et al., 2016). Managing high numbers of open ACCTs with less than adequate resources has been described to be challenging by prison staff who already feel the process to complete the ACCT is time-consuming (Walker et al., 2016). For many, it is evident there are unmanageable numbers of open ACCTs (HMCIP, 2019b), yet, often within the smaller, specialist or open prisons that have better resources, prison staff have been able to make use of the ACCT as a supportive tool for prisoners, for example including their family in the process (HMCIP, 2019b). Thus, ultimately, the lack of time and resources will negatively impact the care given to prisoners.

Additionally, the ACCT training has been described as lacking in knowledge, too vague for what is required by staff or is inconsistent and a tick-box exercise (Ramluggun, 2013; Sweeney et al., 2018). The training often lacks information about mental health or focuses on practical tasks opposed to the interpersonal skills which could be used to be proactive when incidents occur (Pike & George, 2019; Ramluggun, 2013; Sweeney et al, 2018). Additionally, officers have described not understanding their legal responsibility for

the ACCT or feel the pressure of a blame culture (Ramluggun, 2013; Walker et al., 2016), which can result in too many ACCTs being opened and, subsequently, quantity taking priority over quality (Ramluggun, 2013). The general lack in knowledge has contributed to officers not implementing the ACCT document appropriately, thus, impacting the care prisoners receive (Sweeney et al., 2018). In summary, despite the implementation of the ACCT and PSI 64/2011 aiming to make the process of the management of self-harm more meaningful and individualised for prisoners, the lack of capacity through both failures in the process and failures in provision required to effectively implement, has resulted in ineffective use of the ACCT for many prisoners.

2.5. Prison staff experiences of working with male prisoners who self-harm

Prison-based research into self-harm predominantly focuses upon the risk factors for self-harm and despite the growth in international empirical exploration into prison staff attitudes towards and understandings of self-harm (for examples see Smith, Power, Usher, Sitren & Slade, 2015; Sousa, Goncalves, Cruz & Rodrigues, 2019), there remains little recent research based within England and Wales which focuses on prison staff experiences of working with male prisoners who self-harm. Of that which is available, the attitudes and perspectives of prison staff towards self-harm, their experiences of responding to and managing self-harm and the impact that responding to self-harm has on prison staff provides an insight into how prison staff engage in their care role for self-harm. This work is summarised in the following sections. Although widely recognised that there is a need for better prevention of self-harm and suicide in female prisoners (for a comprehensive overview see Walker & Towl, 2016), the following sections will focus predominantly on male prisoners. Female prisoners demonstrate different trends in self-harm behaviour, for example more prolific self-harm than their male counterparts (see MoJ, 2020a) and may have different

needs, causes and motivations for self-harm (for examples, see Walker & Towl, 2016, p. 21).

Additionally, self-harm conducted within forensic mental health settings and community

settings will also not be explored due to the substantial differences in the environment.

Nevertheless, for young people in particular, there appears to be an increased risk of self-

harm in forensic mental health settings than in the community, and this is recognised as

requiring further investigation more generally (for a comprehensive overview see Harvey,

Sillence & Smedley, 2015, Chapter 10, pp. 226-252).

2.5.1. Attitudes and perspectives towards self-harm in male prisoners

Commonly, officers have been described as having negative attitudes and perceptions

towards self-harm, are absent of emotion towards self-harm or have been described to feel

responding to and managing self-harm is a waste of their time (Marzano et al., 2015;

Ramluggun, 2013; Sweeney et al., 2018). This is especially relevant as many officers' report

perceiving the motivator for self-harm behaviour to commonly be manipulation (Ramluggun,

2013). The move away from using the term manipulation has meant instead staff will

sometimes refer to prisoners as self-harming without warning (genuine self-harm) or

prisoners who threaten staff with their self-harm (manipulation) (Ramluggun, 2013).

Perceptions of self-harm often differed between officers and nurses, whereby officers more

commonly attribute interpersonal causes for self-harm, such as a cry for help when they

cannot cope with being in prison, and nurses more commonly attribute intrapersonal causes

for self-harm, such as the impact of the prison environment (Ramluggun, 2013). A distinct

culture can be recognisable amongst officer staff that some nurses describe as the new school

and old school officers, in which new school officers demonstrate more sympathetic attitudes

and a want to learn (Ramluggun, 2013). Historically, traditional prison officer culture has

been problematic by creating a barrier towards providing care for prisoners who self-harm (for example, see Liebling et al., 2005).

2.5.2. Responding to and managing self-harm

How officers respond towards self-harm often depends on the perceived problem voiced by the prisoner and risk of self-harm (Ramluggun, 2013), although nurses believe some officers to lack insight into self-harm (Marzano et al., 2015). In spite of this, some nurses are reluctant to explore self-harm with the prisoner (Ramluggun, 2013). Many officers feel a lack of resources restricts their time to engage in meaningful conversations with prisoners (Marzano et al., 2015; Sweeney et al., 2018). Thus, some officers deny their capability to provide care, either because of lack of time or lack of training and therefore, can become resentful when care is expected of them (Marzano et al., 2015). Additionally, existing tensions and lack of trust between prisoners and uniform staff is experienced to have exacerbated the difficulties in building the rapport needed to be able to provide care (Ramluggun, 2013). Officers describe frustration towards the prison system, blaming the processes for supporting the waste of time on self-harm which is perceived to be attention-seeking or manipulation, or leaving officers open to abuse (Marzano et al., 2015; Pike & George, 2019; Ramluggun, 2013). Similarly, prison staff demonstrated disagreement with the Safer Custody's approach towards managing self-harm, which they thought to be too accommodating and, therefore, reinforces manipulative behaviours (Marzano et al., 2015; Ramluggun, 2013). Multi-disciplinary working was also described as a barrier to caregiving. Frequently, challenging interactions between officers and nurses made working together to care for prisoners who self-harm challenging (Marzano et al., 2015; Ramluggun, 2013). They often held different opinions on the causes of self-harm or disagreed on who should take responsibility for the prisoner and thus, the MDT framework was perceived to lack

cohesion and effective communication (Ramluggun, 2013). Nurses would report feeling as though the officers found them to be an inconvenience and their security roles were prioritised over the roles of the nurses (Marzano et al., 2015; Ramluggun, 2013).

2.5.3. The impact of responding to and managing self-harm

Prison staff can have positive experiences of caregiving and care-receiving (Sweeney et al., 2018) but, equally, managing self-harm can provoke many negative feelings in prison staff; frustration, stress, feeling drained or challenged (Marzano et al., 2015; Ramluggun, 2013). When self-harm is perceived to be manipulative this can lead to officers becoming burned out, desensitised, emotionally blunt and only seeing self-harm as part of their job, which can lead to officers responding negatively towards prisoners (Marzano et al., 2015; Sweeney et al., 2018). Self-harm can also have a more damaging impact on officers, whereby witnessing self-harm and suicide can be traumatising, anxiety provoking, and they can suffer from long-term negative consequences, such as flashbacks and nightmares (Marzano et al., 2015; Sweeney et al., 2018). Accessing support from the prison for this can be difficult for some staff who find the prison officer culture to be a barrier to help-seeking. Officers perceive there to be an expectation for them to be tough, resilient and cope with stress alone, this macho prison culture prevents officers feeling they can engage emotionally when they require support themselves following suicide-related incidences as they fear they will be seen as weak (Ramluggun, 2013; Sweeney et al., 2018). Thus, at times, officers rely on unhelpful means to cope with their experiences, such as drinking alcohol or distancing themselves from their family (Sweeney et al., 2018). In general, officers referred to the use of dark or gallows sense of humour, rationalisation or blaming the prisoner, or passing the responsibility onto other departments, such as healthcare (Marzano et al., 2015; Sweeney et al., 2018), as a means to cope with their experience of self-harm in prison. The pressure of

duty of care was felt to weigh heavily on staff (Marzano et al., 2015; Pike & George, 2019) and a culture of blame was notable (Marzano et al., 2015; Ramluggun, 2013), which can cause officers to feel isolated and vulnerable, sometimes resulting in them avoiding managing situations where prisoners require care for their self-harm (Marzano et al., 2015). These challenging feelings were sometimes understood as part of a systemic problem of prison staff feeling low control over their job, thus, feeling powerless towards helping prisoners because of a lack of staffing or overcrowded conditions (Marzano et al., 2015).

2.6. The care experiences of prisoners who self-harm

The procedure of receiving care in prison is not a straightforward process. As demonstrated, there are many influencing factors about the prison staff experiences which are likely to impact the care they offer or give. Equally, care-receiving is also complex because some people who self-harm might not seek support for their self-harm appropriately; especially for younger prisoners where some seek too much help, sometimes with unrealistic demands, others will not engage in help-seeking at all or will only help-seek on their own terms (Harvey, 2012, pp. 150-158). Existing experiences of the 'us and them' dynamic, or power imbalance between prisoners and prison staff, can deter prisoners for seeking help as they feel this could result in them relinquishing more power to officers (Harvey, 2012, pp. 150-158; Marzano, Ciclitira & Adler, 2012). These prisoners could behave defensively, untrusting, or suspicious of the care offered to them, believing it to be given as a means to suit the institutional needs (Harvey, 2012, pp. 150-158).

Once engaged in the ACCT process, prisoners can have both positive and negative experiences, feelings of support or not feeling supported at all (Marzano et al., 2012; Pike & George, 2019). Younger prisoners' perceptions of the sincerity and the approach and manner of the care given by officers is recognisable to prisoners and is important to their engagement

in the care process (Harvey, 2012, pp. 150-158). Officers described to be caring are recognised by younger prisoners to be truthful and genuine with their concern (Harvey, 2012, p. 152). Whereas, negative interactions from care can leave prisoners feeling the officers are unsympathetic, insincere, or unhelpful and this can influence the prisoner to feel uncared for or misunderstood by officers (Marzano et al., 2012). These negative experiences of care can exacerbate prisoners' feelings of insecurity, being bullied and persecuted (Marzano et al., 2012).

Although a mechanism which can leave prisoners feeling supported, many find the ACCT review process intimidating or inconsistent, and sometimes not fully understanding why they were on the ACCT to begin with (Pike & George, 2019). The observations can be intrusive and confusing and raise concerns for the prisoners about confidentiality. The experience of the ACCT following the prisoner around the prison from work to their landing makes prisoners feel they are easily identifiable as being on the ACCT and could leave them embarrassed or make them vulnerable (Pike & George, 2019). Yet, more generally, care has to be a two-way interaction and at times younger prisoners especially recognise they are too distressed to be able to benefit from the support offered or feel their problems are unfixable and therefore, they disengage from support (Harvey, 2012, pp. 150-158).

2.7. A summary of the literature on self-harm in prison

Within the limited UK-based empirical exploration into the experiences of prison staff working with male prisoners who self-harm and the prisoners themselves, it is evident the experiences of caregiving and care-receiving vary considerably. Of those more negative experiences, unhelpful or insincere prison staff attitudes towards self-harm and the care of self-harm can have a damaging impact on the prisoners. Environmental barriers to caregiving, such as culture, problems with information sharing or MDT working, can

exacerbate the already challenging role of caring. A lack of support from the prison system itself for its staff can leave officers feeling unable to provide care for prisoners who self-harm, but also care for themselves, resulting in both prisoners and staff being uncared for. Evidently, the lack of training and resources add to the existing practical challenges of care being applied with the ACCT. Yet, even when the processes of the ACCT are delivered, often they were experienced as counterintuitive to care from both the prisoner perspective, for example making the prisoner vulnerable or embarrassed, and from the prison staff perspective, for example prisoners taking advantage of the ACCT. Meaningfully engaging both prison staff and prisoners in the care process evidently is a complex task, especially as it would seem both sometimes dismiss or are reluctant to provide or receive care.

When exploring how these experiences engage with the wider literature on self-harm, the difference between prison officers and nurses highlights the lack of clarity in the theoretical groundings of understanding self-harm. Not only does this create disparities within MDT working, the foundation of the response and management towards self-harm, but evidently it changes the way that the staff engage with the prisoners who require care. As previously discussed (see chapter one, section 1.3.), the focus being put upon applying either an interpersonal or an intrapersonal understanding about self-harm can result in the meaning of self-harm for the prisoner being lost and care, therefore, not necessarily centred around a prisoners' individual needs.

As can be seen, there are many gaps in the literature which prevent the availability of a comprehensive understanding of the experiences of care for prisoners who self-harm. It would seem, for example, the narratives for male prisoner self-harm is largely unexplored (Marzano, 2007), especially meanings about self-harm which have derived from the voice of the male prisoners themselves. Evidently, the mix of challenging situational and environmental circumstances, along with individual differences forms a complex context for

providing care (for example see Howard League, 2017). Yet, little is known about this intricate systemic interaction between these different facets apart from the broad suggestions of the cascading impact of a lack of support and provision or the impact lack of training can have on caregiving and attitudes towards caregiving (Howard League, 2016a; Howard League, 2017; Marzano et al., 2015).

Self-harm in male prisoners continues to increase, thus, the process of care for prisoners who self-harm warrants further exploration. Providing a more comprehensive understanding of the lived experiences of prisoners who self-harm and the staff who care for them, therefore, is imperative. More specifically, the prisoner's understanding of their own self-harm, how this is impacted and influenced by the prison environment, and the systemic nature of their care needs. Equally, more needs to be understood about the process, conceptualisations of, and barriers towards, caregiving, and how prison staff navigate the prison system or less caring staff, in order to be able to provide care.

2.8. The challenges posed by embedding a system of care within the prison system

As described, there are specific deficits in the prison system response towards and management of self-harm, which goes beyond the austerity of resources. Responding to and managing self-harm is just one facet of a systemic approach to care in prison, and therefore, understanding this approach requires understanding the bigger picture of where a care system fits into a system of justice. Looking beyond self-harm, towards the concept of care in prison more generally, can demonstrate the magnitude of challenges faced for implementing a response, like the ACCT, to provide care for self-harm.

Although a culture of care has become more embedded into prison culture through the introduction of wider care initiatives, for example the NHS Equivalence of Care (see House of Common, 2018), both the physical and mental health problems of prisoners remain

disproportionately high compared to the community population (NHS England, 2016), suggesting that just providing a care service in prison does not necessarily equate to the delivery of care (Glorney et al., 2020). Of course, many contributing factors are likely to exacerbate this, including increased prevalence (in comparison to the general population) of mental health problems and substance misuse amongst prisoners (Fazel, Hayes, Bartellas, Clerici & Trestman, 2016). However, again, increasing resources alone may not be enough to instil an effective culture of care. Instead, more widely, the recognition for a whole-prison approach towards prisoners' health and wellbeing has been recommended by the House of Commons (2018) as a means to embed an effective care response. A whole-prison approach as described by the World Health Organisation is a system-wide strategy engaging all levels of prison life to create healthy and supportive environments (House of Commons, 2018). Despite the awareness of the suggested use of this approach, it remains to be undefined and undeveloped, with prisons not sharing a common conceptualisation of whole-prison approach (House of Commons, 2018). This whole-prison approach incorporates a systemic approach to health and wellbeing through understanding the impact that all facets of the prison system and the prisoner's life, including past experiences, has on recovery (House of Commons, 2018). Similar to the ACCT and PSI 64/2011, which aim to attend to individual need through engaging an MDT approach to care, effective and meaningful care has not been delivered consistently (Glorney et al., 2020). Arguably, however, there is a paradox which exists when embedding care into a prison system which highlights that "care draws out of compassion, justice out of rationality" (Tronto, 1993, as cited in Hollway, 2006, p. 14) and is, therefore, suggestive of the unrealistic expectation of the prison system to accommodate a system of care.

The remainder of this literature review will draw on wider prison-based literature to explore this paradox as a means of addressing whether embedding a system of care into the

prison system can be reasonable and effective. The challenges posed by the power and

control of the prison system, the conceptualisation of care within the prison officer role and

the psychological difficulties of prisoners when engaging in care will be identified, and these

will be contextualised within an existing theoretical framework for a systemic model of care

to demonstrate the enormity of the challenge of embedding a system of care within the prison

system. The existing theoretical framework by Tronto (1993) draws care into the political

arena, breaching boundaries between the public and private sphere through questioning how

care works across social settings (Hollway, 2006).

2.8.1. An existing framework of care

Care work often focuses on the female domain of care in the private sphere, the

marginalised, socially supressed part of society, devalued and for the needy, or perhaps for

the devalued themselves (Tronto, 1993). The societal importance placed upon care work is

epitomised by the low wage given to many who give care and when critically examined,

societal care begins to outline positions of those with power and those powerless (Tronto,

1993). For Tronto, however, care as work does not require a caring disposition, instead care

becomes an action, an on-going activity, both a culturally shaped everyday process and a

disposition, thus, spanning the private, political and public sphere (Hollway, 2006; Tronto,

1993). Care seeks to maintain and repair the 'world' and all that encapsulates it, the physical

and psychological state of an individual entwined with the life-sustaining and complex web

of the environment (Fisher & Tronto, 1990, as cited in Tronto, 1993) and care, therefore, is

systemic. For care to become a system of care, institutionalised and applied, it must be well

integrated and must reject the concept of care based upon the private domain of good care

(Tronto, 1993; Tronto, 2010). Instead, institutional good care must be powerful, purposeful

and particular for all the actors within the process (Tronto, 2010). When this is lost, bad care

can result from the organisations perceiving care to be a community, of which these needs are taken for granted by the organisation (Tronto, 2010). The caregivers can experience the organisational requirements of care to be a hindrance, defecting their caregiving, and the care-receiver can be lost in the process as it becomes narrowed to caregiving. This can exclude the care-receiver from decision making, responsibility and, ultimately, their needs are no longer addressed as individualised (Tronto, 2010). A cycle of care, therefore, must entail four stages of care: caring about, taking care of, care-giving and care-receiving (Tronto, 1993). Further, the systemic nature of these stages requires changeability and adaptability to the needs of all the individual actors involved within the care process and, thus, care can become powerful, purposeful and particular (Tronto, 1993; Tronto, 2010). These four stages, as described by Tronto (1993), include:

- 'Caring about' is the recognition of the need and necessity for care and making the decision that there are needs which need to be met (Tronto, 1993). Cultural, societal and individual perceptions shape what an individual sees as needing to be cared about. However, being able to care about requires the skill to be able to look beyond the boundaries of oneself (Tronto, 1993). Compassion and concern are not just cognitive-based depictions of another person's needs, instead the empathy and 'fellow feeling', which are needed for compassion and concern, require the capacity to identify and use our self to cross the boundary between ourselves and another; "It involved psychologically imagining oneself in another's position." (Hollway, 2006, p. 14).

- The 'taking care of' others requires agency and the assuming of responsibility for addressing a care need, moving beyond only focusing on an unmet need to understanding more can be done. Decisions are made by the care-giver about which needs require meeting and how best to achieve this (Tronto, 1993). However, when presented with the same resources, practises and discourses, not everyone responds to

the needs of others in the same way (Hollway, 2006) and conflicts can occur between individual's perceptions of needs, how they perceive needs should be met, and the needs of the care-receiver (Tronto, 1993). Furthermore, the bureaucracies which often determine this may not be in tune with the actual caregiving and care-receiving (Tronto, 1993). These conflicts can negatively impact the taking care of others and mediation may impact the quality of care given (Tronto, 1993).

- 'Care-giving' is the direct meeting of needs, often through physical work or contact with the object in need of care (Tronto, 1993). Institutionally, the bureaucracies, which often determine how needs are to be met, are not involved in the caregiving (Tronto, 1993) and this has a detrimental impact on the quality of care given, especially when care is perceived to be a commodity (Tronto, 2010). Sometimes conflicts can form between the demands of the job role and the individual care-giver's desires for their caregiving role (Hollway, 2006). When care-givers perceive the institutional requirements of caregiving as a hindrance, this can have a damaging impact on the care given (Tronto, 2010).

- 'Care-receiving' is the response by the object of need, which is also the measure of effectiveness of the care given (Tronto, 1993). If perceptions of needs are wrong or the actions taken in response to the needs are wrong, then care-receiving is not achieved. Care-receiving is therefore an interactional process between the care-giver and care-receiver (Tronto, 1993). If 'well cared for' is culturally determined misconceptions and misunderstandings of the care-giver can have a detrimental impact on care received (Tronto, 1993). Losing sight of understanding caregiving as part of a process, excluding other parts of the cycle, fundamentally risks providing good care (Tronto, 2010).

These stages of care, however, are complex and sometimes conflictual (Tronto, 1993) and so this begins to question the capability of a bureaucratic and rigid system like a prison to be able to find balance between care and justice in order to provide a system of care which is systemic, effective and meaningful.

2.8.2. The contradiction between the prison system as a bureaucracy and caring for prisoners

Providing an enabling prison environment within a rehabilitative culture is integral for the care of prisoners' health and wellbeing (House of Commons, 2018). Moreover, cultural perceptions can influence what is seen as needing to be cared for (Tronto, 1993). When bureaucratic perspectives of needs, which reinforce culture, are not aligned with those who are giving care or receiving care, then care cannot be achieved (Tronto, 1993; Tronto, 2010). The capacity of the prison system to provide a rehabilitative culture, and subsequent enablement and recognition of good care, however, could be contended, especially when the bureaucratic agenda of prison may be counterintuitive to care itself.

A bureaucracy, as understood by Max Weber, is a modern means of administration in the development of legal domination, of which its authority has been derived from legally and formal rational enforced rules (Morrison, 2003). This form of administration is superior to others because of its use of apparatus (procedures, technical administration, coordination and networks of function) to change everyday life into procedures and norms through the bureaucracy's own speed and precision (Morrison, 2003). The main principles of a Weberian bureaucracy include a hierarchical authoritative chain of command which regulates impersonally and enforces standard procedures which address the common interest and a means and end (Morrison, 2003). Such regulation is reliant on procedural decision making and due process, created through accurate and factual reasoning (Morrison, 2003). Sykes

(2007) was one of the first to directly recognise the organisation of the prison system to be a bureaucratic administration.

Similarly, the Goffmanian depiction of prison as the Total Institution recognises the official hierarchical enforcement of power which controls all spheres of prisoners' lives in a regimented procedure (Cressey, 1961). This institution's aims are to assault the personal definitions and boundaries of prisoners and create tension between the prisoner and the outside world (Cressey, 1961; Hancock & Garner, 2009). Rigid groupings, social distance, and boundaried and limited communication are formed between the prison staff and prisoners, reinforcing the bureaucratic ruling (Cressey, 1961). The groupings and the constant surveillance of prisoners by prison staff allows the prison staff to have the power to control all aspects of the prisoners' lives, resulting in what Goffman calls the implication of bureaucratic management (Cressey, 1961). Subsequently, the prison system can be understood as a unique securitized structural institution which encapsulates the reinforcement of punishment, incapacitation, prevention, deterrence, and rehabilitation of those deemed delinquents (Jewkes & Johnston, 2006). The omnipresent security of surveillance, locked doors and high walls is the contemporary infrastructure for a Foucauldian form of discipline and punishment, a macro level surveillance mechanism for the community (Bartlett & McGauley, 2010; Jewkes & Johnston, 2006). Thus, those who pose a risk to the social fabric of society can be imprisoned through the use of legal mechanisms (Jewkes & Johnston, 2006). Within the aims of the current prison system arguably this is called reform; the protection of the public, safety and order, the reduction of crime through changing the lives of offenders (or reform), and the preparation of prisoners for release (Home office, 2006: as cited in Adler & Gray, 2011, p. 447; MoJ, 2016; Prison reform trust, 2016).

The introduction of reform aligns with a change in the means of how the prison system asserts its power, a shift from a harder form of power to softer form of power. Hard

power is woven into a rigid authoritarian regime, the enforcement of full loss of prison autonomy and prisoners' experience of prison life is passive and isolative (Crewe, 2011b). Hard power can be used as a method to dehumanise prisoners and was once regarded as acceptable by many prison officers (Jewkes, 2002), as noted by the Goffmanian style of authority. Staff demand authority through submission and obedience and so have a low threshold for the use of punishment (Ben-David, 1992; Liebling, 2009), perceiving prisoners as 'bad' or 'mean' (Liebling, 2009). Not only does this result in the relationship being formally dictated and social distant (Ben-David, 1992), but also the self-legitimising process reinforces the institution to be self-sustaining, with the ability to create and maintain its own aims (Hancock & Garner, 2009). Consequently, Goffman argues authorities maintain complete control and formulate the right to punish anyone under their rule (Hancock & Garner, 2009). These assertions of power are more likely noted from prisons demonstrating more 'heavy' or oppressive power (Crewe, Liebling & Hully, 2014). Such power and control inflicted over prisoners can result in the mortification, in which the prisoners are subjected to a series of degradation, humiliation, abasement and profanation on the self (Cressey, 1961). This process results in the change in identity of the prisoner and their moral career, their beliefs they had about themselves and those they care about (Jewkes & Johnston, 2006).

In opposition, the shift towards a 'lighter' assertion of power in prison, is noted by a more relaxed situational context (Crewe et al., 2014). This shift, which supports soft power control, is most evident from the change in the prisoner-officer relationship from strict and hardened control to something softer which requires a softer form of security, whereby prison officers' power comes from a discretionary psychological power (Crewe, 2011b). Bureaucratic policies enforce this change in power, for example, the introduction of the Incentives and Earned Privileges system in the mid-1990s changed the role of officer to focus on both prisoners and administration (Liebling, 2009) and, thus, moving towards a paper-

based bureaucracy. Yet, as with the Goffmanian style of control, prison officers are still able to maintain control of most aspects of prisoners' lives, for example, their power to act as a buffer between the prisoner and people making important decisions about their sentencing, such as the parole panels for release and categorization decisions (Crewe, 2011a), by acting as a gatekeeper between the prisoner and healthcare (Ross, Liebling & Tait (2011), or by controlling prisoners loss of privileges and movement around the prison (Jewkes, 2002; Crewe, 2011b). This control, however, is closely regulated by superior bureaucratic administration policy (Crewe, 2011a).

The move from heavily controlled prisons to lighter controlled prisons is not necessarily a move towards better conditions for prisoners, instead the lighter controlled prisons risk creating an environment which is under-policed, insubstantial or deficient (Crewe et al., 2014). Although the overt assertion of power described within the Goffmanian understanding of the mortification of the self may not be so evident within soft power dynamics between prisoners and prison staff, this ascertaining of complete control over prisoners can still be seen. More specifically, for example through prison initiatives, such as the indeterminate sentences (IPP) or prison assessment which can include the prisoner being set unrealistic expectations of what they need to achieve to be 'reformed' (Crewe, 2011a). Furthermore, the focus of prison assessments on risk does not allow for a prisoner to be humanised, their true identity to be shown or for situational factors of a prisoner's life to be understood, as the foundations of these assessments are still determined by the bureaucratic agenda towards risk (Crewe, 2011ab). Prisoners who challenge the significance of their risk or minimise their criminal behaviour, may find themselves being perceived to be justifying their actions or are in denial, which may substantially influence parole decisions (Crewe, 2011a). In addition, although more generally this increase in a paper-based bureaucracy, such as the Incentives and Earned Privileges system, may allow prisoners more self-

regulation and some autonomy through the expectation for them to address their own criminal behaviours, manage their behaviours and engage productively within their prison experience (Crewe, 2011b), critically it has reinforced what Ugelvik (2014) called a neo-Panopticon, the emphasis on self-control for fear of who is watching, as a result of the expectation of self-regulation. This fear of continuous surveillance and regular checks, searches and interrogation, in other words the Goffmanian understandings of contamination, can have a profound psychological impact on the prisoner (Jewkes, 2002). Any autonomy which may have been gained through a softer power control is counterproductive to the meaningful engagement required within a care process, misaligning their care needs within the bureaucratic focus upon control, power and justice.

The contradiction between the prison system as one of control and one which provides an environment which enables care and recognises care needs of prisoners who self-harm is evident. Whether the power structure be heavy or light, hard or soft, evidently the culture is not one which gives recognition to prisoners as individuals with individual needs, instead imposing a bureaucratic agenda onto what the prison regards as needs, treating care as a commodity. It seems unlikely that an enabling environment which situates prisoners' health and wellbeing at the centre of the environment would be possible to achieve within such a one-sided power structure. The prisoner, as the care-receiver, is lost amongst the agenda of the prison and the relationship between care-giver and care-receiver is dictated by control and therefore, not conducive to power balance required of good care process (as understood by Tronto, 1993). Equally, prison culture, especially its attitudes towards safety, have been highlighted as fundamental in changing the prison staff attitudes towards behaviours which better reduce suicide (Slade & Forrester, 2015). Providing a prison culture which better recognises and focuses upon care does not have to be at the expense of upholding security or justice, instead this focus on care can aid reducing additional risks

(House of Commons, 2018). However, an infrastructure of control and power is unavoidable within a prison system. Rather, care must be incorporated into this structure, and methods of adapting this to foster more supportive forms of authority over prisoners have been suggested (Crewe et al., 2014). For example, instead of relying on situational control measures, a relational approach, developed through prisoner-staff relationships, could allow officers to uphold surveillance and restriction but also adhere to a protection function (Crewe et al., 2014). This could be nurtured by developing knowledge about prisoners' preferences and needs, which could be used by the prison officers to help peace-keep (Crewe et al., 2014). Commonly adopted in secure healthcare environments, principles of relational security rely on supportive staff-to-patient ratio, team reviews of risk and treatment plans, specialist treatment skills and inter-agency work (Kennedy, 2002). The environment climate and therapeutic rapport is integral to good relational security between patients and staff (Kennedy, 2002) and has been found to impact patients' satisfaction with the service of care (Bressington, Steward, Beer, MacInnes, 2011), nurses' engagement with patient-centred care (Abdelhadi & Drach-Zahavy, 2011) and reduced levels of disruptive behaviour (Puzzo, Aldridge-Waddon, Bush & Farr, 2018). In contrast to the prison system focus on enforcing power and control, other environments which are also a place of residence for prisoners, like Therapeutic Communities (TC), have embedded the therapeutic care-giving roles successfully into the prison environment through building a culture which prioritises communication and involvement, promoting responsibility, encouraging collaboration and creating safety and trust, and a sense of belonging (Bennett & Shuker, 2010; Haigh, 2013). Here, relationships between prisoners and staff are less hierarchical, more open and safe, promoting a culture of safety which engages prisoners' primitive feelings of childhood, more specifically feelings of containment, safety and survival, rules, boundaries and intrauterine-like experience of belongingness (Haigh, 2013). Boundaries which allow for emotional

safeness can draw on the theoretical perspectives of Winnicott (1965) which states: "a space

arises between container and contained, and it becomes safe enough to explore, and start

seeking a sense of autonomous identity" (Haigh, 2013, p. 9). It could be argued that TC's

promotion of self-actualization and growth embody a phenomenological-existential paradigm

toward care. This paradigm is inclusive of individuals as a whole, where care is measured

through the prisoner's reported experience to meaningfully reflect the complexity of the

individuals' beliefs, motives and social interactions (Broekaert, Autrique, Vanderplasschen &

Colpaert, 2010). Comparably, this paradigm speaks to Tronto's (1993) focus on the

importance of the care-receivers voice, feelings and perspectives. An important similarity

between the approach towards care within TCs and that of Tronto's (1993) approach to care

is the move away from one-sided power and control enforced within the prison system which

benefits the custodial authority and disempowers the prisoner. Comparable to the emphasis

on therapeutic relationships within TCs, Tronto (1993) also perceives care-giving and

receiving to be a two-way interactional process. It would follow, therefore, that ontological

security and trust are fundamental components within this. Ontological security is concerned

with individual's identity whereby stability is reliant on the individual's sense of agency,

developed through early life, trusting infant-caretaker relationships (Giddens, 1991). This

stability is achieved through experiencing life through predictable routines, everyday activity

and habits called practical consciousness, which can be reinforced through trusting

relationships and an individual's ability to feel secure in these relationships (Giddens, 1991).

Routines involve a shared sense of reliability in everyday social interactions, which reduces

the anxiety individuals suffer about endless possibilities of dangers in the world; parameters

(a protective cocoon) are set up around the things in life that are reliable and trustworthy to

protect the self from the constant anxiety of risk (Giddens, 1991). Risk, therefore, becomes

able to be balanced, predicted, and avoided where possible, to be used as a conceptualisation

of the future dangers (Giddens, 1991). In prison, where prisoners may have little control over their routine and the dynamics they have in relationships with prison officers (as previously explored), prisoners may find it more difficult to predict and trust the world around them (see Crewe, 2011a) which can subsequently create anxiety, uncertainty and ontological insecurity. The result of which brings an over-analysis of the actions of others, possibly making it more likely for behaviours of others to be interpreted as a threat (Crewe, 2011a). Thus, hindering the capability to achieve positive outcomes from building therapeutic relationships between prisoners and prison staff which have been demonstrated in TC environments, or the care-givers and care-receivers interaction, as sought by Tronto (1993).

Within the prison system, however, the recent introduction of the Offender Management in Custody OMiC model appears to be a promising move towards adopting some elements of relational security, therapeutic relationships and supportive cultures. The introduction of the prison officer key workers and new case management in the OMiC model aims to put "prisoners and the development of rehabilitation cultures in prisons at the heart of offender management processes and supports the reduction of re-offending in custody and the community, the rehabilitation culture and re-integration into the community" (MoJ, 2018, p. 5). Yet, where the theoretical foundations of TCs have encompassed cultures of empowerment, safety and belonging (Haigh, 2013), there is little to suggest the OMiC model can achieve this within the current structures of power in prison. Thus, as with the Tronto's (1993) approach to empowering the care-receiver, enabling such paradigms of care requires bureaucratic support both within the prison system ethos towards care, and the resources provided to support enabling care-receivers to have a more prominent role in care, for example, increasing officer's capacity to invest the time required to engage in meaningful conversations.

2.8.3. *The impact of prison officer culture on their role in caring*

The officer role is fundamental in the recognition of prisoners' needs, the addressing of their needs and the caregiving. Without their meaningful engagement which accurately reflects the needs of prisoners, care-receiving cannot be achieved (Tronto, 1993). As described, the prison system agenda of power, control and justice and the prison environment will undoubtedly influence prison officer culture. As such, the prison officers' conceptualisation of care as part of their role is contentious.

Although the culture of prison officers differs among establishments; some healthy, some unhealthy (Liebling, Price & Shefer, 2011), the masculine discourse of the prison officer identity is well cited (see Crawley, 2004; Jewkes, 2007), commonly being understood as the traditional prison officer culture. Here, male prisons, especially, encourage toughness and stigmatise femininity and weakness (Jewkes, 2007). There is an impetus for new officers to embrace the norms, and challenging these norms is likely to be difficult for any individual officer or even those in management (Crawley, 2004; Liebling, et al., 2011). Although some are able to resist adopting the masculine values, solidarity and support from other prison officers is likely to follow the adherence to group values, beliefs and morals (Crawley, 2004). For the most part there is a recognition by officers that a balance between their custody roles and care duties is needed (Liebling et al., 2011), but some officers place less value on the caring aspects of their job role (Crawley, 2004). The concept of care has strongly opposed the machismo nature of the prison officer role which not only found traditional female qualities, for example sensitivity, understanding, nurturing, compassion and caring, as unnecessary, but detrimental (Crawley, 2004). Thus, female qualities were often "steam rolled" by more masculine qualities like aggressiveness, dominance, authoritativeness (Crawley, 2004, p. 36). As such, the expectation of caring for prisoners has been perceived by many officers to be the

result of prisons becoming too soft and, subsequently, masculine dominance has overpowered compassionate and caring officers (Crawley, 2004).

The re-conceptualisation of care within prison, as evident from the ACCT and PSI 64/2011, had an expectation for prison culture to move away from the more traditional prison culture towards a modern officer role whereby staff have a responsibility to make changes to prisoners' beliefs and behaviour (Crawley, 2004). As the prison system changes, so does the understanding of care, but some officers are uncertain about the expectations of them in being the modern officer (Liebling et al., 2011). As the prison system conceptualisations of care have progressed, conceptualisations of care within the prison officer role have moved away from gendered binaries. Instead, care seems to have become a "malleable concept shaped by personality, experience and the working environment" and thus, the conceptualisation of care broadens (Tait, 2011, p. 449). These understandings of caring can be recognised through different types of prison officer carers: true carer, limited carer, old-school carer, conflicted carer and damaged carer (Tait, 2011). As described:

- Conflicted and Damaged officers are described as disengaged from care-giving. Conflicted carers are described to lack empathy, confusing care with control, often describing prisoners as manipulative, threatening or morally weak and make judgements on who they perceive to deserve care. Damaged carers are described to demonstrate neglectful caring behaviours, adopting punitive and hostile attitudes often due to experiences of previous traumatic encounters with prisoners (Tait, 2011). These officers are often described to be uncaring by prisoners and their relationship with prisoners to be hostile (Tait, 2011). Conflicted carers, especially, generate feelings of unfairness, indifference, and degradation for prisoners (Tait, 2011).

- Limited and Old-school carers demonstrate more diplomatic and pragmatic approaches to care and, especially the Old-school carers, can find the term care to be

loaded and their connection with care can be emotionally limited with clear boundaries between them and prisoners. Limited carers will care within the expectation of bureaucratic rules and demonstrate sympathy for prisoners. Whereas Old-school carers often feel negatively towards management and new changes within the prison system but have long histories with the prisoners and generate a parental, protective and confident relationship with prisoners, which prisoners perceive to be reliable and trustworthy (Tait, 2011).

- A True carer, more commonly found amongst female officers, enjoys caring for, supporting, engaging with, and getting to know prisoners. They are characterised as respectful, secure, and confident and their good rapport with prisoners means they choose to follow these officers' guidance and instruction. The challenges for them to care usually come from the prison itself. Other colleagues sometimes describe them as doing too much for prisoners. For prisoners, who often conceptualise care through the quality of their relationships with staff, feelings of respect, being understood and listened to, receiving reassurance and encouragement, True carers are typically perceived to be the most caring (Tait, 2011).

The implementation of policy like the ACCT assumes homogeneity of its implementation to produce accurate recognition of the needs of prisoners who self-harm and good decision-making, as well as, homogeneity of care. However, the effectiveness of such a policy relies on the meaningful implementation by the prison staff and evidently, the role of care-giving is complex. Different understandings and experiences influence conceptualisations of care, impacting the care that is given. Historically, traditional prison officer culture has negatively impacted the care given to prisoners who self-harm, as witnessed through the distance staff placed between themselves and prisoners, the overuse of authority and avoidance of addressing prisoners' problems, (Liebling et al., 2005). Yet, remnants of traditional prison

officer culture continue to impact conceptualisations of care of self-harm (see Marzano et al., 2015; Sweeney et al., 2018), with some officers still rejecting their role in care (Marzano et al., 2015) and others describing prisoners as not worthy of care (see Howard League, 2017). More broadly, the inaccurate recognition of the needs of self-harming prisoners, as evident by the preconceptions about self-harm by prison officers, is common (see Marzano et al., 2015; Sweeney et al., 2018). However, there has been little exploration into the influences for these inaccurate perceptions and biases. Additionally, as with Damaged carers, whose previous traumatic experiences have impacted their capacity to care (Tait, 2011), officers experience burnout and symptoms of trauma when managing self-harm (see Marzano et al., 2015; Sweeney et al., 2018).

Ultimately, the prison officer culture of care has an impact on interpretations of care and experiences of caring, which can dictate their recognition of needs, their perceptions of what 'well cared for' looks like and, in turn, their engagement in care-giving. Different approach towards care can result in very different experiences of care for the prisoner (Tait, 2011). Specifically, bad care can result from the officer perceiving care to be a hindrance or narrowing the process of care down to care-giving alone, rejecting the voice of the prisoners (see Tronto, 2010). Additionally, taking care of prisoners seems to pose a challenge to some prison officer identities, particularly traditional officer identities. It would seem likely, therefore, that masculine values embedded into the prison officer role may challenge their agency and responsibility in the decisions made regarding taking care of, whereby accepting the needs which require being met may contradict their own personal values and impact their decision making towards care. While balancing custody and control with care remain a predominant part of the officer role, the space for taking care of will likely be contentious for those who align more closely their custody roles over care, posing a substantial deficit for a system of care.

These challenges demonstrate the deficits in embedding a care approach into the prison system which assumes the homogeneity of having a caring capacity, such as Tronto's (1993) requirement of care-giving. Beyond the specific prison-based literature which demonstrates deficits in officers' capacity to care, more broadly it is recognised that having the capacity to care is more than just a choice to care, it requires the caregiver to be able to bear emotional distress, which requires having had good experiences of care themselves (Hollway, 2006). Conflicted Carers, for example, are likely to have come from similar backgrounds to prisoners (Tait, 2011) and, therefore, may find this aspect of having the capacity to care challenging. Furthermore, psychoanalytically, for an individual to able be attentive to another they must be able to internalise a 'model of containment' which allows the emotional content of the thinking about (realising and linking thoughts) to be bearable (Hollway, 2006). When thinking is unbearable, the individual can find it difficult to visualise the mental state of another individual and how the mental state influences the individual themselves (Hollway, 2006). Concern, which Winnicott believed to be an individual's ability to care, feel and accept responsibility, is the outcome of good-enough care they themselves have received (Hollway, 2006). As well as having the capacity to care, the accurate recognition of needs is required for compassionate caring (Hollway, 2006). The accurate recognition of needs requires, from a psychoanalytic perspective, the process of identification which is driven from the internalised identifications made with the individual's primary care-giver in early life (Hollway, 2006). Other psychoanalytic unconscious biases could also impact the individual's ability to accurately recognise the needs others, for example the projection of an individual's 'shadow side' could result in projecting the individual's own desires and fantasies which cause them fear, onto the individual who requires care and seeing in them the things that they fear themselves (Gilbert, 2015). Accordingly, having the capacity to care and accurately recognise need, and therefore care-giving as required by

Tronto (1993), would require prison staff to have both the ability to bear the emotional distress of prisoners, and having had good-enough care and self-reflection themselves. It is unrealistic to assume the prison service can ensure mitigation for such requirement. Increasing prison staff awareness of their potential limitation in their capacity to care through clinical supervision might aid in more reflective behaviour and decision making, however, with dwindling resources and available time, this may be unrealistic.

2.8.4. Engaging prisoners in the care process

As part of the suggestion for a Whole-systems approach towards prisoners' health and wellbeing, it is recognised that for many their journey into prison has been influenced by negative experiences throughout their life starting from early childhood and exacerbated by societal experiences (House of Commons, 2018). Whereas this recognition has been given within the Government strategies towards female prisoners and the impact of their lived experiences, this is not implied for the wider prison population. As such, more needs to be done to train and guide prison staff to identify and respond to difficult lived experiences of prisoners (House of Commons, 2018). The recognition of these experiences is evidently important. However, little consideration seems to be given to the impact that such experiences can have on the capability of the prisoner to receive care. Or indeed the capacity for prisoners to care-receive more generally. Looking beyond the more overt factors we commonly understand impact prisoners' engagement in care, such as mental health and substance misuse, a cultural impetus is also a likely contributor to deficits in care-receiving. As will be explore, masculinity amongst prisoners, ingrained expectations about care influenced by early life experiences and the prisoners' interpretation of their surroundings are likely to define interpersonal interactions and personal definitions of care and therefore, care-receiving. Understanding the prisoner's individual needs is integral to good care (see Tronto,

1993), but within this, their capacity to care-receive has to be understood and incorporated into their care needs.

2.8.4.1. The impact of masculinity on care-receiving. Masculinity ideologies are diverse, yet commonalities can be found in traditional masculinity ideology which reflects the dominance of the male role prior to the deconstruction of gender rules and roles by feminists (Levant & Richmond, 2007). Masculinity, therefore, can be defined as "an individual's internalization of cultural belief systems and attitudes towards masculinity and men's roles. It informs expectations for boys and men to conform to certain socially sanctioned masculine behaviours and to avoid certain proscribed behaviours" (Levant & Richmond, 2007, p. 131). Masculine traits of the 'dark side of masculinity' includes both acts of commission (violence, self-destructive behaviours) and acts of omission (social-emotional-withdrawal, absent fathering) (Levant & Pollack, 1995). Acts of commission, especially, have come to be associated with the prisoner population and by extension, the working-class population over-represented within the prison from which criminality has been suggested to be a learned response to masculinity (Jewkes, 2002). Within prison there exists a hierarchy of male power and dominance which includes prisoner's initiations into the prison, prisoner-on-prisoner violence and judgements of peer group or authority (Jewkes, 2002). While traditional masculinity ideology may not be able to explain the complexity of these male interactions, hegemonic masculinity understands the social dominance of males who are marginalised, stigmatised and subordinate, and hegemonic masculinity, therefore, results from social processes, inequalities and the want for power (Jewkes, 2002). Within this ideology male prisoner culture is closely related, for example, to the aggressive macho values which aid in the adaptation to prison life (Jewkes, 2002).

As previously discussed, prisoners engage in help-seeking behaviour for self-harm at different levels depending on their perceptions of their needs and their perceptions towards

the power dynamics and relationships they have with officers (Harvey, 2012). Help-seeking behaviour in prison, for many, is often perceived by prisoners to be feminine, weak and conflicting with the male ideology of autonomy (Featherstone, Rivett & Scourfield, 2007; Levant & Wong, 2017). In the attainment of hegemonic masculinity men may supress their nurturing, empathetic and compassionate emotions which are seen to conflict with manhood power (Brod & Kaufman, 1994) and instead pass their feelings of vulnerability through the 'masculine emotional funnel' displaying more culturally sanctioned emotions instead, like anger (Featherstone et al., 2007). However, it is unlikely this suppression will eliminate such drives and, consequently, it is thought men who deny their need for care and nurture may lose their ability to self-care and instead experience the emotional outflow in other areas of their life or their ability to cope with emotional challenges may be hindered (Brod & Kaufman, 1994; Featherstone, et al., 2007). Even those males who are socially connected to others, when put into an environment which exposes their health information, they are less likely to share their health problems with other men (Featherstone et al., 2007). This, therefore, exposes the challenges of masculinity and care-receiving at both an individual level, for example, adopting masculine traits which contradict acceptance of care, and the systemic level, for example, not engaging facets of the process of care. Regardless of these challenges, when trying to provide care through therapy, incorporating hegemonic masculinity by drawing on values of control, strength and responsibility and applying health-promoting problem-solving techniques have been suggested as a better means of providing care for some (Featherstone, et al., 2007). Arguably, this avoids the motherhood paradigm of care and supports a gender-specific approach towards care-receiving (Hollway, 2006). This shift, however, may be difficult for some care-givers who subscribe to the Foucauldian identification of subject position which argues women within the care domain have been encouraged to enjoy their care role given to them by the organisations of care (Hollway,

2006). As recognised previously, the care role in prison, for those who hold more traditional officer culture beliefs, would seem more likely to subscribe to this Foucauldian identification.

It would seem, therefore, that masculinity ideology plays an important role in receiving care, especially within an environment like prison. Upholding masculine ideals can mean some prisoners will likely disengage in care-receiving for fear of being perceived as weak, putting themselves in a vulnerable position in the social hierarchy, for fear of an attack on their autonomy and identity, and the care they are provided with may not marry with their processing of emotions through their masculine emotional funnel. The overreliance on masculinity as a discourse, however, is dangerous and may falsely portray male prisons as hyper-masculine environments, lawless and lacking morals, ignoring, for example, commonplace kindness found within prisons (Jewkes, 2007). This reinforces the importance of care needs being individualised and understood through the voice of the prisoner.

2.8.4.2. The impact of insecure attachment and lack of self-compassion on care-receiving. Early life experiences of prisoners may enforce a lack of capacity to care-receive. These theoretical understandings were focused upon within chapter one, section 1.3.5. in the exploration of an attachment and trauma-focused framework for conceptualising self-harm. As discussed, early life experiences of care-giving and care-receiving through primary care-giver attachments and attachment experiences can impact a child's sense of self, self-regulation and relationships with others. Further to this, however, the developing of either secure or insecure early life attachments can impact the likelihood of help-seeking behaviour, whereby those with secure attachments are more likely to seek-help when needed (Fonseca, Moura-Ramos & Canavarro, 2018; Moran, 2007; Vogel & Wei, 2005). Those who develop specific types of insecure attachments, for example avoidant attachments, have higher levels of risk perceptions, impacting help-seeking behaviour (Cheng, McDermott & Lopez, 2015; Shaffer, Vogel & Wei, 2006; Vogel & Wei, 2005). Whereas, those who develop anxious

attachments are more likely to seek-help as they often have low self-worth and value, therefore over-valuing the opinions, reliance and approval of others (Cheng et al., 2015; Shaffer et al., 2006; Vogel & Wei, 2005). To add to the complexity, these experiences of overreliance on care may distort the meaningfulness of the care given (Cheng et al., 2015; Shaffer et al., 2006; Vogel & Wei, 2005) and therefore, render the process of care-giving and care-receiving ineffective. In summary, "we get our first lesson in self-care from the way that we are cared for" (Van Der Kolk, 2015, p. 110). Developing a secure base is also important to the process of prisoners feeling safe and supported and being able to somewhat engage in developing attachments with officers (Harvey, 2012). Therefore, without an accurate understanding of how a prisoner internalises care, care-receiving risks becoming based on presumptions of what well cared for looks like by the care-giver and, therefore, risks failing to provide individualised care (as described by Tronto, 1993).

The development of self-compassion is also related to early life attachments, as difficult early childhood maternal interactions, such as experiencing criticism, lack of support and poor family functioning in early life, can all influence the likelihood of insecure attachment and lower self-compassion (Neff & McGehee, 2010). These individuals are more likely to develop feelings of shame, punishment and critique towards themselves, resulting in less self-compassion (Gilbert, 2009; Joeng, Turner, Young Kim, Choi, Lee & Kim, 2017; Lee, 2012). Later in life, when experiencing negative events, those who lack self-compassion may direct feelings of frustration, anger, disappointment or contempt towards themselves (Gilbert, 2015). Self-compassion is required to bring equilibrium to these self-directed threat-focused feelings, but it can be difficult for these individuals to access systems, such as soothing and social safeness, which reinforce compassion (Gilbert, 2009; Gilbert, 2015; Lee, 2012). Consequently, being kind to oneself can result in feelings of anxiety (Lee, 2012). When individuals with low self-compassion experience kindness and compassion from others

this can activate their attachment system which can trigger memories and emotions, making experiences of kindness feel threatening or provoke sadness and the accepting of compassion becomes difficult (Gilbert, 2009; Kelly & Dupasquier, 2016; Lee, 2012). Promoting self-compassion through compassion-focused therapy may aid in individual's engagement in health-promoting behaviours and on the whole, care receiving (Sirois, Kitner & Hirsch, 2015; Sommer-Spijkerman, Trompetter, Schreurs & Bohlmeijer, 2018).

Although Tronto (1993) recognises that needs are individualised, arguably, care-receiving, as understood by Tronto (1993), assumes homogeneity in individuals' capacity to care receive. As described, for many individuals, for example those who have developed difficult attachment styles, the expectation of homogeneity maybe unrealistic. Thus, incorporating more trauma and attachment aware paradigms into care is likely to be more accommodating for the differences in individual capabilities in care-receiving. Yet, whereas this approach is more attuned within female prisons, embedding theoretical understandings of attachment and compassion into a care paradigm is not commonly exercised within male prisons (House of Commons, 2018). When applied within female prisons, the trauma-informed approach can be used to build an understanding of the female's vulnerabilities and triggers, how their experiences of trauma relate to both their criminal behaviour and rehabilitation, aid in increasing their autonomy and sense of control, and support developing coping skills (Mollard & Hudson, 2016). However, more generally, applying this approach within prison may not be conducive to prison structure and regime; practices in prison can potentially traumatise prisoners further, for example physical restraints, seclusion and body searches which can exacerbate feelings of trauma in those who have historically suffered similar forms of degradation, humiliation and intrusion, (Mollard & Hudson, 2016). Additionally, the priority of empirical-analytical paradigm which encourage evidence-based outcomes denies the phenomenological nature of experiences and meaningful action,

becoming over-simplistic and applying already constructed worldly understandings to a process (Broekaert, et al., 2010).

2.8.4.3. The need for understanding the phenomenological experiences of care-receiving. Being understood as an individual is evidently important to the internalising and acceptance of care. Prisoners are recognised to be a high-risk group of individuals for having had adverse and difficult childhood experiences (Williams et al., 2012), experiences fundamental in influencing individuals' development of trust, self-esteem, and subsequent ability to care-receive. Yet, when adults believe themselves to be autonomous and independent, it is challenging to conceive oneself as needy and needing of care, as "neediness is conceived as a threat to autonomy" (Tronto, 1993, p.120). Therefore, through developing a more phenomenological understanding of prisoners' experiences of care, prisoners' engagement within the care process can be better understood. Where often individuals find order in understanding the world around them through fitting their perceptions into pre-existing conceptualisations, developing a phenomenological understanding instead encourages the reflection by the individual of their life experiences to better understand and give meaning to their lived world (Smith, Flowers & Larkin, 2012). Therefore, understanding individuals' lived experiences and subsequent difficulties with ontological security, attachment and self-compassion, socialisation and masculinity can provide a complex, yet in-depth, conceptualisation of an individual's capability to accept or internalise care.

2.9. Can the prison system accommodate a systemic system of care?

Care, when applied within an institution must reject the private domain concept of care which predominantly perceives care as a female-specific role and, instead, understand care to be systemic, involving different actors each of whom must be powerful, purposeful

and particular (Tronto, 2010). When care is lost amongst the bureaucratic demands, its process becomes a burden for those carrying out the care or the voice of those receiving the care is lost, care becomes unbalanced and ultimately, good care cannot be achieved (Tronto, 1993; Tronto, 2010). If a prison system response towards the care of self-harm is to be successful, first the foundations for which a care system is embedded need to be understood. As such, a whole-prisons approach may adopt the systemic approach to care which is needed from cycle of care such as that of Tronto (1993), however, remains undeveloped and undefined when applied in prison (House of Commons, 2018). As discussed in relation to the main actors in the prison system care process, many deficits exist which exacerbate the likelihood of failing to provide good care. There is some promise within implementations such as the OMiC model, but it is yet to be seen how successful these will be. When these deficits and existing challenges with responding towards self-harm are contextualised to Tronto's (1993) care cycle, a more specific breakdown of care can be understood:

- Caring about: the recognition of care needs and the necessity of care will be strongly driven by the prison system agenda, which, ultimately, focuses upon power, control and justice (Tronto, 1993). Such agendas are in contrast with the bureaucratic commitment required in order for caring about to be successful. The ACCT and the PSI 64/2011 may be more aligned, yet as previously described, substantial organisational deficits are evident. Equally, the prison officers' conceptualisations of care may shape their perceptions of who they perceive to need being cared about and this, therefore, would require empathy and officers being able to look beyond their own boundaries to perceive the real need (see Hollway, 2006). As has been noted, experiences of those caring for self-harm highlights substantial problems with prison staff attitudes and perspectives towards self-harm (see Ramluggun, 2013), which would impact on who they perceive to need caring about.

- Taking care of: assumes ownership and responsibility over care and for decisions to be made about care, which as with caring about (Tronto, 1993), for many officers their conceptualisation of care would impede this. Additionally, with those responding to self-harm, the perceptions of self-harm being a mental health problem has resulted in the responsibility of self-harm being passed onto healthcare (Ramluggun, 2013). As with caring about, the bureaucratic ruling which is meant to direct taking care of is unlikely to be aligned with the needs of the prisoners or the prison officers as care-givers when its primary focus is upon power, control and justice. Subsequently, negatively impacting taking care of.

- Care-giving: engagement with the concept of care being part of the officer role is integral for engagement in care-giving, as many who reject the role of care will create a deficit in care-giving. Yet, more than this, even for those who want to care, bureaucratic support for care-giving has to enable prison staff to care give. As evident from failings in the implementation of the ACCT, a sparsity in resources has a negative consequence for the officer's capability to provide care (see chapter two, section 2.4.2.).

- Care-receiving: The reported experiences of prisoners at risk of self-harm and suicide has suggested that many of them do not feel cared for while on an ACCT in prison (HMCIP, 2019b), which is unsurprising when many prisoners experience distrust, hopelessness, suspicion and lack of confidence in the prison system to provide them with care (Harvey, 2012; Howerton, Byng, Campbell, Hess, Owens & Aitken, 2007). The type of officer carer (Tait, 2011) is important to prisoners' experiences of feeling cared for, whereby prisoners are able to recognise what they perceive to be good care given by officers. When self-harming prisoners perceive officers to not be caring this can result in them feeling their needs have been misunderstood (Marzano, et al.,

2012). Yet, looking beyond these failures, the capacity of the prisoner to receive care, their limitations in internalising and accepting care, will also likely impact care-receiving. Difficult attachment experiences and lack of self-compassion and masculine identities can all impede an individuals' capacity to receive care. Where prisoners are likely to have experienced such difficulties, these understandings need to be incorporated into the prison system response towards those who require care, and again, for those who are at risk of self-harm or suicide. However, within the policy response towards care, little understanding to how prisoners' early life experiences impact their ability to receive or conceptualise care seems to be demonstrated, apart from recognising historic experiences to be risk factors for self-harm (see PSI 64/2011; MoJ, 2012). In a system which already struggles to facilitate care through the existing implementations, it is perhaps unrealistic to expect the extent of facilitation incorporating understandings of masculinity, attachment and self-compassion which would be required. Yet, should more time be given to these understandings, perhaps a more meaningful care-receiving response might be achieved.

When applying a cycle of care such as that of Tronto (1993) to the context of prison, many deficits in the prison system's care process can been seen. The challenges imposed from "care draws out of compassion, justice out of rationality" (Tronto, 1993, p. 166, as cited in Hollway, 2006, p. 14) become clear and with such rigidity from the prison system and the fragility of those within the system, finding a balance between care and justice becomes difficult. Without beginning to find means for care to be embedded within a system of justice, care cannot be achieved. Addressing this, however, requires the care and care needs to be understood systemically as the prison system, the prison staff and the prisoners all have to be active and responsible participants in a cycle of good care (see Tronto, 1993).

2.10. Conclusion

In summary, there are substantial deficits with the existing prison system response and management of self-harm in male prisoners. These deficits are not only reinforced by an austerity of resources, in particular the physical and psychological support for officers and existing unhelpful practices by prison staff, but a wider absence of a clear definition and theoretical understanding of self-harm in male prisoners is likely to exacerbate this. When considering these deficits within the wider care system within prison, it is unsurprising these challenges are faced when implementing an effective response towards self-harm, as it would seem likely existing prison culture (including the culture of the prison system, the prison officers and the prisoners) would form substantial barriers for the embedding of a care process. The balance of power, purposefulness and particularity (as required by Tronto, 2010) appears to be lost within the dynamics of prison, and evidently, features of this can be recognised within the failings of the prison system response towards self-harm. There is a difficulty in embedding care into the prison system where compassion and justice can work alongside one another, but facets of the care process demonstrate hope that this can be achieved, for example the implementation of the OMiC model and examples of similar institutions overcoming some similar barriers. Further, as noted, with more support and investment by the prison system, officers would be more capable of care and be more capable to be able to engage the prisoners more meaningfully in their own care.

2.11. The rationale, aims and research questions for this thesis

Self-harm in male prisoners is an increasing issue in prisons. Although there are varied theoretical explanations for self-harm, there is little consensus in the conceptualisation of self-harm in prison. Additionally, contentions exist between the definition of self-harm

and whether, as focused upon by the prison system, self-harm includes suicidal behaviours or

if self-harm is a separate behaviour. When exploring the self-harm in male prisoners, there is

little existing literature to draw upon. It is evident, however, that there are organisational and

practical deficits in the prison system response towards self-harm, for example the

Assessment Care in Custody and Teamwork (ACCT), which predominantly includes the

challenges of the ACCT being a multi-disciplinary approach and the lack of support offered

by the prison system in the implementation of the ACCT. Prison staff attitudes and

perceptions towards self-harm vary, but more unhelpful views impact the prison staff

response towards self-harm and impact the care received by prisoners (Liebling et al., 2005).

Additional difficulties arise for prison staff when responding towards self-harm, beyond that

of the austerity of resources, such as the emotional impact self-harm can have on staff.

Prisoners themselves demonstrate different help-seeking behaviour for self-harm, the

prisoners' perceptions of prison staff, in particular, seem to influence this. Although for

some they have had positive experiences of care, for many, experiences with the ACCT were

unhelpful or impractical and interactions with some staff were uncaring (Pike & George,

2019).

Exploring the wider prison-based literature to understand how care is embedded, or

fails to be embedded into the prison system, demonstrates substantial deficits in caring which

could be attributed to: the prison system agenda of power, control and justice which is

counterintuitive to creating an enabling environment which is rehabilitative and supportive of

prison staff caregiving and prisoners care-receiving; the culture of care within the prison

officer role which is not always aligned with caring and can become a barrier to recognising

and engaging with the care needs of prisoners; and the psychological difficulties some

prisoners have in accepting and internalising care and in the identities they have which also

may not support help-seeking behaviour. When these deficits are contextualised to an

existing framework for good care, it is notable that there is a breakdown in all systemic areas of care: caring about, taking care of, care-giving and care-receiving. This breakdown demonstrates the importance of care being powerful, purposeful, and particular (as understood by Tronto, 2010) for all actors within a systemic approach towards care, but also highlights the challenge of embedding care into a justice system.

Evidently, the minimal empirical literature contributing to understanding self-harm in male prisoners is a substantial cause for more research to be done within this topic. More specifically, however, gaps in the literature demonstrate the lack of voice from male prisoners who self-harm, including their lived experiences, understandings of self-harm and how they feel their environment impacts on their self-harm, in other words their systemic needs for care. More is known about the prison staff perspectives towards self-harm, their experiences of responding towards self-harm, and their conceptualisations of care, however, little is understood about the systemic nature of caregiving. This could include how the prison staff interact with and navigate the prison system and environment, the prisoners who self-harm and their own beliefs, in their response towards self-harm, and the subsequent impact of this. Thus, this thesis aims to explore these gaps to understand the systemic nature of caring for male prisoners who self-harm. Additionally, this thesis aims to contribute to both the existing empirical prison-based literature and the existing definitional and theoretical literature. Where the prison system predominantly relies on its understanding of risk and triggers in conceptualising self-harm, providing a more detailed understanding of the definition and theoretical understanding of self-harm could support giving clarity to their understandings.

Overall, drawing on both experiences of caring for self-harm in prison and wider experiences of care, this thesis aims to triangulate these findings to explore any existing gap between the care provision for male prisoners who self-harm and meaningful delivery of care. The triangulation of the findings will subsequently lead to development of a care-ful model to

reduce and protect against self-harm in male prisoners. This model will aim to have useful application for future policy implications which address self-harm in male prisoners, through providing a thorough understanding of the systemic requirements needed for responding to and managing self-harm. To address this, this thesis was interested in developing a better understanding about the care experiences of prisoner, ex-prisoners and vulnerable individuals. Additionally, the response and management towards self-harm in prison was of interest to this thesis, in particular, the process and the prison staff and prisoners' perceptions of the prison system responses, towards self-harm itself, and how they feel these perceptions impact prisoners who self-harm. To achieve this, the following research questions will be addressed:

1. What do care recipients require of organisations to provide good care, including structural responses towards care and the environment in which care is delivered?

2. What are prison staff and prisoners' understandings and attitudes towards self-harm in male prisoners? How do prisoners perceive the prison system, prison staff and other prisoners to view their self-harm?

3. What are prison staff and prisoners' understandings and attitudes towards the responses and management towards self-harm? How do they feel these impact self-harm in male prisoners? Are there differences between how prison staff and prisoners perceive the response and management?

4. What recommendations can be given for care-ful model to reduce and protect against self-harm in male prisoners?

CHAPTER 3

Methodology

This chapter seeks to describe the methodology employed in this thesis, as well as the rationale for the applied methodology. More details on methodology specific to each empirical study conducted within this thesis can be found in each of the individual studies from chapters four to seven.

3.1. Introduction

Researchers utilize different research paradigms, designs and methods to address research aims and questions. Therefore, methodological decisions can impact the intrinsic link between the informing of theory and the data collected (Field, 2015). A range of research paradigms were considered for this thesis (for a summary, please see appendix 1), however, the primary focus will be given to the most relevant methodological design for the research in this thesis.

As previously described within the introduction of this thesis, this PhD thesis journey developed out of the researcher's practitioner experience from working in a Category B, inner London Male adult prison and from having been exposed to the challenges of caring for self-harm in prison. In addition to building an awareness and understanding of self-harm and the influence of the prison environment on self-harm, the experience of working in prison shaped the researcher's personal understandings, perceptions and opinions about prison.

Subsequently, these experiences led to the development of feminist beliefs which motivated the desire to make positive changes in prison for male prisoners who self-harm. The development of feminist beliefs from working within a masculine environment may seem strange to some. However, there is a line of feminist thought which dismisses gender

binaries, instead recognising that within any pre-existing grouping of individuals (for example, gender, race, class) there is a continuum of positionings between the powerful and powerless, which can form a group of 'other' men when comparing to men (Marzano, 2007). Power, or unequal power, relations are adopted as the focus of some feminist research and, therefore, they aim "to expose, critique and challenge oppression, both within and across gender" (Marzano, 2007, p. 298). It became apparent to the researcher from working with male prisoners that many were directly disempowered by being in prison, some having lost jobs, family, friends and freedom, but many also disempowered by life events which had led them up to being incarcerated. For the researcher, working in prison as a female often resulted in interactions with custodial staff and prisoners which were also disempowering and, therefore, nurtured an empathetic understanding towards powerlessness.

Ultimately, the researcher's experiences and subsequent beliefs impacted upon decisions made about the methodology within this thesis. Firstly, within this thesis positioning of a critical realist ontology and epistemology, feminism can share a critical-emancipatory agenda (Gunnarsson, Dy & Ingen, 2016). Secondly, through influencing decisions made about the methods chosen. For example, interviews were chosen to be conducted with prisoners to aid giving them a voice (see chapter three, section 3.2.2.2.1.). These interviews were analysed using Interpretative Phenomenological Analysis, which focuses on understanding the lived experiences and feelings of individuals through their own interpretation of the world around them (see chapter three, section 3.6.2.). Thus, empowering those who may otherwise feel powerless. Having a reflective awareness of the researcher's pre-existing perspectives, however, was important to ensure an unbiased analysis of the findings within this thesis. For example, not giving more weight to the perspectives of prisoners over prison officers. Thus, although the aim of this thesis was targeted towards the care needs of prisoners who self-harm, the researcher must understand and consider all facets

of what influences care fairly, including the prison staff experiences, the prison procedures, and the prisoners themselves.

3.2. Ontology, epistemology and research design

This thesis employed a critical realist ontological approach using mixed methods with a fixed design, in which the methods of data collection were administered concurrently and triangulated.

3.2.1. Ontology and epistemology

Ontology and epistemology guide action through a particular set of beliefs or views about the world, the nature of researching within this, and thus, the positioning of the researcher (Creswell, 2009). The positioning of this thesis aligned most closely with a critical realist perspective. Critical realism within social sciences manifested most closely within the work of Roy Bhaskar in the 70s and 80s (Maxwell & Mittapalli, 2010) and was developed out of the dispute between positivism and constructivism paradigms, aligning itself between the two ontological perspectives (Fletcher, 2017). Critical realism, instead, acknowledges the existence of a real world which is independent of individual constructions, theories and perceptions, however, an individual's understanding of the world is constructed from the individual's own standpoint and perspectives (Maxwell & Mittapalli, 2010).

The aims of the research within this thesis support a critical realist approach as addresses a human issue within a real and existing reality; quite literally speaking to the words of Roy Bhaskar, whose worldly beliefs reflected the perspective that all people are born free, but there are chains everywhere (Williams, Rycroft-Malone & Burton, 2016). More specifically, the physical containment of an individual within prison is arguably a real and existing reality which places constraints upon concepts, for example being able to

76

exercise free movement. However, individuals within prison who share this same reality may understand this lived world through their own interpretations, perspectives and beliefs which may create different conceptualisations from others within prison. Thus, producing different valid accounts of their conceptualisations (Maxwell & Mittapalli, 2010). As previously stated, critical realism also aligns closely with the researcher's feminist perspectives as both are inherently critical-emancipatory (Gunnarsson et al., 2016) and it benefits the wider agenda of the thesis to generate actions, for example, through policy recommendations (Fletcher, 2017).

3.2.2. Strategies of investigation through mixed methods

This research employed a mixed methods approach, using a fixed design. The methods of data collection were administered concurrently allowing the merging and triangulation of qualitative and quantitative data findings at a later stage.

Mixed methods as a research design was introduced in the late 1990s and emerged from several disciplines including sociology, education, evaluation, management and nursing (Creswell & Plano Clark, 2011). It can be defined as both a philosophical assumption and as a method (Creswell & Plano Clark, 2011). Within this research, mixed methods were used as a method which guided the data collection, analysis, and collaboration of both qualitative and quantitative data (Creswell & Plano Clark, 2011). The process of conducting mixed methods research can be either fixed or emergent (Creswell & Plano Clark, 2011):

- Fixed design: the methods are chosen prior to commencing data collection
- Emergent design: the methods are chosen throughout the study depending on interaction with data.

The collaboration of qualitative and quantitative data can be conducted in different ways depending on the aims of the research and design chosen (Creswell & Plano Clark, 2011). These can include:

- Triangulation: the collaboration of outcomes from different methods.

- Complementarity: enhances/seeks elaboration/illustration/and clarification of findings from one method by another.

- Development: the findings of one method will build on another.

- Initiation: to find paradox or contradiction between findings

- Expansion: to extend the range of inquiry

A critical realist perspective can be beneficial when applied to a mixed-methods design as it can encourage a dialogue between qualitative and quantitative paradigms, promoting meaningful engagement of the different conceptualisations which critical realism requires to generate insight and depth of understanding (Maxwell & Mittapalli, 2010). The mixed methods approach within this thesis allowed flexibility to use the methods most suitable for each part of the research (Creswell & Plano Clark, 2011). The complexity of the focus of the research required answers which could not be ascertained by qualitative or quantitative data alone. Using mixed methods, therefore, allowed the methods to be chosen to suit the research questions of each study. A fixed design, therefore, was adopted whereby the methods used were predetermined. The methods of data collection were administered concurrently allowing the merging and triangulation of qualitative and quantitative data findings at a later stage. Thus, using both qualitative and quantitative approaches in combination supported the development of a more thorough understanding of the research topic (Creswell & Plano Clark, 2011). As such, using a mixed methods approach was beneficial as the weaknesses of the qualitative method, for example only generating a small sample, could be offset by the quantitative methods which generated findings from a larger

sample. Equally, the weaknesses of the quantitative methods, for example lack of depth and meaning, could be offset by the qualitative methods which provided a more in-depth exploration of the research topic. Comparing the finding of different types of methods and analysis, however, can be challenging, particularly if contradictions occur (Creswell, 2009). The collaboration of the research findings in this thesis benefited from using high inter-rater reliability and triangulation with the research supervisor's analysis, as well as revisiting the original data to ensure the narrative of the individual pieces of research findings were not lost.

     3.2.2.1. Quantitative methods approach. It is believed by some researchers that phenomena which can be directly observed and measured scientifically are the only meaningful phenomena, which is a principle central to the ontological perspective of positivism (Coolican, 2004). Theory which informs positivism, therefore, is understood as a set of interrelated constructs which form hypotheses which identify the relationship between the constructs (Creswell, 2009). The quantitative research in this thesis adopted a non-experimental research design. Non-experimental research can be used to measure trends, opinions, and attitudes through numeric representation (Creswell, 2009).

     3.2.2.1.1. Surveys. Surveys, a form of non-experimental research, were used within the research of study two in this thesis. The surveys used a cross-sectional design, between groups (prisoners and prison staff) to provide a snapshot of the attitudes and opinions of the population through generalising the findings from the sample to the population (Creswell, 2009). Surveys were advantageous for producing large amounts of data from a large sample of the population (Creswell, 2009), thus, increasing the representativeness of the data. Surveys suited the aims of study two which focused examining the differences between prisoners' and prison staff perceptions towards the competence and effectiveness of the prison system responses and management towards self-harm in prison. In comparison to the

qualitative methods used in studies three and four which explore similar aims, this study provided a large-scale snapshot of the population perspective. However, this study, therefore, lacked the depth which qualitative methods can provide. Thus, when later triangulated with the qualitative findings, the surveys provided a context for which the qualitative findings provided meaning and, as such, increases the validity of claims made from the overall findings.

       3.2.2.2. Qualitative methods approach. Particularly within the field of psychology where many researchers emphasise the quantification of psychological phenomena, the objection arises that quantitative data cannot derive a true understanding of people (Coolican, 2004). Although the overall thesis was situated within a critical realist ontology and epistemology, the three qualitative studies within this thesis adopted a phenomenological research design. Phenomenology is the study of individual experiences, particularly those of importance for deriving meaning and understanding of the lived world (Smith et al., 2012). The work of Husserl and Heidegger are amongst some of the most influential for the development of the phenomenological approach to research; Heidegger was influential in building on phenomenology to establish hermeneutics and existentialism (Smith et al., 2012). Heidegger, who found Husserl's work too abstract and theoretical, instead believed phenomenological research should focus on the individual's relationships, practical activities which connect an individual to the world they live in, thus, asking ontological questions about individual's existence (Smith et al., 2012). In comparison to the requirement to find order in quantitative research, phenomenology seeks to avoid pre-existing categorisations and instead, accurately identify, through depth and rigour, the qualities of individual experience (Smith et al., 2012). In conducting phenomenological research, the researcher is required to be reflexive, to give conscious attention to their own interpretations and perceptions as "taken-for-granted world orders" need to be bracketed out (Smith et al., 2012, pp. 12-16). In

doing this, the researcher can think beyond their own interpretation and assumptions of the participant's experience (Smith et al., 2012).

   3.2.2.2.1. Semi-structured interviews. Commonly used in phenomenological inquiry, semi-structured interviews were the choice of data collection method for a staff member for the housing charity in study one (see chapter four) and prisoners in study four (see chapter seven). The aims of study four focused on the individual lived experiences of prisoners, their conceptualisations and their understandings of how processes and people within prison have impacted their self-harm. Semi-structured interviews, therefore, were a method which provided purposeful conversation (Smith et al., 2012) as they facilitated rapport and empathy, flexibility and a space for the prisoner to introduce understanding, enabling the prisoners to be the expert on the topic and produce rich, in-depth data (Smith, 2011). Thus, supporting phenomenological inquiry. In comparison to structured interviews, semi-structured interviews allowed the researcher to immerse themself into the prisoners' psychological and social world (Smith, 2011). The use of semi-structured interviews provided a freedom, empowerment and control for prisoners over the direction of the discussion, within a context they may not usually experience. A concern, however, was that semi-structured interviews would replicate too closely the prison system response towards self-harm, the Assessment Care in Custody and Teamwork (ACCT) process, which uses questions to enquire into the prisoner's self-harm. Creative engagement, therefore, was also utilised to allow the prisoner to dictate their narrative through their own expression and move away from the use of common narratives which may be drawn upon during the ACCT process (for more information see creative engagement; chapter three, section 3.2.2.2.2.).

   A semi-structured interview was also utilised for the staff member from the housing charity in study one. Initially, a semi-structured interview was not the choice of method for data collection as the research aims were to explore organisational responses to care needs

and, therefore, a focus group with several members of staff would have been better suited to meet the aims. However, time limitation meant there was not the opportunity to engage more staff members. Subsequently, a semi-structured interview was the next suitable option. This, therefore, limited the representativeness of the findings for generalising the organisational perspectives. In turn, this reduces the validity of assessing the organisational response.

3.2.2.2.2. Creative engagement. Wider engagement with the understandings and meanings derived about a topic can be achieved through the presentation of both visual and verbal research findings (Reavey & Johnson, 2017). Creative engagement, therefore, was the choice of data collection method for ex-prisoners in study one (see chapter four) and prisoners in study four (see chapter seven). In both studies, creative engagement was used alongside verbalised findings generated from a focus group and semi-structured interviews. Creative engagement is a broad term, adopted in this thesis to describe the creation of a piece of work which reflects the participants' responses towards the research questions. Creative engagement has previously been utilised using a variety of mediums, including the use of Lego (for example, see Heath, Hall, & Coles-Kemp, 2018), creating art (Foster, 2007), engaging in drama (Foster, 2012), and visual material (for example, see Rose, 2014). Within the research in this thesis creative engagement was utilised using a variety of materials (see chapter three, section 3.5.3) which more closely aligns with creating art, with the aim to aid developing a mode of enquiry which produces more authenticity (Foster, 2007).

When psychological enquiry attends to participants' memories and emotional attachments, providing more than one medium of expression can add to the understandings of complexity and multiplicity and increase the richness and diversity in the engagement with emotions (Reavey & Johnson, 2017). The participants' perspectives and understandings are imperative for establishing meaning and, therefore, the focus on linguistic epistemology

alone may fail to capture vital aspects of emotions and feelings (Reavey & Johnson, 2017).

Beyond psychological research, many broader disciplines have adopted this approach of

using participatory methods to give a voice to those who may otherwise through other means

of enquiry be disadvantaged (Foster, 2007). Allowing the participant to take control and

breaking down the power barrier between researchers and participants develops a sense of

agency (Reavey & Johnson, 2017) which may be incredibly empowering in a prison where

more generally the prisoners have little control or power. Such approach, therefore, engages

both critical realist and feminist agenda. In contrast, these methods of enquiry can be

dismissive of the researchers' expertise and what they can bring to the process (Reavey &

Johnson, 2017) which may have been more predominant within semi-structured interviews

and focus groups.

In study one, the creative engagement task was initially conducted to pilot the use of

creative engagement. The participants gave positive feedback about the use of creative

engagement as a technique to discuss topics which might otherwise be difficult to verbalise.

One piece, in particular, provided a lot of rich and detailed content which added to the

meanings derived from the focus group. This demonstrated the usefulness of having an

additional medium for participants to address research questions. When used in conjunction

with more analytically reliable data sources, like focus groups and interviews, the use of

creative engagement can, therefore, increase the validity of the overall findings.

Subsequently, for study four creative engagement was utilised to elaborate on the

meanings derived from the IPA of the prisoner interviews. The purpose of this was to offer a

different method of expression within a context which other research methods, for example

interviews, may generate reluctance for them to express themselves fully or they may respond

to questions in familiar narratives (Reavey & Johnson, 2017; Silverman, 2004). Familiar

narratives may be especially relevant for prisoners who self-harm as they will be familiar

with providing answers about their self-harm for prison staff as part of the ACCT process. In comparison to interviews, creative engagement does not require sophisticated and reflective language and can allow the participant to dictate their narrative separate from the presumptions or theoretical understandings of the researcher. Thus, emancipating a participant group like prisoners. Similarly, Foster (2007) utilised participatory methods with a group of "poor working-class women" and describes the benefits of such approach: "Employing the arts in social inquiry can give those involved in the research process insight into their own lives and identities. It allows them to see themselves differently and to share their stories with an audience that is afforded an authentic glimpse into the lives of other human beings." (Foster, 2007, p. 25). The participants in study four gave positive feedback to the researcher about this approach, one participant requesting to stay longer than the allocated time to be able to finish his pieces. The participants had engaged in similar methods of emotional expression prior to the research and requested for these pieces to be included in their creative engagement. These additional pieces had been created separately from the creative engagement research process and included a poem and a drawing (more information about this can be seen in chapter seven). To one of the participants, he stated that writing poems was a coping strategy for him when he was struggling with his self-harm and, therefore, the including a poem into his creative engagement was incredibly meaningful and empowering for him. This further aided in providing a depth to the researcher's understanding of the participant's world.

The use of reflective notes was an important part of the data collection process, both for the procedural process and the analysis. Reflexivity can be used at the forefront of the research process to aid in the analytic process, thus, requiring the reflection of the researcher on the internal content-driven narrative, for instance the different ways the participants' pieces could be interpreted, but also the external content-driven narrative, for instance the

context in which the piece was created (Reavey & Johnson, 2017). In study one the researcher sat with the participants while they engaged in creating their pieces, firstly to moderate the process should participants find the task challenging and secondly, to ask questions and have discussions about the meanings of their pieces. The researcher took notes during this process which were incorporated into the analysis. In study four, it was not possible for the researcher to sit with the participants while they were creating their pieces. The researcher, however, intermittently attended to the participants to ensure the procedural running of the research, but also to ask questions and have discussions about the meanings of the pieces. The participants were encouraged to reflect upon the questions about meaning and make notes to present to the researcher to explain their meanings. The researcher's reflections on the external content-driven narrative were especially important for the two additional pieces that were created outside of the research process. The two additional pieces had been created by the participants at a time in which they were actively engaging in self-harm, thus, representing a narrative of struggle and psychological pain for both participants. Moreover, it was important for the researcher to develop an understanding of the participants' pre-existing narratives in their presentation of this work in order to understand how this work addresses the research questions (Reavey & Johnson, 2017).

A challenge of using creative engagement as a data collection tool is the lack of structure guiding the task and minimal existing literature on how to clearly analysis creative engagement. This will be discussed further within section 3.6.4. of this chapter.

3.2.2.2.3. Focus and consultation groups. Focus groups were choice of the data collection method for the ex-prisoners in study one (see chapter four), prison officers in study three (see chapter six) and a consultation group was used for vulnerable individuals in study one (see chapter four). Focus groups are informal group discussions focused on a specific topic or set of issues (Smith, 2011) and can be useful for addressing sensitive topics, as

having a group context can support participants' personal disclosure (Smith, 2011). Focus groups have the advantage of collecting a large amount of in-depth information relatively quickly (Smith, 2011) and due to the minimal time available to be able to spend with prison staff, as well as the ex-prisoners and vulnerable individuals, focus groups were the most suitable form of data collection. When organising research engagement with prisoner staff, for example, it became evident that the only times available to engage prison staff in research was the limited time during shift cross-over. To engage prison staff individually in interviews would not propose a realistic time scale for data collection and the study would be restricted to a smaller sample. Similarly, time restrictions meant the engagement of the vulnerable individual and ex-prisoners individually would have also limited the sample size. Despite, the limitations of time available, using focus groups for the research in this thesis benefited the eliciting of participants' views and perspectives and encouraged the elaboration and negotiation of these opinions (Smith, 2011). Therefore, the focus groups provided in-depth and meaningful data which represented the perspectives of each group. This, however, was with the exception of the focus group with ex-prisoners (see chapter three, section 3.9.1). Additionally, opposed to individual interviews, the focus groups provided a more naturalistic setting (Smith, 2011) which may have generated more insight into the usual language and communication styles of prison staff, including joking, challenge and disagreement, boasting or storytelling (Smith, 2011). Although inciting discussion about sensitive topics could have provoked challenging opinions amongst the focus groups (Smith, 2011), ground rules were given before the focus group (please see appendix 2) and were moderated by the researcher to encourage appropriate interactions amongst the group and to reinforce the expectations of the group. As will be discussed in study one, this approach was not as successful with the ex-prisoners and, as such, the generalisability and the validity of the findings were compromised.

3.3. Research sites

Data was collected over five research sites: two community research sites and three prison research sites.

3.3.1. Community research sites

The two community research sites were already actively engaged in research with one of the supervisors of this thesis. Both sites were approached by the supervisor and were provided with a proposal for the research within this thesis. A gatekeeper at both sites were given information on the aims and methodology of the research through either email correspondence or within face-to-face meetings and agreed to the research being conducted. Especially with the substantial time taken to procure ethical approval for the research within prisons, procuring community sites allowed the researcher to engage early on into the research and begin to pre-empt further challenges which might rise from researching with specific participant groups. Initially, the community centre was going to be engaged as a pilot study, but as explained (see chapter three, section 3.2.2.2.2.), the findings demonstrated their own narrative and had a broader applicability than a pilot study. Information about the two community sites is as followed.

3.3.1.1. Community centre. A community centre in north east England who focus on providing assistance and advice for an array of individual needs, as well as organising educational, physical and social activities to those who require additional support within the areas of education, training and skill development, and employment. The community centre attracts individuals from a variety of backgrounds, such as those who are having difficulties finding employment, having mental health difficulties and are ex-prisoners.

3.3.1.2. Housing charity. A housing charity located in the north east of England. They aim to provide affordable housing and aid in the employment of individuals who are in

conditions of poverty and need, or suffer distress through the lack to appropriate means of support. They provide further support and training in IT, gardening and Bicycle renovation. The charity currently owns over one hundred properties, have over 250 tenants and over 120 volunteers. The charity attracts individuals from a variety of backgrounds who may be considered vulnerable, such as those who find it difficult to procure housing or employment, or those who have come out of prison.

3.3.2. Prison research sites

Initial contact was made with the NOMS team via one of the supervisors of this thesis. Emails were exchanged to discuss the proposal for the research in this thesis and several meetings were arranged with senior members of the Safety and Security team at HMPPS. Telephone exchange was made with the Lead of the former South West Regional Safer Custody team to discuss the possibility of the research being completed within her remit, which was agreed to. An invitation to participate was extended to and accepted by the Governing Governors at five prisons under the former South West remit, of which three were selected by the researcher based on their location. However, within the following weeks one of the prisons was unable to continue with participation. Therefore, an additional prison from the South-Central remit was invited to, and accepted, participation to engage in the research. The gatekeeper arranged email correspondence between the researcher and the Governing Governors at each of the prisons, from which an internal gatekeeper from each prisons' Safer Custody department was assigned. Face-to-face meetings were arranged with each of the gatekeepers to begin arrangements for conducting the research.

3.3.2.1. Category B prison. A Category B prison within the South-Central geographical area of south England. A Category B prison is a prison which has the second highest level of security (from A to D) and requires the prisoner to have very little chance of

escape. This prison is a public (government run) resettlement and local establishment for adult male prisoners, which means the prison houses prisoners directly from court, those on remand or post-conviction and runs a resettlement pathway which supports the release of prisoners back into the community. Data was collected from this Category B prison roughly between February 2019 to November 2019. Between the 1st and 12th July 2019, the prison population was 1,060 prisoners, most who shared a cell (HMCIP, 2019a). The prison consists of six units (including a unit for prisoners convicted of sexual offences), a segregation unit and healthcare inpatient unit (HMCIP, 2019a). The HM Chief Inspectorate, appointed by the Ministry of Justice to provide independent announced and unannounced inspections on prisons and other detention facilities, conducted an inspection at the Category B prison in July 2019. In the most recent report (HMCIP, 2019a), despite having had problems with significant staff shortages, staffing levels had increased, but most of the prison officers are reported to have worked less than two years in the service. Although violence was found to have risen since the previous HMCIP inspection (May 2017) and it remains that many prisoners feel unsafe, more recently there appears to have been improvements (HMCIP, 2019a). Overcrowding at this prison remains an issue, with around 400 prisoners living in overcrowded conditions, many sharing cells which were designed for single occupancy (Independent Monitoring Board [IMB], 2019b; HMCIP, 2019a). Similarly, illicit drugs remain easy to access, with one in five stating they developed a drugs habit since entering the prison (HMCIP, 2019a). More positively, the majority of prisoners reported feeling respected by staff, and the healthcare service provided was reported to have improved since the previous inspection (HMCIP, 2019a). The report highlighted that reported incidents of self-harm had increased by 6% compared to the previous year (reporting year July 2018- June 2019), increasing to 580 incidents and 944 ACCTs being opened in the year (IMB, 2019b). However, this number is reported to be lower to that of similar establishments (HMCIP,

2019a).   There have been five self-inflicted deaths since the previous HMCIP inspection. The report concluded more could be done to improve the implementation of the ACCT, including the content of the care plan and continuity of case management. This prison has a 39% reoffending rate from those who have gone through treatment groups within a year following realise (HMCIP, 2019a). This is not significantly more than their prison comparator (HMCIP, 2019a).

3.3.2.2. Category C prison One. A Category C training establishment for adult male prisoners within the southwest of England. A Category C prison is a prison which has the third highest level of security (from A to D) and where prisoners are believed unlikely to escape but are not yet trusted within open condition prisons (Category D). The prison is a public (government run) prison and offers training and courses for prisoners. The majority of prisoners within this prison are serving long sentences, life sentences or indeterminate sentences. Data was collected from this prison between January 2019 to December 2019. The prison has an occupational capacity for 524 prisoners (IMB, 2019a), which remained roughly stable throughout the data collection period. This prison consists of eight units and a segregation unit (HMCIP, 2017a). According to the recent HM Chief Inspectorate report conducted, safety, purposeful activity and resettlement were not deemed up to standard (HMCIP, 2017a). Self-harm had doubled since the previous HMCIP inspection (October 2013) (HMCIP, 2017a), with 326 reported incidents of self-harm and 248 ACCTs being opened between April 2018 to March 2019 (IMB, 2019a). Violence had also increased (HMCIP, 2017a). The report highlighted the excessive amount of ACCT documents being opened and closed in the first review. Although the process of the ACCT was mostly implemented reasonably, some serious acts of self-harm were not investigated (HMCIP, 2017a). Only 15% of the first reviews were attended by healthcare staff, despite attendance being mandatory (IMB, 2019a).

3.3.2.3. Category C prison Two. A Category C prison within the Avon and South

Dorset Prisons Group remit, located within southwest England. Data was collected from this

prison between February 2019 to December 2019. Between the 10th to 21st February 2020

the prison's population resided at 576 (HMCIP, 2020), however, during the time of data

collection the prison was going through a phased re-opening of the prison. The prison re-

opened in July 2018 changing from an Immigration Removal Centre to a Category C public

training prison for adult Men Convicted Of Sexual Offences (MCOSOs) (Justice.gov). In

this time one HM Inspectorate reports has been conducted (HMCIP, 2020). The report

described this prison as a safer prison comparatively across the estates, with low levels of

self-harm, mental health and violence (HMCIP, 2020; IMB, 2019c). The report highlighted

this prison to provide the best reports of prisoner and prison staff relationships they have

received. The prison demonstrated a safer community ethos, prisoners did not lock their

rooms and were able to walk freely around the site for over nine hours a day. A lack of

sufficient purposeful activity, education and employment was problematic. Over half the

prison population was over 50 and serving 10 years or more (HMCIP, 2020). The older

prisoner population is disproportionately high compared to other estates and as such, they

report higher numbers of physical disabilities (IMB, 2019c). The characteristics of this

prison is likely to not be comparable to many other Category C prisons because of its specific

cohort of prisoners. safer environment and more open conditions.

3.4. Participant sample and sampling method

Four participant sample groups were engaged in the research.

3.4.1. Ex-prisoner and vulnerable individuals sample

A ex-prisoner sample (*n=5*) and mother of a prisoner (*n=1*), vulnerable individual sample (*n=3*) and housing charity staff member (*n=1*) were engaged in study one (for more information see chapter four, Table 4.1 and 4.2.) of this research. The participants were recruited through opportunistic sampling and identified for study one with the following criteria:

- Inclusion criteria: 1) adult ex-prisoners, must have been in custody within a prison institution. At the request of the community centre, this inclusion criteria was extended to include a member of staff due to concerns over the support the ex-prisoners may require. The staff member was a mother of a prisoner in custody. 2) adult vulnerable individuals must be under the care of the housing charity, be a volunteer or staff member for the housing charity. 3) must have capacity to consent and have a full understanding of the research.

- Exclusion criteria: 1) participants must not have an acute mental health problem that can inhibit their capacity and ability to consent or be taking any medication or substances which can also inhibit capacity or ability to consent. 2) participants must not require a translator or lack the ability to read the consent form and information sheet. 3) participants must not want to use the study for a purpose other than the specified aims.

3.4.2. Prisoner sample

A prisoner sample was engaged in study two (see chapter five) and study four (see chapter seven) of this research.

In study two, prisoner participants (*n=92*) were recruited through either opportunistic or systematic sampling. This was dependant on the time available and the support available

to aid the researcher at the prison research site.   Prisoner participants were identified for study two with the following criteria:

- Inclusion criteria: 1) prisoner currently being held in prison. 2) adult (18 years and above) and male (including transgender prisoners).

    In study four, prisoner participants (*N*=12; see chapter seven, section 7.3.3. and 7.3.9. for more information) were recruited through opportunistic sampling for semi-structured interviews and creative engagement. In addition to the inclusion criteria for prisoners in study two, prisoner participants were identified for study four with the following criteria:

- Inclusion criteria: 1) prisoners must have the capacity to consent and have a full understanding of the research. 2) prisoners must be located within the main prison (for example, not healthcare). 3) prisoners must currently be on an ACCT or have had an ACCT closed within the last year and six months. 4) prisoners must have good English verbal communication skills

- Exclusion criteria: 1) prisoners must not have their release date within six months following engagement in the research. 2) prisoners must not have an acute mental health problem that can inhibit their capacity and ability to consent or be taking any medication or substances which can also inhibit their capacity or ability to consent. 3) prisoners must not require a translator or lack the ability to read the consent form and information sheet. 4) prisoners must not be wanting to use the study for a purpose other than the specified aims.

3.4.3. Prison staff sample

Prison staff samples were engaged in study two (see chapter five) and study three (see chapter six) of this research.

In study two, prison staff (*n=72*) were recruited using opportunistic sampling. Prison staff participants were identified for study two with the following criteria:

- Inclusion criteria: 1) member of staff from any occupation within the prison and working in any grade. 2) prison staff can be any gender, age and ethnicity

In study three, prison staff (*N=20*) were recruited using opportunistic sampling. In addition to point two of the inclusion criteria for prisoners in study two, prison staff participants for study three were identified with the following criteria:

- Inclusion criteria: 1) prison staff must custodial staff employed under the following roles: prison officer grades, OSG (Operational Support Grade) or management (with operational duties or face-to-face contact with prisoners). 2) prison staff must currently be in a job role which has direct contact with prisoners who self-harm or they must engage in operational duties with face-to-face contact with prisoners.

- Exclusion criteria: 1) prison staff with no experience of having managed prisoners who self-harm. 2) prison staff who do not have operational duties with face-to-face contact with prisoners. 3) agency staff or prison staff leaving within the next month.

3.5. Materials and measures

Two surveys, three focus group schedules, two semi-structured interview schedules and creative engagement materials were used for this research.

3.5.1. Survey

A prisoner survey and prison staff survey were used as a method of data collection in study two (see chapter five) of this research. To the knowledge of the researcher, there are no standardised tools readily available which assesses the aims of study two to explore prisoners and prison staff perceptions of the prison system responses towards, and management of,

self-harm. Existing relevant standardised tools were considered by the researcher, including the Attitudes towards prisoners who self-harm scale-APSH (Ireland & Quinn, 2007) and General attitudes towards prisoners scale- ATP (Melvin, Gramling & Gardner, 1985). However, both existing tools did not fully address the research questions. Therefore, a prisoner survey and prison staff survey were devised for the purpose of this research. The survey items were created from drawing on the existing literature (see chapter two, sections 2.3.- 2.6.). As part of the process to increase the efficiency of the tool, the survey was going to be piloted on the ex-prisoner participant sample. However, due the lack of time caused from challenges regarding access and ethical permission, a pilot of the survey was unable to be achieved.

An 18 item (prisoner survey; please see appendix 3) and 20 item (prison staff; please see appendix 4) self-administrated tool was developed for the purpose of this research. For each item, the tool included a feedback box to provide qualitative data. With the assistance of one of the gatekeepers at one of the prison sites, the link for the prison staff survey was emailed to check it could be opened on the prison IT system. It was established that the link was able to be run on one of the two internet platforms in prison. At the time of recruitment, participants were instructed on which platform to use.

For each of the studies, a background information survey was administrated to collect demographic information (for an example, please see appendix 5).

3.5.2. Focus group and interview schedule

Schedules were utilised for the focus group in study one (please see appendix 6) and study three (please see appendix 7). Schedules were utilised for the interviews in study one (please see appendix 8) and study four (please see appendix 9). The questions and prompts for the schedules were developed to assess the aims and research questions the study and

were derived based on those topics highlighted within the literature review of this research. In accordance with Smith (2011), when developing the schedules, questions and prompts, the following was adhered to:

- The schedule questions were drafted and redrafted following review from the supervisor for the research to ensure the questions were clear and concise, are sufficient to assess the aims of the research and their sequence allow for flow and funnelling.

- Prompts were devised for each question to use should participants not understand the question, or responses require elaboration, follow-up or explanation.

3.5.3. Creative engagement and consultation group

Participants engaging in creative engagement and the consultation group were given a selection of materials, including:

- Different colour pens (felt tips and writing pens)

- Pencils

- Different colour plain paper

- Stickers

- White A3 paper with printed black boxes on

- Different colour post-it notes

Participants from the prisoner creative engagement (study four) were presented with a prompt sheet with three directions on:

- Draw and describe yourself.

- Draw and describe the reasons and causes of your self-harm.

- Draw and describe how your self-harm is impacted/affected by your environment and your networks.

These prompts were generated to assist the aims of the research in study four, which were to explore prisoners' perceptions of their self-harm and how they feel the prison environment impacts their self-harm. Where the semi-structured interviews also sought to address these aims of study four, the creative engagement provided additional meaning to the interview findings to support the development of a more phenomenological understanding of the prisoners' experiences.

Participants from the ex-prisoner creative engagement (study one) were presented with a prompt sheet with one question on:

- What are your conceptualisations of the prison system as a whole?

As previously described (see chapter three, section 3.2.2.2.2.), the creative engagement conducted with the ex-prisoners was initially part of a pilot study. An aim of the pilot study was to see how engaged participants would be with a creative engagement task. The prompt for the ex-prisoner creative engagement, therefore, was kept broad, yet still relevant to the aims of the study which were to explore the ex-prisoner's experiences of, and access to, care while in prison.

3.5.4. Information sheets, consent forms and debrief sheets

An information sheet (for an example, please see appendix 10) and debrief sheet (for an example, please see appendix 11) were given to all participants, apart from those who completed the prison staff survey electronically, in which they were presented with an electronic version. Information sheets and debrief sheets varied slightly to reflect the different methods of data collection. All participants were asked to sign a consent form (for an example, please see appendix 12). Similarly, those who competed the prison staff surveys electronically had an electronic version. A different variation of the information sheets and

consent forms was used with the community research participants, which were developed by the gatekeeper and a supervisor of this thesis (please see appendix 13).

The prisoner survey was distributed in paper form within a survey pack which included an information sheet, consent form, background information survey, the prisoner survey, debrief sheet, further participation form (please see appendix 14) and instructions of how to return the survey.

3.6. Analyses

The analytic approaches used for this research are described below.

3.6.1. Statistical analyses

Statistical analysis was performed on the quantitative data produced from the prisoner and prison staff surveys in study two (see chapter five). Categorical and interval data was entered into IBM SPSS Statistics computer programme. Categorical data was analysed from the demographic information on the participant sample. Tests of normality and homogeneity determined the statistical analysis performed on the interval data (for more information see chapter five, section 5.3.5.).

3.6.2. Interpretative Phenomenological Analysis

IPA was used to analyse semi-structured interview data and qualitative data produced by the creative engagement in study four (see chapter seven). IPA has roots in phenomenological research (see chapter three, section 3.2.2.2.). IPA is a set of processes and principles which encourage the researcher to focus on "participant's attempts to make sense of their experience" (Smith et al., 2012, p. 79). Thus, a double hermeneutic approach was used by the researcher as they made interpretations of the participant's interpretation of their

lived experiences. Small samples are usually used in IPA which are reasonably homogenous for coverage and each is analysed on a case-by case basis to create a narrative of the researcher's own analytic interpretation of the participants' accounts (Smith et al., 2012). Smith et al. (2012) describe the six stages, which were applied to the IPA analysis of the semi-structured interviews:

- Reading and re-reading the transcript: audio-recordings of the interviews were transcribed into a written format. The first reading of the transcript was carried out while listening to the audio-recording to aid the researcher to keep the participant the focus of the analysis. As suggested by Smith and colleagues (2012), the researcher made reflective notes on the interview experience and any feelings provoked within the interview. Subsequent re-reads aided the researcher to become actively engaged with the data, beginning to develop an idea of the overall interview structure and where narratives may tie together different parts of the interview. Although this process was time consuming, it allowed the researcher to enter the participant's world and maintain the focus of this world at the forefront of latter analysis stages.

- Initial noting: beginning at an exploratory level, notes were made about the sematic content and use of language. Keeping the notes broad and open-minded aided the researcher to become more familiar with the content, including starting to perceive the relationship the participant had with their experiences of self-harming in prison through the way they talk, understand and think about it. Comprehensive notes were made in hand-written or typed form alongside the transcript which included phenomenological descriptions of the content reflecting the explicit meanings given by the participants. Comprehensive notes also included interpretative notes which began to consider how and why the participant might have these meanings, through exploring their language, the context of the meaning and identifying abstract

concepts. This stage produced an excessive amount of notes which, although for some transcripts this was difficult to navigate going into the next stage, aided the researcher to begin to build a foundation of what the participant's world looks like to them and where their experiences of self-harming in prison fits within that context.

- Developing emergent themes: this stage required the researcher to begin working with the comprehensive notes made to pull together connections and patterns across the notes. For some of the transcripts this required the researcher to continually return to the previous stage to ensure the notes reflected the participant's meanings, especially where the narrative appeared quite broken from the notes.

- Searching for connections across emergent themes: for the researcher, producing a thematic map developed a means to explore connections across themes. Revisiting the research questions for the semi-structured interview data allowed the researcher to contextualise the themes and their meaning within the aims of the research. Smith and colleagues (2012) suggest other ways of searching for connection to include abstraction, subsumption, polarization, contextualization, numeration, function and bringing together.

- Moving to the next case: 12 interviews were analysed. In order to best ensure that the analysis of each case was not influenced by the themes generated from other transcripts and to avoid fatigue, this stage was completed over several weeks, allowing breaks between the analysis of each transcript.

- Looking for patterns across cases: several versions of a thematic map was sketched out at this stage. The use of post-it notes with themes written on allowed the researcher to move themes around to combine larger themes or sub-ordinate themes. The use of IPA produced a deeper understanding of the participants' experiences

which were able to be interpreted in a meaningful way within the context of prison.

Understanding the lived experiences of the participants, their interpretations of these and the impact these have perceivably had upon the participant supports the process of being able to begin thinking about care processes from the perspective of the lived experiences of those who care is directed. Furthermore, this analysis type works well with the researcher's previous work experience of having worked in prison which allows for interpretation to have more scope to develop a more critical stance.

3.6.3. Thematic analysis

Thematic analysis is a method of analysis which aims to identify, analyse and report patterns within the data (Braun & Clarke, 2006). Thematic analysis is flexible and can be used with various ontologies and epistemologies (Terry, Hayfield, Clarke & Braun, 2017). For this thesis, however, thematic analysis was used within a critical realist approach as it can aid in theorising participants' motivations, experiences and understandings through exploring these as a unidirectional relationship between language, meaning and experience (Braun & Clarke, 2006). Although the qualitative research in thesis took a phenomenological approach to understanding the data produced by participants, Interpretative Phenomenological Analysis, which is embedded in phenomenology, is better suited to research methods which produce large amounts of data but are targeted towards single participants, for example interviews (Smith et al., 2012). Whereas, thematic analysis has the flexibility to be able to adopt a phenomenology design, but still be used for larger samples or group data like focus groups (Terry et al., 2017). Thematic analysis aided in minimally organising the large amounts of data, yet it still provided rich and deep interpretation (Braun & Clarke, 2006). Thematic analysis was be used to analyse data in study one, two and three of this research (see chapter four to six). The participant sample size of the focus groups, consultation group and follow-up interview, and qualitative surveys falls within the range suggested for thematic

analysis (Terry et al., 2017). With thematic analysis, different levels of identifying and

analysing themes can be performed on the data. The two levels utilised for this thesis

included identifying themes through an inductive approach and analysing data at a latent

level:

- Inductive approach to identifying themes: a 'bottom up', data-driven approach
  whereby the themes closely link to the data itself (Braun & Clarke, 2006). The
  interpretation of meanings which develop into codes and themes is based upon the
  data itself (Braun & Clarke, 2006; Terry et al., 2017)

- Latent (interpretative) level analysis: this level of analysis involves going beyond the
  explicit meanings of the participants to capture their implicit meanings, which forms a
  deeper level of analysis. This can include capturing the participants' ideas,
  assumption and conceptualisations (Braun & Clarke, 2006; Terry et al., 2017).

Decisions about the approach to identifying meaning or the level of analysis is

dependent on the research questions and theoretical framework of the research. For the

purpose of the research in this thesis, the thematic analysis in study one, two and three used

an inductive approach to identifying themes. The exploratory nature of the research meant it

was important to not fit meanings into pre-existing presumptions of theoretical interest. As

demonstrated within the literature review, there is a lack of understanding and consensus on

the concept of care and facets of, which means a theoretical approach to care in prison

requires further exploration and understanding. Themes derived from the data were analysed

at a latent level as this supports the phenomenological nature of this research through

providing a deeper and more interpretative meaning of the understandings and experiences of

the participants. As demonstrated within the literature review, understanding the lived

experiences of the participants and the impact these experiences have had is important for

being able to understand the engagement and impact of each actor in the care process.

The six steps suggested by Braun and Clarke (2006) for conducting thematic analysis were applied to this research:

- Data was audio-recorded. Transcripts were revisited several times to aid in the familiarisation of the data.

- Codes were generated for the entire data set.

- The themes and subthemes were initially developed.

- The themes and subthemes were revisited several times and the main ideas that summarise the themes were collated. A finalised thematic map was created.

- The themes were defined and named. Quotes were attached to the codes within each of the themes in order to ensure that the themes were still embedded within the original data. As the themes became more defined through the inclusion of definition, meaning and the use of quote, some of the names of the themes had to be changed and subthemes were revisited or moved to other themes.

- The final report was written.

This process was be revisited several times, each time more definition and meaning was included in order to refine the themes. The inclusion of theory and prison literature was included after the analysis to contextualise the themes and aid in ensuring the analysis had an overall narrative.

3.6.4. Creative engagement analysis

Analysis of pictures or images cannot be methodologically explicit (Rose, 2001) and "unlike traditional research, alternative, emancipatory approaches cannot be judged with the traditional criteria of objectivity and validity" (Foster, 2007, p. 24). For the purpose of the creative engagement in this research, compositional interpretation was used (Rose (2001) to interpret the creative pieces. Vocabulary for articulating the appearance of the creative

engagement can be achieved through compositional interpretation, which is an analysis developed through art history and draws on what the art theorist Rogoff calls the good eye (Rose, 2001). This method focuses on different aspects of the image or picture, including the social and technological modality, different elements which make up the composition of the piece and the feeling of the image in its entity (Rose, 2001). This specific approach was taken to provide a structure to explore the compositions of a picture, yet importantly, compositional interpretation "functions as a kind of visual connoisseurship…. involves the acquisition of extensive first-hand experience of works of art…." (Rose, 2001, pp. 33-34). First-hand experience of art may not have been able to be drawn upon within the analysis, however, first-hand experience and knowledge of the prison environment could be. Although compositional interpretation may provide a structure for the analysis, it is not critical or reflexive (Rose, 2001), therefore reflections and understandings of the researcher were relied upon to provide meaning and contextualisation.

Rose (2001) suggests steps which can be followed for the compositional interpretation of visual imagery, this will be described in relation to their application within the research in this thesis:

1. Production of the piece (the technological modality): describing the material and technique used to create the piece. The technical modality can impact the effect the image has on the viewer. The technological modalities offered to participants within study one and study four can be seen in chapter three, section 3.5.3. The options of technological modality offered to the participants was limited due to practical and security reasons. Thus, limiting the meaningfulness of the chosen modality.

2. Composition (content): describing in detail the content of the piece. A description of the piece was given at the beginning of each creative engagement interpretation. To

increase validity, a picture of each piece was included within the findings presented within this thesis.

3. Composition (colour): describing the hue (the actual colours used), saturation (purity of colour) and value (lightness or darkness). The effects of the colour should be described, for example if colour has been used to stress an aspect of the piece, how harmonious the colours are together, or the light which depicts the piece to create a specific viewpoint. The composition of colour was described for each piece in this research. The participants had been offered a variety of coloured felt tips pen and writing pens, as well as different coloured paper to allow the participants to use colour expressively.

4. Composition (spatial organisation): describing the organisation of space which offers a way in which the piece is seen to the viewer. This can include the volume of an image, the lines, the rhythm, there positioning in terms of intervals, depth and distance. Spaces can also be simplistic or complex. The composition of spatial organisation was described for each piece in this research. The participants were offered A4 plain and coloured paper or white A3 paper with printed black boxes on. Thus, their space was limited to the size of A3 paper or smaller.

5. Expressive content: describing the feel of the piece. An expressive content was described for each piece in this research. The researcher's or participant's reflective notes were used to aid this process. In addition, participants had included written contributions which were incorporated into the visual aspects of their pieces. Given the subjectivity of this it was important for inter-rater reliability to be conducted and feedback to be given and reflected upon.

6. In addition to the steps suggested by Rose (2001), the researcher applied the meanings derived from the creative engagement to elaborate on the findings from the focus

groups or interviews, as previously suggested, the presentation of both forms of findings can be profitable for developing understandings and meanings about a topic (Reavey & Johnson, 2017).

3.7. Trustworthiness of data collected, validity and reliability

For establishing the credibility and quality of research results, the reliability and validity is crucial for the inferences that can be made from the data (Mertens, 2005). The trustworthiness of data is conceptualised differently depending on the data collection method; quantitative research methods determine the reliability, validity and objectivity of data, whereas qualitative research methods determine credibility, dependability and confirmability of data (Mertens, 2005).

Reliability and dependability of findings refer to the consistency of a data collection method (Mertens, 2005) and can be tested in difference ways depending on the research method. The validity of data collection method refers to what extent the data measures what it is proposed to measure (Mertens, 2005). The validity of the methods used to collect the data presented within this thesis is demonstrated through the rationale of the methods chosen, as described in chapter three section 3.2.2. Triangulation of the findings increased the credibility of the findings through increasing internal validity. The reliability was measured for the findings within this thesis where feasible within the time frame:

- Study one: The focus group and follow-up interview were audio-recorded verbatim to aid in the reliability and validity of subsequent data analysis. The two stages of the thematic map generated from the focus group codes and subsequent themes were shared with the supervisors of this thesis, along with the focus group findings, to aid in the transparency of the interpretations. Inter-rater reliability (researcher and two supervisors) was conducted on creative engagement which generated a 71%

agreement level. Inter-rater reliability (researcher and one supervisor) was conducted for the consultation group which generated an 82% agreement level.

- Study two: a Cronbach's coefficient was conducted on the prisoner (18 items $a=.893$) and prison staff survey (18 item $a= .925$; 20 items $a= .924$.).

- Study three: The focus groups were audio-recorded verbatim to aid in the reliability and validity of subsequent data analysis. Inter-rater reliability (researcher and research assistant) was conducted on two of the four (50%) focus groups which generated a 79% agreement level. Following which, the generated themes and interpretations were revisited, discussed and triangulated with the research assistant's themes in order to increase the reliability of the themes and overall conclusions derived.

- Study four: The interviews were audio-recorded verbatim to aid in the reliability and validity of subsequent data analysis. The inter-rater reliability (researcher and one supervisor) was conducted for three (25%) of the transcripts which generated an average of a 74% agreement level. The generated codes and subsequent themes and interpretations were revisited, discussed and triangulated with the research supervisor's codes in order to increase the reliability of the themes and overall conclusions derived. Inter-rater reliability (researcher and two supervisors) was conducted on the two (100%) creative engagements which generated an average of a 91% agreement level and findings were triangulated with the semi-structured interviews.

Following the reported agreement levels, any disagreements from the inter-rater reliability were highlighted and rationale for each difference discussed. To resolve these disagreements the data was revisited and themes and rationales for themes discussed again in order to resolve any differences.

Interpretation of data should portray an accurate account, not doing so can have ethical implications (Creswell, 2009). The writing up of the findings from the research in this thesis, therefore, aimed to ensure accuracy in its portrayal, avoid bias language, consider and provide a full account of the research design, to allow for credibility checks or replication (Creswell, 2009).

3.8. Ethics

Prior to seeking ethical permission for the research in this thesis, the research proposal as discussed with senior NOMS and HMPPS team members to ensure the research relevance and to pre-empt any ethical concerns which may be raised. For the prison-based research, ethical approval was sought and given for the research by East of England - Essex Research Ethics Committee (REC) Health Research authority (please see appendix 15) and National Research Committee (NRC) for NOMS (please see appendix 16). For all four studies, a self-certify ethical application was submitted to the Royal Holloway University of London following the approval of REC and NRC. Subsequent amendments were submitted and approved which reflected changes made to the surveys administered to prisoners and prison staff. Security clearance for the researcher was processed by Category C prison Two. The researcher received security and key training at each of the prisons prior to beginning data collection. The researcher was familiarised with the local and national policies relevant to professional conduct in prison.

In the development the ethical proposals, ethical considerations had to be addressed by the researcher. Ethical considerations should include any deception, harm to participants and/or researcher, confidentiality, data collection and storage, maintaining standards in reporting research, plagiarism, giving proper credit for publication, not repeatedly publishing data, making the data available for verification, boundaries between researcher and

participant, problems with design of the research, agenda of the research and researcher (Creswell, 2009; Howitt & Cramer, 2005; Schlosser, 2008; Towl, 2007). Ethical considerations most relevant to the research in this thesis is discussed in detail further.

3.8.1. Informed consent

Gaining informed consent for the research in this thesis was ensured through:

- the delivery of information about the design and purpose of the research and participants' rights through being verbally addressed by the researcher and through being given an information sheets and debrief sheet.

- the completion of an informed consent form.

- adhering to a thorough inclusion and exclusion criteria, as described within section 3.4. of this chapter, which was devised to ensure the participants had the capacity to give consent.

- delivering a method of recruitment which increased autonomy for participants to make decisions about participating.

- receiving a verbal handover from prison staff about prisoner participants and listening to their perspectives on the prisoners' participation.

Study one raised concerns for the researcher about the participants awareness around the participation in the research (for the researcher's reflection on this, see chapter three, section 3.9.1.). These concerns were mitigated through providing a more thorough introduction and debrief and verbally reiterating the information in the information sheet and debrief sheet. The researcher sought reassurance about the participants' awareness of their participation through asking them questions about their understanding of their contribution. One participant in the ex-prisoner focus group did not give consent (for a full understanding, see chapter four, section 4.3.11. and researcher's reflection, see chapter three, section 3.9.1.).

This concern was mitigated through removing the participant's data from the transcripts and destroying the audio-recording. This concern was raised with the gatekeeper who informed the researcher the participant would be contacted to ensure their wellbeing.

Study three raised concerns for the researcher about the participants' autonomy over participation for the focus group at the Category C prison One and the second focus group at the Category C prison Two (for the researcher's reflection on this issue, see chapter three, section 3.9.2.). These concerns were mitigated by the researcher emailing the participants prior to participation to reiterate their choice to not participate and reiterate information about the research to ensure they understood what they were agreeing to partake in. All the participants were sent an information sheet via email prior to engagement and offered a paper version on the day of the research. This was with the exception of the two participants in the Category C prison One who agreed to partake on the day of the research, who only received a paper version, not an electronic version. These two participants, however, had spent time with the researcher on previous visits to the prison and already had a good awareness of what the research was about.

Study four raised concerns for the researcher about the participants' autonomy in deciding to participate where those prisoners had been offered participation via the gatekeeper (see chapter three, section 3.9.2.). It was the concern of the researcher that prisoners could potentially feel that they had to take part, there were issues of conflict for the prisoners or that not taking part would compromise their care they receive from Safer Custody. In order to mitigate these, prior to beginning data collection, the researcher spent time with the gatekeeper and Safer Custody staff to build up a rapport and trust, and to talk about the research. Concerns about prisoners' autonomy were explained to the gatekeeper to ensure that the gatekeeper fully understood that prisoners' participation was voluntary and that they themselves were not under any obligation to ensure participation. The gatekeepers

were informed to provide the prisoners with an information sheet should they fit the inclusion

criteria and allow the prisoner to inform staff should they wish to participate. Prior to

commencing the interviews, the researcher reiterated the information in the information sheet

and provided them with another copy for them to take away should they want it. On one of

the days interviewing at the Category B prison, one participant was excluded from

participation because the prison wing senior officer had concerns about the mental health of

the participant. Not only would the interview have likely become distressing for the

prisoners, but this also raised concerns for the researcher about the prisoner's capacity to give

informed consent. Thus, the prisoner was not allowed to participate.

3.8.2. Risk to participant

The research in this thesis had the potential to risk harming the participants. Risks

included psychological harm, for example the discussion of sensitive topics, and physical

harm, for example removing prison officers from the wings to engage in the research. To

reduce these risks:

- The researcher worked closely with one of the supervisors of this thesis to ensure the

  schedule for the prison staff focus groups and prisoners semi-structured interviews

  were carefully and sensitively devised. Both the researcher and supervisor had had

  previous experience of working with prisoners, forensic mental health patients and

  vulnerable populations. Particularly for the prisoner and prison staff schedules, which

  raised the most concern due addressing the topic of self-harm, the questions were

  made to not be any more sensitive than questions already asked in the ACCT process.

- The researcher ensured all participants received a debrief sheet with information

  which included how to seek support should they need it.

- The researcher gave a handover to the gatekeeper following all engagement with participants, briefly summarising the aims of the engagement and highlighting any concerns.

- After the interviews and focus groups, the researcher spent time with participants to allow them to ask questions and to assess their emotional state.

- The researcher had a full understanding of the prison protocol and procedure for opening an ACCT should serious concerns be raised following the interview about the psychological state of a prisoner.

Study two raised concerns for the researcher about an alarming comment made on one of the surveys by a prisoner. Confidentiality was broken in order for this concern to be reported to the gatekeeper. No concerns were raised by the gatekeeper following the report.

Study four raised concerns for the researcher about the psychological state of one of the prisoners during their interview in which they made an alarming comment. Confidentiality was broken in order for this issue to be discussed with the gatekeeper.

Following a discussion about the issue, both the researcher and the gatekeeper decided the comment did not warrant further action. The researcher met with the participant in the following weeks for their engagement in the creative engagement and used this time prior to the creative engagement to assess the psychological state of the prisoner.

3.8.3. Risk to researcher

The research in this thesis had the potential to risk harming the researcher. Risks included psychological harm, for example hearing distressing information, and physical harm, for example being attacked by a prisoner. To reduce these risks:

- The researcher received security training at each prison and had a thorough understanding of the safety procedures, for example, informing wing staff of the

researcher's location and which prisoner they were with, knowing where the alarms were situated, the researcher sitting closer to the door than the prisoner, understanding the risk of manipulation from prisoners.

- The researcher received regular supervision from the supervisors of this thesis.

- The researcher had previous experience of working in a male prison and male forensic mental health wards. This aided the researcher's knowledge about the security and safety procedures, as well as aided the researcher to be able to better reflect on their experiences, to understand the psychological impact of the research.

3.8.4. Confidentiality and data protection

The information sheet provided to the participants explained their confidentiality rights. Participants' confidentiality and anonymity were assured ensured through:

- Research engagement took place in a secure and private space.

- The audio-recordings were transcribed into written format using pseudonyms.

- The research adhered to the Data Protection Act 2018 and university protocol for the handling, processing, storing and disposing of data. The consent forms were the only fully identifiable material. Along with the consent forms, the other materials (surveys, background information surveys and audio-recordings) these were transferred onto a password protected and encrypted USB, which only the researcher had access to. The consent forms were linked to the surveys, background information sheets and transcripts through participant identification numbers. The participant identification numbers list was saved on a different password protected and encrypted USB, separate to that of the other materials.

Participants were informed that the only time their confidentiality would be broken would be under the circumstances that the researcher felt the participant may put themselves,

others or the security and safety of the prison at risk. As previously stated in section 3.8.1. of this chapter, study one raised concerns for the researcher regarding the storing of information by a participant who did not consent. Additionally, as previously stated in section 3.8.2. of this chapter, confidentiality was broken for a participant in study two and study four.

3.9. Reflections of the research process

A series of reflections have been written which draw on the challenges and benefits of the methodological process in this thesis.

3.9.1. Study one

The focus group conducted with the ex-prisoners and the mother of a current prisoner was a challenging focus group to run. At the beginning of the focus group, while explaining the aims and the overall research, it became evident that the participants did not understand or were apprehensive to engage in some of the key terms I was using, including care and processes. Despite trying to explain these to the participants, I was not certain that they had fully understood, and only one participant referred to the word care during the focus group, which has implications for the validity of the findings. However, the participants seemed more drawn to using the term support or help, which both were encapsulated within my own conceptualisation of care and. therefore, I took their meanings to be a facet of my wider understanding of care. Additionally, this lack of understanding raised concerns for me about the recruitment of the participants and whether they fully understood why they had been asked to participate. With this in mind, I spent additional time at the start of the research reiterating the information in the information sheet. Furthermore, I tried to engage the participants in a more thorough debrief procedure, asking them questions about the research to gage their understanding of their contribution. Seemingly, the participants had a good

grasp of the research agenda and demonstrated interest about how I was going to best make use of what they had shared. Subsequently, they spoke more freely during the creative engagement task about care, support and help which eased my concern and it was perhaps the lack of time to build trust and rapport before the focus group which contributed to an apprehension over engaging with more sensitive terms like care.

During the focus group, one participant monopolised the space and it was evident from the atmosphere and body language of the other participants that they felt uncomfortable, as did I. Although the other participants often nodded in agreeance with the participant it, was difficult to engage them or gage to what extent their nods were sincere. The participant who monopolised the space seemed to have his own agenda he wanted to discuss, predominantly his grievances with the prison system and the criminal justice system more generally. It was difficult to tell whether this was because he had not understood the aims and focus group schedule questions, or whether he was using this space to be able to vent.

At the end of the focus group, the participants asked if they could stop for a cigarette break. Following the break, the participant who had not signed his consent form did not return. There was no indication to why this would be, but during the focus group he appeared nonchalance and uninterested, a couple of times getting up to make a cup of tea. The ethical and data protection concerns from this have been previously discussed and adhered to within section 3.8. in this chapter, however, this could raise additional concerns for the analysis of the focus group data. Reflecting on the contribution of the participant, however, I believe removing the participant's data from the transcript did not compromise the overall analysis. The participant contributed very little in regard to input on the audio-recording and on the two occasions he spoke it was inaudible as he was making a joke or talking with another participant in the background while the monopolising participant spoke. Occasionally he spoke his agreeance at what was being said by others. Furthermore, reflecting on the group

dynamics and the potential impact that he had on this, it was evident that the group dynamic was prominently focused upon the domination of another participant and, therefore, overall, I believe removing his contribution did not compromise the reliability of the conclusions drawn from the findings.

3.9.2. Studies two, three and four

The survey distribution was fundamental not only for the gathering of my quantitative data, but also for the recruitment of the focus groups with prison officers and interviews/creative engagement with prisoners. The challenge of getting the surveys distributed, however, was very frustrating and time consuming and, ultimately, had a knock-on impact on the rest of the data collection. While I was able to distribute surveys quickly and easily myself at the Category C prison Two, the other two prisons were not so straight forward. Both prisons preferred a distribution method through the gatekeeper or nominated others, but this resulted in few responses. It is difficult to ascertain what caused the low response rate, however, I did find a pile of non-distributed surveys in the Safer Custody office of one of the prisons, so it is likely there had been some miscommunication about the distribution or an unrealistic expectation of my behalf about the staff capacity to help.

Similarly, when relying on the gatekeeper for the recruitment of the prisoner interviews/creative engagement and second focus group at the Category C prison Two, I had to trust the gatekeeper to follow the ethical procedures that I wanted to guarantee to make sure the prisoners and officers had autonomy over their decision to participate and their rights upheld. With some of the interviews, in particular, it seemed the prisoners did not have a full awareness around what they had agreed to participate in or stated they had not been given an information sheet. Ethically, I was aware of the consequences of this, therefore, it was important for me to fully reiterate all the details of the research and the information sheet.

For each of the prisoners, I gave them the option of me coming back to them later so they could consider their participation, but all stated they were happy to participate. As part of the debrief I reminded them that should they at any time feel they want to have their data removed from the thesis, they had my work address to write and inform me (within a time limit). I followed a similar process of reiteration with the officers recruited, however, this was done over email. At the point of data collection with the officers, spending time with them alleviated my concerns around this as it was evident from their interactions that they were all motivated to engage in the research. I feel the depth and the scope of what was spoke about during both the officer focus groups and the prisoner interviews was demonstrative of how meaningful this topic was to them and how motivated they were to engage in the research.

Study three conducted focus groups with prison officers. Originally, I had only planned on doing one focus group from each prison. Having spent a substantial amount of time with the Safer Community team at the Category C prison Two, however, it was evident that this team differed from many others I have encountered while researching and working in prison. The unique context of their prison environment and the prisoner cohort, as well as the phased re-opening, meant that they were able to be more innovative and forward-thinking about protecting the safety of prisoners. They were incredibly proud and motivated by the work they were doing, and their very low self-harm rates reflected this. Throughout my time with them they were keen to show me their work and explain to me what informed this practice, for example we spoke about the ways they were implementing the OMiC model. Following this time spent with them (and perhaps after they trusted me more), the gatekeeper, who was a senior manager within this team, was keen to share more formally within a focus group setting their perspectives towards self-harm and what they thought was important about care. He had arranged the first focus group for me, however, this was very early on into my

time at this prison. He felt that an additional focus group would be a chance to focus on what has been working for them and how their conceptualisation of care had supported this. Thus, when requesting to conduct a second focus group with just the Safer Community team, he requested the questions be targeted to their experiences at the Category C prison Two. I was wary of the impact this could have on biasing my findings and this was something I took into consideration during the analysis. In the write-up of the findings within study three, to be able to be more transparent about this to the reader, I have labelled which quotes have come from which prison. This additional focus group, therefore, more strongly than others aligned with the concept of 'what works'. When contextualised against the aims of the thesis, this is very relevant and integral for thinking about how to move forward to better support the care given to prisoners who self-harm. This is a concept taken from my findings which may not have been so evident without this additional focus group. Further, within the discussion section of this thesis I was able to incorporate some of their innovative ideas into the implications for future practise (see chapter eight, section 8.3.).

3.10. Chapter summary

This chapter has given a broad documentation of the decisions and justification for the methodological process used in the research within this thesis and will form the basis of the four empirical studies within this thesis.

CHAPTER 4

Study one: Understanding concepts of care and experiences of care by ex-prisoners and vulnerable individuals

This chapter presents the empirical findings generated from the first study within this thesis. It seeks to explore the understandings and experiences of care and the care needs of vulnerable individuals from a housing charity and, retrospectively, those of ex-prisoners from a community centre.

4.1. Introduction

Care, as a procedure, is embedded into the structure of the prison system policy response towards prisoners at risk of self-harm or suicide. The capabilities of prison to achieve good care, however, can be contended as finding the balance between care and justice is challenging (Tronto, 1993, cited in Hollway, 2006). For Tronto (1993), a care process which is systemic requires four stages of care: caring about, taking care of, care-giving and care-receiving (Tronto, 1993; see chapter two, section 2.8.1.). When achieved, good care is powerful, purposeful and particular for all those involved in the process (Tronto, 2010). Whereas, bad care can result, for example, from care being perceived as a commodity, care needs being taken for granted by the organisation, care-givers perceiving the organisational requirements of care to be a hindrance, where caring is care-giving alone or care-receivers and their needs are excluded from the process (Tronto, 2010). When the stages of care are contextualised to the prison system, deficiencies begin to appear within the approach to care by the prison system and within the staff and prisoners themselves (for more information see chapter two, sections 2.8.-2.9.).

4.1.1. Prison system as bureaucracy and the contradiction with caring for prisoners

It can be argued that the prison system is a bureaucracy conceptualised through power and control (see chapter two section 2.8.2). Prison control can be light or heavy, exercising soft or hard power, which all have implications for the treatment of prisoners (Crewe, 2011b; Crewe et al., 2014). Heavily controlled prisons often exercise hard power, providing a rigid authoritarian regime with prison officers exercising control over prisoners through the complete loss of their autonomy (Crewe, 2011b). Through this power and control prisoners can experience mortification, the degradation and humiliation of prisoners, having a profound impact on the prisoners' sense of self (Cressey, 1961). Lighter controlled prisons often exercise soft power, providing a more relaxed prison environment with prison staff exercising a more psychological power over prisoners (Crewe, 2011ab). Lighter controlled prisons risk creating an environment which is under-policed, insubstantial or deficient (Crewe et al., 2014). Additionally, through the psychological power maintained over prisoners, they fear surveillance and contamination or unrealistic expectations for change are put upon them (Cressey, 1961; Crewe, 2011ab; Jewkes, 2002). Arguably both these power structures fail to provide a platform which is conducive for care to be delivered and elements of bad care begin to show, in particular, where the prison system agenda is misaligned with the caregiving needs of officers and the care required by prisoners (see Tronto, 1993; for more information see chapter two, section 2.8.1.). Alternative means of utilising power, however, have been suggested to be more beneficial for the relationship between prisoners and officers. A relational approach taken by officers, for example, is described to foster more supportive relationships, whilst still upholding surveillance and restrictions (Crewe et al., 2014).

4.1.2. Prisoner engagement in the care process

When there are misconceptions or misunderstandings about the individuals' care needs, or the care-receivers' voice is lost from the process, then care-receiving cannot be achieved (Tronto, 1993; Tronto, 2010). For prisoners, however, their ability to understand or voice their needs is sometimes limited. Many prisoners, for example, experience distrust, hopelessness, suspicion, and lack of confidence in the prison system to provide them with care (Harvey, 2012; Howerton et al., 2007), thus, generating a deficit in their meaningful engagement in care-receiving. Adopting masculine ideology, early life development of difficult attachments and a lack of self-compassion arguably can all act as a barrier for help-seeking behaviour and the acceptance of care when given (see chapter two, section 2.8.4.). It is evident, therefore, that the experiences and understandings of the prisoners' lived care experiences need to be heard, in order to be able to understand what their care needs are and what meaningful care means to them.

4.1.3. Summary of the literature

All parts of the care process, caring about, taking care of care-giving and care-receiving, have to be meaningfully engaged and the understandings and agendas of the actors within the care process aligned in order for care to be achieved (Tronto, 1993). When contextualised to the prison system, many deficits in both the Tronto (1993) care cycle and the prison approach to care begin to occur. Relatively little empirical exploration, however, has been given to understand why care as a process, more specifically for those male prisoners at risk of self-harm, continues to fail. Additionally, little is known about how the different facets of a systemic care response interplay and how they are understood by the individuals being cared for. Drawing on the conceptualisations of care formed from vulnerable individuals within a caring organisation, a housing charity, can aid in providing a better understanding of what is required of an organisation to achieve good care. This

foundation can be used to better understand the experiences of prison care by ex-prisoners, particularly the contradictions and deficits in prison system care.

4.2. Aims and research questions

The aim of this study was to explore care recipients' requirements from organisations to address their care needs and their experiences of care received from organisations. These experiences will reflect on prison care, as explored by ex-prisoners, and housing charity care, as explored by vulnerable individuals from the charity and a member staff. Further, this study aimed to contribute to triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. These aims were addressed by conducting a consultation group with vulnerable individuals from a housing charity and a follow-up interview with a staff member and a focus group and creative engagement task with ex-prisoners. The following research questions were addressed:

1. What are ex-prisoners' and vulnerable individuals' experiences of care?
2. How is good care conceptualised by ex-prisoners and vulnerable individuals, including their care requirements from organisations' structural responses and the perceived impact of the organisation environment on their care?

4.3. Methodology

The following methodology was employed for this study. The methodology will be described separately for the research conducted with the vulnerable individuals from a housing charity and the research conducted with the ex-prisoners from a community centre.

4.3.1. Housing charity research design

This study employed a phenomenological design using a consultation meeting and a semi-structured interview to produce qualitative data and pictorial data.

4.3.2. Housing charity research recruitment

A gatekeeper was utilized to facilitate recruitment. The gatekeeper approached the potential participants using opportunistic sampling to select potential participants within their facility who fitted the inclusion criteria (see chapter three, section 3.4.1). The potential participants were given information about the study and offered participation. Participants were informed of the time and date for the consultation group and semi-structured interview.

4.3.3. Housing charity research participants

All participants were white British and over the age of 18 years. The participant sample can be seen in the Table 4.1.

Table 4.1.

Housing charity research participant sample for study one

Housing charity participants	Data collection method	Number participants (*n*)
Vulnerable individuals	Consultation group	2 males 1 female
Housing charity staff member	Semi-structure interview	1 male

4.3.4. Housing charity research materials

4.3.4.1. Vulnerable individuals' consultation group. The participants were given a wide range of different colouring and writing pens, stickers, sticky-notes and paper to make a written record of their responses should they choose to.

4.2.4.2. Semi-structured interview schedule. A schedule was used as a guide for the semi-structured interview (see appendix 8).

4.3.5. Housing charity research procedure

A suitable space for accessibility and privacy was directed by the gatekeeper for data collection. This was a meeting room for the consultation group and an office for the semi-structured interview.

4.3.5.1. Vulnerable individuals' consultation group. The consultation was facilitated by the researcher and a supervisor of this thesis who was already engaged in an existing project with the participant group. At the beginning of the consultation introductions were made and the aim of the consultation was explained. Due to the informal nature of the consultation, verbal consent was obtained as the participants were not providing personal or sensitive information. Using the aim of the consultation as a prompt, participants were asked to begin discussion. Participants were given a selection of materials should they choose to write down their responses or engage in the discussion more creatively. One facilitator made written notes of the discussion points on sticky-notes and the other facilitator asked questions based on the discussion points which arose. Following the discussion, the participants and facilitators worked together to organise the sticky-notes into themes based on participants' reflections. Participants were given the chance to include any additional points. Following the consultation, a verbal debrief was given and the participants were given a chance to ask any questions. The facilitators made reflective notes on the discussion points raised.

4.3.5.2. Housing charity staff member semi-structured interview. At the beginning of the interview introductions were made and the aims of the interview and the overall research project was explained. The information sheet was explained to the participant and they were given a copy to take away. The participant read and signed the consent form. The themes derived from the consultation group were explained to the participant as a prompt for discussion. The interview was voice-recorded verbatim.

Following the interview, a debrief sheet was given and the participant was given the chance to ask questions. The voice recording was transcribed into written format and the pseudonym 'Malcolm' was allocated to the participant.

4.3.6. Housing charity research analysis

The consultation group and interview were analysed using thematic analysis (Braun & Clarke, 2006). An inductive approach was used to produce latent themes (for information on the rationale for the use of thematic analysis and procedure of use see chapter three, section 3.6.3.).

4.3.7. Community centre research design

This study employed a phenomenological design using a focus group and creative engagement to produce qualitative data and pictorial data.

4.3.8. Community centre research recruitment

A gatekeeper was utilized to facilitate recruitment. The gatekeeper approached the potential participants using opportunistic sampling to select potential participants within their facility who fitted the inclusion criteria (see chapter three, section 3.4.1). The potential participants were given information about the study and offered participation. Participants were informed of the time and date for the research.

4.3.9. Community centre research participants

All participants were white British and over the age of 18 years. The participant sample can be seen in the Table 4.2.

Table 4.2.

Community centre research participant sample for study one

Data collection method	Number participants (*n*)
Focus group	3 males
	1 female
Creative engagement	4 males
	1 female

4.3.10. Community centre research materials

Materials were utilised for the focus group and creative engagement.

4.3.10.1. Focus group schedule. Focus group questions were developed as a guide for the focus group (for more information on how generated and tested see chapter three, section 3.5.2.) and three open-ended questions were used to address the research questions:

1. What are your understandings of, and perceptions about, the prison system as a system of care?

2. What were your experiences of the prison system as a system of care?

3. What were your experiences of getting access to care while in prison?

4.3.10.2. Creative engagement. Participants were provided with a wide range of material including colouring and writing pens, highlighters, sticky-notes, stickers and paper (including different sizes and colours). The participants were given a prompt (for more information see chapter three, section 3.5.3.):

- What are your conceptualisations of the prison system as a whole?

4.3.11. Community centre research procedure

A suitable space for accessibility and privacy was directed by the gatekeeper for data collection. This was a meeting room. At the beginning of the focus group introductions were made and the aim of the overall research project, the focus group and opt-in creative engagement task were explained. The consent form and information sheet were explained to

the participants. They participants were given a copy of the information sheet to take away and were asked to sign and return the consent form. One participant signed and returned the form prior to commencing the focus group, two participants signed and returned theirs during the break as they wanted to get refreshments before beginning the focus group. The term 'care' was explained because participants informed the researcher that they did not understand what care meant. The focus group was voice-recorded verbatim. At the end of the focus group, the definition and aim of the creative engagement were explained and participants were given the option to opt into the creative engagement task. Following a short break, all the participants apart from one returned for the creative engagement task. The participant who did not return had not signed the consent form for the focus group. Participants were given the prompt sheet and the selection of materials. The procedure for the creative engagement task was explained. They were given 30 minutes to complete their creative engagement. Roughly 15 minutes into the task, two additional participants joined and were subject to the same information and consent process. They had roughly 15 minutes to complete their creative engagement. The researcher stayed present throughout the task to facilitate and take reflective notes on the discussions about the content of the creative engagement pieces. Three creative engagement pieces were created; two were created by individual participants, one was created by a group of three participants. At the end, participants were given a debrief and the chance to ask questions. A debrief sheet was offered for them to take away. A brief handover was given to the gatekeeper which focused on the emotional state of the participants. The researcher informed the gatekeeper about the participant who had not signed a consent form and left in the break. Otherwise, no concerns were raised by the researcher. The audio-recordings were transcribed into written format using pseudonyms. The data produced from the participant who had not returned a signed consent form was omitted from the transcription. The audio-recording was deleted, due to

the participant who did not consent. The creative engagement pieces were kept by the researcher for analysis.

4.3.12. Community centre research analysis

The focus group was analysed using thematic analysis (Braun & Clarke, 2006). An inductive approach was used to produce latent themes (for information on the rationale for the use of thematic analysis and procedure of use, see chapter three, section 3.6.3.). The method and rationale for the analysis of the creative engagement pieces can be seen in chapter three, section 3.6.4.

4.4. Findings

The findings from the housing charity research will be presented, followed by the findings from the community centre.

4.4.1. Housing charity research findings

Thematic analysis of the vulnerable individuals' consultation group and follow-up interview with Malcolm revealed three themes: the needs of vulnerable individuals, care giving organisations and barriers to becoming a caring organisation.

4.4.1.1. The needs of vulnerable individuals. There were characteristics of the housing charity ethos which the vulnerable individuals felt were important to meeting their needs and made them feel cared for. The housing charity was described as an organisation which listens to them and their needs and, therefore, made them feel like equals. The charity's prioritisation of the vulnerable individuals' welfare was important and added a sense of security for them. The vulnerable individuals felt respected and treated with dignity. Fulfilling needs, however, was perceived by the vulnerable individuals as being an

interactional process, whereby they understood the organisation required them to be open and honest in return for its care.

Reflecting upon the vulnerable individuals' understanding of their needs, Malcolm reiterated their need for being treated like an individual, humanised and listened to, not being judged and to experience care and compassion. Their need for care was at all levels, from basic human needs to individualised needs: "Well, I think you could…go back to the basic needs that everybody has; for shelter, for warmth, for companionship." (Malcolm).

4.4.1.2. Care giving organisations. The vulnerable individuals perceived the housing charity to be a caring organisation, Malcolm reiterated this by explaining "there's a…statement on the wall…about compassion….I think they do really well, they are a very compassionate organisation at heart" (Malcolm). Compassion and care were believed to be embedded into the organisation by creating an ethos of inclusivity and openness: "it's an open-door policy for everyone. And that's really inclusive….no matter however you feel about yourself, when you come through that door you feel included. And that sort of takes down a few barriers" (Malcolm). Along with creating a caring ethos, generating a culture of care was also perceived to be important. Providing a caring environment was perceived by Malcolm as a means of fostering a caring culture. Malcolm described a caring environment as a place where "people can feel safe, feel they can trust you and start to express themselves", "You're almost sort of stepping back or stepping into a counselling role as an organisation" (Malcolm). Creating a "loving environment" (Malcolm) was perceived to allow individuals to "feel a sense of trust in you" (Malcolm). Malcolm gave an example, "because Karl Rogers talks about you can create an environment that responds to individual, individual needs across the board, no matter who comes in." (Malcolm). The vulnerable individuals also raised this need, describing care as needing to be responsive to their individual needs, requiring patience and listening.

When care is part of an organisation's agenda, care must become part of a process and, thus, requires structure. Developing an "ethical framework" (Malcolm) can help define the boundaries of caregiving. Malcolm goes on to explain, "some organisations do it quite well" (Malcolm), but "They've got to decide, sort of, the, the level of care they want to provide really" (Malcolm). Nonetheless, care still has to be compassionate, as highlighted, "talking about compassion and actually demonstrating compassion are two different things….And I think they [housing charity] do really well, they are a very compassionate organisation at heart" (Malcolm).

4.4.1.3. Barriers to becoming a caring organisation. For the organisation to be caring, the vulnerable individuals believed that both the organisation and themselves have to be proactively involved in the care and with this there are many barriers which can arise. It was the opinion of the participants that at times verbalising needs can be challenging for the vulnerable individuals, Malcolm explains; "they can't always do that….because sometimes they don't have the language to do that. Sometimes they aren't quite aware of it. Sometimes they might be just a bit defended….they might just be feeling a bit too vulnerable" (Malcolm). Similarly, the vulnerable individuals described care as complex, at times individuals may not be aware of what help they need or what to ask for to obtain their needs. The difficulties in communicating these needs can become a barrier in the care process, Malcolm states "people might not be aware that they need to be like that, or they want to be like that. And it's just opening people's own awareness up to what's possible for themselves" (Malcolm). For those who are not ready to be engaged in care, this can also become a barrier; "you can go to the nth degree really, to provide that kind of support and care. But you can only do so much at the level they're at now" (Malcolm).

The background experiences of vulnerable individuals can become a barrier to help-seeking and care-receiving as they may deliberately sabotage or abuse the care given or

isolate themselves from the care process. Furthermore, the vulnerable individuals highlighted that they could experience anxiety resulting from the expectation to be honest and open with the housing charity. The vulnerable individuals believed from the organisational perspective they may not be able to apply a generic process of care which works for all or the boundaries being enforced around caregiving may not work for either the organisation or the vulnerable individual. This was also recognised by Malcolm who gave an example how "the infrastructure or framework that maybe an organisation has, doesn't respond well to, individual's needs. You know, it has this sort of blanket idea of care…..it didn't respond well to individual's needs" (Malcolm) and, thus, an organisation's understanding of care needs and the individuals' care needs differ, damaging to the care process. This can be challenging for some organisations as "it takes a lot of time doesn't it? And quite a lot of contact." (Malcolm). This can be further exacerbated when staff members have different understanding of what compassion is, Malcolm highlights this,

> They employ people, and everyone brings….their own sort of thoughts about or they act out that compassion in a different way. But whether they get compassion is a different thing….And we don't always have a good idea of what they might be (Malcolm).

4.4.2. Community centre research findings

The findings from the ex-prisoners' focus group and three creative engagement pieces are presented.

4.4.2.1. Focus group findings. The thematic analysis of the focus group revealed four themes: biased justice, the ontological insecurity of prison life, the change in the prison population from the older generation to the younger generation and the failing prison system.

4.4.2.1.1. Biased justice.

"You don't get rich people in jail. You get poor pieces of scum, working class scum like

me…" (Zac)

It was the experience of the participants that the justice system was against them, more specifically because "you're being sent to jail basically for not the crime but for being poor." (Zac). When poor people are put into prison this was believed to create a vicious cycle, for example, "You go to jail and you still get the fine when you come out, you see what I mean? So, you know you go back to jail, so it's a no-win situation for you…. It's double wammy". Furthermore, this cycle can result in "making a criminal out of them." (Zac). One participant expressed feeling unsupported with his economic situation and instead continues to be punished: "So you're, you're a very poor person, you're on benefits and they're going to fine yah, that's just putting yah into more of poor person" (Zac). This bias demonstrated a disconnect between the way participants felt perceived and how they understood theirs or others criminal behaviour; "They are not nasty horrible people, they don't have two heads and horns on the back. They're not going to pull a knife out and stab yah…they're just survivors. They've been given very little opportunities" (Zac). In addition, this participant described having a different narrative for criminal behaviour than perhaps that of the justice system, stating "you get a lot of innocent people sent to jail who just clog up the system; for instances car offenses. You get people going to jail for car offenses who refuse to pay the fine" (Zac). A similar disconnect was described about prison:

> The prison system is basically being blocked up by idiots that sit in high offices who
>
> make decisions…..that never went to jail in their lives…..who've created more crime
>
> that the people that are in jail are doing, but….be in the position to get away with it
>
> (Zac).

Instead of incarceration, this participant felt that many who break the law should be "reassigned and reused, put them back into serving the community again" (Zac), for example,

"what's the point of putting a young teenage boy or young teenage girl of the, wasting some of the best times of their lives. Put them back to work, to get them going round working in old people houses" (Zac). Subsequently, being in prison was believed to be a different experience for those who were "rich" prisoners and those who were "poor" prisoners, whereby "if you going into jail as a convict with money and you are well set up" (Zac). The example of Jeffery Archer was given and how even though he "defrauded people" (Zac), he still "wrote books" (Zac) while in prison. The participant found this an injustice, stating "He wrote books….where did he get pen and paper from, most prisoners are not allowed pen and paper……He wasn't using toilet paper I bet" (Zac).

In summary, it was evident participants, Zac in particular, believed being economically deprived not only increased the likelihood of ending up in prison, but also, when in prison they felt treated differently from those with more money. Furthermore, there was a disconnect between their narratives of criminal behaviour and how they felt they were perceived which led to feelings of punishment.

4.4.2.1.2. The ontological insecurity of prison life.

"All you've got done is take a prisoner, toughen them up, taught them how to survive, taught them to kick someone's head in…" (Zac)

Initially, "when you walk in and ya eyes are open straight away" (Zac). The participants described becoming aware of the reality of prison as "you are given a number and put into a cell with a mental door and the most horriblest noise you can ever hear is when you're in jail for the first time is that door" (Zac), two participants describing in unison the "doors slamming" (Zac, Wesley) and then realisation that "civil liberties…yours have just been taken. That's jail." (Zac). The everyday fearful environment of prison was evident from a participant's description of brutality:

Never bend over for the soap…..any young lad will get scared when you say this to them the first time he goes to jail. He knows it's going to happen. So, it's not women that are raped all the time, you get men who are raped as well (Zac).

The participant associated prison life with having to survive; "it does not matter what they do to yah, mentally people have got a survival technique." (Zac).

The processes of everyday prison life were described as an intrusion on their identity and sense of self. One participant described this from the experiences of body searches; "when a prisoner comes into jail, he's strip searched down to naked." (Zac). The participant went on to say "you're stripped naked and you've got to stand in a line…. There's a guy staring at your penis and your backside…..and you ask questions and that guys in for paedophile" (Zac). The participant described this experience as being "very degrading….ooh you'll be very much the victim" (Zac). Being in prison was experienced as dehumanising and a participant compared the experience to that of being treated worse than an animal:

Put it this way, if that was an animal, a chicken, a horse or a cow, you'd get the RSPCA, there would be a huge kick off in the news, you'd get people arrested. But because its human beings, there's nothing said (Zac).

The dynamic between prisoners and officers could also be challenging, as one participant stated that they "need that guard to open that cell door for you in the morning- if he doesn't your Knackered" (Zac), alluding to a sense of powerlessness that the participants have within the prisoner and officer relationship. The experience of spending extended amounts of time in their cell was also felt to be punitive, one participant described "Being locked in ya cell should be a punishment and you canny just lock someone up in the cell seven or eight days, theirs seven days a week sorry." (Zac). It seemed to be felt that the only protection against these difficult ontological insecurity experiences was "If you are a hard case and a real criminal, it's like a holiday camp there" (Zac). Other means of control

134

seemed to be gained from being one of the "old people in jail" (Zac), as the "old men in jail actually run the jail, not the guards....they couldn't run the jail without the lifers" (Zac).

In summary, the experience of the fear of not knowing what will happen in prison, being presented with danger and intimidation from the environment, and experiencing an intrusion on their identity were described as common experiences of prison life for the participants and demonstrated the feeling of ontological insecurity when in prison, thus, impacting how they felt treated more generally.

4.4.2.1.3. The change in the prison population from the older generation to the younger generation.

"And even the lifers are turning around now and saying "I'm frickering sick of these little sods" (Zac)

The participants described their experience of a younger generation of prisoners coming into prison as "you've got a different generation who are going into jail now, their attitude's different" (Zac). An example was given: "The old prisoners when you used to go in jail 'There's a bit of baccy for you son', 'ah cheers'. The younger generation 'fuck you, have you got any marijuana? Who are you, fuck off?'" (Zac). Whereas, "the old prisoners just get their head down do the time, they don't want any bother, they wanna get out. The younger generation are completely different attitude." (Zac). Their relationship with the officers was noticed to be "more rebellious, they're more outspoken, they give the guards more cheek." (Zac), thus, differing from the usual relationship between prisoners and officers; "Usually the guard and the prisoners have a little bit of an understanding- they don't hate each other but they get along with each other." (Zac). Instead, the younger prisoners "they don't get their heads down and do the time." (Zac). This generational difference was attributed to "(be)cause their mothers never smacked them enough" (Zac), it was believed this meant "there's no consequences for your actions" (Florence). Challenging their difficult

behaviour was perceived to be exacerbated by "some of the prison officers, its private now. That's got a lot to do with it as well I think" (Florence). In comparison to private prison officers, public prison officers were described to be "proper screws, proper prison officers" (Florence) and, therefore, "they've got that little bit more level of respect for the officers in Durham [public prison] because they're the proper old school ones….where these [private officers], '(be)cause…..the way they look at it is, that they're only group four" (Florence).

In summary, the change in the population from the older to the younger generation of prisoners was believed to have changed the dynamics between officers and prisoners and prisoner with prisoners, exacerbated by the introduction of private prison. This is possibly suggestive of the need to readdress the needs of prisoners or recognise the change in the way that prisoners will access what they require for their needs to be met (for example, their communication style).

4.4.2.1.4. The failing prison system.

"So, you've got to admit, jail is not working, because the crime wave is just going up and up and up." (Zac)

The current aesthetics of some prisons were perceived to not be fit for purpose, for example HMP Durham was described as "it's never changed, it still got hardly any electric in, it's still not good for toilet facilities, it's still an old-fashioned jail, Victorian jail" (Zac). Yet, some improvements in prison, for example the in-cell phones, were noted to offer more support for prisoners whereby "I speak to my son more now in there than when he was out" (Florence).

To the participants, the prison system was "not delivering their care." (Florence), particularly for those with mental health problems, whereby there had been experiences of prisoners with mental health problems not receiving their mental health medication for seven weeks on entering prison. More widely, prison was perceived as failing to protect prisoners'

safety and security; "you are open to bullying, sexual harassment, because you are begging for cigarettes straight away; do you get me point?" (Zac). Spending extended periods of time in their cell was also a negative experience for the participants, being described as punitive and unjust, one participant stated, "They're locked up too much"…. "you cannot keep a human being locked up all the time…." (Zac). As a result, "the prisoners are getting stressed and the guards can feel this all the time." (Zac) and "Eventually their gonna finding different ways of abusing the system or getting back at the system" (Zac). The participant made reference to riots in the 1990's and 80's, likewise stating "If you do that to an animal, eventually it's going to escape or rebel" (Zac). The participant compared these conditions to the current prison system, believing a riot to be likely again. The participant explained "People that have worked in the prison service for 30 or 40 years……are telling people now there's going to be huge riot." (Zac). The participant believed prison officers were resigning from their jobs for fear of riots in the near future.

When it comes to reform, however, "has the prisoners learned any reforms. No. No reforms whatsoever." (Zac), instead it was believed the prison system was "just filing ya." (Zac) and "All you've got done is take a prisoner, toughen them up, taught them how to survive, taught them to kick someone's head in…." (Zac). Finding work was deemed challenging, for example, "all the jobs in the kitchen have been filled" (Zac) and when prisoners have a job, reform was not necessarily the motivating goal for all; "a lot of them only take the work to get them out of the cells" (Florence). Learning a trade in prison was spoken about as meaningless because some participants felt they were unlikely to get a job within trade once they had left prison. In contrast, one participant had had a positive experience of working while in prison and felt others "would benefit from it" (Wesley). Another participant suggested it would give prisoners "something to look forward to, a goal, a task" (Zac), pointing out additional benefits; "As that lads already said, he's learnt three

different things. Now he can take his hand, to put, if anything goes wrong in his house."

(Zac). Spending time in their cell was felt to be "a waste of time" (Zac) and therefore,

providing more in-cell education was suggested. Rather than more formal education, one

participant believed prisoners should have the opportunity to have more "basic knowledge for

prisoners so they can say I'm doing something…."(Zac). Having this in-cell education would

give prisoners "something to concentrate on…to better themselves when they're in there"

(Zac).

In summary, the prison system was described as failing to provide the physical and

psychological care and basic needs, like work and education, for participants, and

subsequently, fails to reform prisoners.

4.4.2.2. Ex-prisoner creative engagement one findings. A creative engagement

piece was produced by Zac (please see appendix 17) and was interpreted using compositional

interpretation (Rose, 2001) (see chapter three, section 3.6.4.).

4.4.2.2.1. Description of the creation. A photograph of the creative piece can be seen

in Figure 4.1.

Figure 4.1.

A photograph of Zac's creative piece
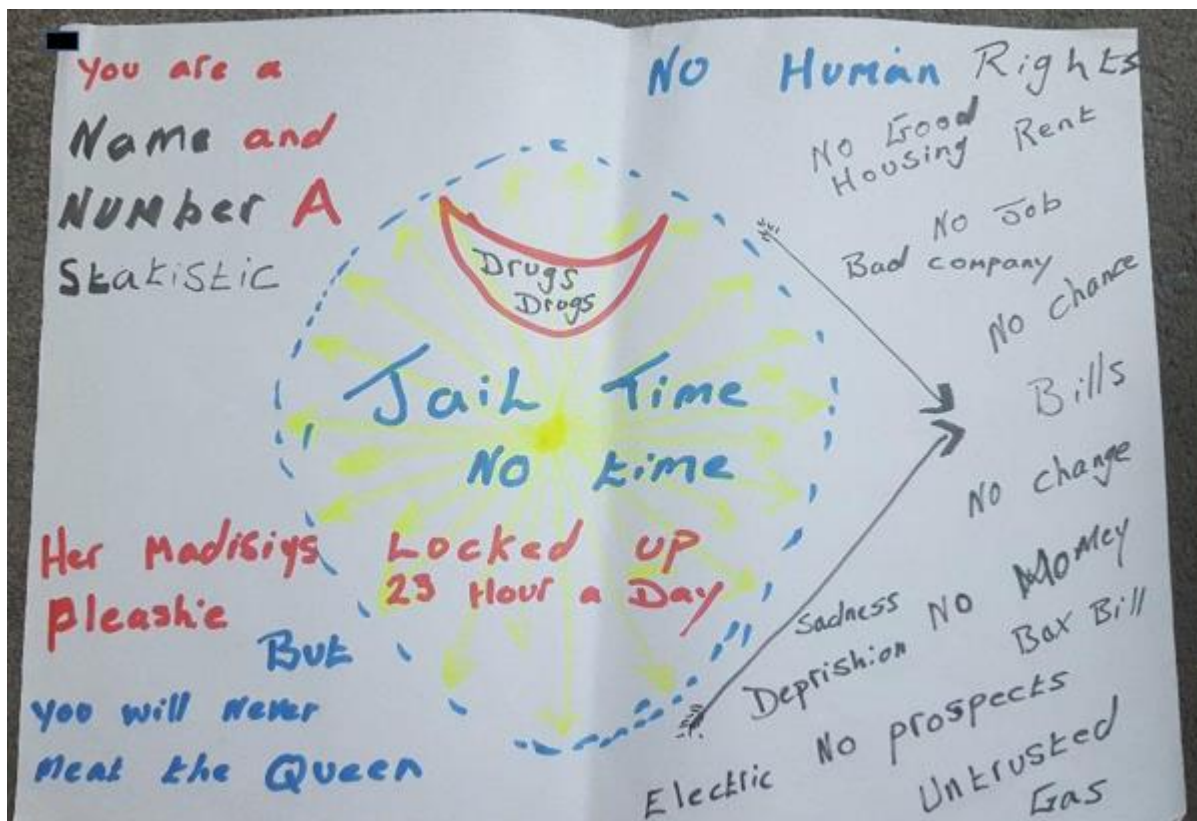
The participant chose to use a A3 piece of paper in a landscape formation and chose a yellow highlighter and red, blue and black board maker pens to create the piece. The focal point of the piece appears to be a 'clock', which is situated in the centre and covers roughly one third of the paper. The outer of the clock is structured with dashed blue lines. Spanning out from the centre of the clock is 26 yellow arrows which look like clock hands, most but not all, reaching the outside line of the clock. Written horizontally in large blue writing in the centre of the clock is "Jail Time", closely underneath "No time". Written horizontally in red below this towards the bottom of the clock is "Locked up 23 Hour a Day". Towards the top of the clock is what appeared to be a quarter moon shape in red with its tips facing up, possibly smiling lips, almost touching the where should be the 11 o'clock and 1 o'clock. Within the quarter moon is written the words in black "Drugs Drugs". These words look as though they have been written on a slight angle to fit into the quarter moon and is the smallest of the writing within the clock. There are no numbers presented on the clock.

In the top left-hand corner of the paper the words "You are a Name and Number A Statistics"; "You are a", "and" and "A" were written in red. Having the words "Name", "Number" and "Statistic" all the same colour really brought attention to these words. These words are roughly the same size as "Jail Time No time" and are written horizontally.

In the bottom left-hand corner of the paper is the words "Her Madisys Pleashie But you will never meat the Queen"; "Her Madisys Pleashie" written in red and "But you will never meat the Queen" written in blue. Using the two colours looks as though the latter sentence is an answer or after thought to the first. These words are roughly the same size as "Locked up 23 Hour a Day" and are written horizontally.

In the top right-hand corner of the paper is the words "No Human Rights"; "No Human" written in blue and "Rights" written in black. Having the words "No Human" in a separate colour to the "Rights" seems to reinforce the feeling of dehumanisation. These words are roughly the same size as "Jail Time No time" and are written horizontally.

To the right of the clock, and occupying the majority of this space, is many words written in black, which are the smallest of the writing in the piece. From the top of the page to the bottom the words read: "No Good Housing", "Rent", "No Job", "Bad company", "No chance", "Bills", "No change", "Sadness", "No Money", "Box Bill", "Deprishion", "Electric", "No prospects" and "Untrusted Gas". Between the clock and these words are two black arrows with feathered ends. The ends of the arrow start roughly where the 2 o'clock and 5 o'clock should be placed and the tips come together at roughly 3 o'clock like they are pointing towards the words. Some of the words are written at a slight angle, as though trying to fit them alongside the arrow in the occupied space to the right of the clock.

4.4.2.2.2. Composition. Colour is powerful in this creative piece. The brightest colour of the piece, and the only time a highlighter is used, is for the clock hands. This aided in making the clock seem to be the focal point to the piece and highlights the important

element of time for the participant. Using contrasting colours for the different writings separates the writing and therefore, the writing is addressed as its own entity and importance. The majority of the black writing and black arrows all appear to list the struggles after prison/participant's personal struggles. It is possible that these being black and non-contrasting suggests these are of less importance or are a constant and static feature of life.

The spatial orientation also provides meaning for this piece. Everything in the creative piece appears to be positioned around the clock which gives the piece a feeling of connectedness, demonstrating that everything on the page is part of a bigger picture. Yet each writing also has been organised into its own entity and has its own space and isolation. This is with the exception of the 'struggles after prison' words which appear to be placed more sporadically, less organised, making them seem more like a list, perhaps representing the confusion or the collection of thoughts together. Having writings specifically placed within the clock demonstrates the importance of these, almost headlining them and therefore, they become the take-away message. The space between the writings outside of the clock are organised and simple, these spaces seem important, and the areas chosen to be written on, purposeful. It is perhaps these thoughts are better collected and understood by the participant. Having the words "Drugs Drugs" completely encompassed inside a quarter moon may have the very literal meaning of being surrounded by drugs within prison.

The dashed lines which make up the outer boundary of the clock create a rhythm, as does the positioning of the clock hands. When considered within the piece as a whole, different time frames can also be seen; the past and present and/or future.

The arrows which point out to the list of 'struggles after prison' are direct and strong in their spatial orientation. Purposefully pointing the tips together gives a sense of one direction towards an outcome or finalisation. The feathers on the arrow, compared to the non-feathered arrows of the clock hands, reinforces the idea of direction, but possibly a

141

feeling of ambivalence regarding direction or outcome of the direction; thinking about an arrow in the literal sense, it moves in one direction. In this case, the direction is from the clock, perhaps representing prison, towards the 'struggles of life after prison'.

The participant chose to spread out the creation to encompass the whole A3 landscape page covering all four corners, rather than being discrete or withholding. It is possible this demonstrates the participant's confidence in their opinions, needing to have these heard. In its entirety, the creative piece seems to be made up of separate parts which as a whole make something bigger. Each part of the piece has an important place which gives the appearance of having been purposely chosen.

It is also important to notice the participant's choice of pens; a biro was never used. Furthermore, the size and colour contrast of the writing generates a feeling of urgency and importance.

4.4.2.2.3. Expressive content. The facilitator's reflective notes taken throughout the creative engagement task (see chapter four, section 4.4.2.5) aided in giving meaning to the creative engagement pieces created.

Many inferences can be generated from the participant's creative piece. The clock demonstrates the importance or significance time has to the participant. The clock face, however, is without numbers which might be suggestive of the difficulty in tracking time in prison, or how days in prison merge. This is reinforced by what the participant has written on the clock; "Jail Time No time". The increased number of hands on the clock could perhaps represent the amount of time that passed by. The writing "Locked Up 23 Hour a Day" could be perceived as accusatory. Similarly, with the statement "Her Madisys Pleashie But you will never meat the Queen" gives the impression of a disconnect between how prison is represented and how it is experienced. The outline of the clock is dashed, showing it is not like a normal clock; in a prison where there is very little natural light and very little activity to

create routine, it is possible time in prison is not experienced the same way as time outside of prison. However, both the clock hands and the dashes create a rhythm which gives a sense of on-going or repetition. The dashed lines could also be associated to the stripes of prison clothing.

The writing on this creative piece is also important. There are three bold statements which could be interpreted as accusatory towards the prison system. The list of single words or phrases appear to be personal experiences of post-prison and are also accusatory, but perhaps more widely accusatory towards the everyday experiences of justice post-prison. The way the writings are organised appear to be different; the statements are clinical, direct, ordered, mostly occupying their own space and colour. This gives a sense of importance to these, and confidence in their conviction. Each of these statements are, therefore, powerful and stand out as their own identity, but clearly fit as part of the bigger picture. The lists of words of 'struggles after prison' appear more chaotic and scattered and are all the same colour, written slightly smaller than the statements. There is no order or process to them. When considering this within the context of what the words are saying this gives a much more personal feel, almost unsettled, perhaps representing the participant's own private raw and uncollected thoughts and feelings. Rather than being accusatory, this list appears defensive.

4.4.2.3. Ex-prisoner creative engagement two findings. A creative engagement piece was produced by Yosef (please see appendix 18) and was interpreted using compositional interpretation (Rose, 2001) (see chapter three, section 3.6.4.).

4.4.2.3.1. Description of creation and composition. A photograph of the creative piece can be seen in Figure 4.2.

Figure 4.2.

A photograph of Yosef's creative piece
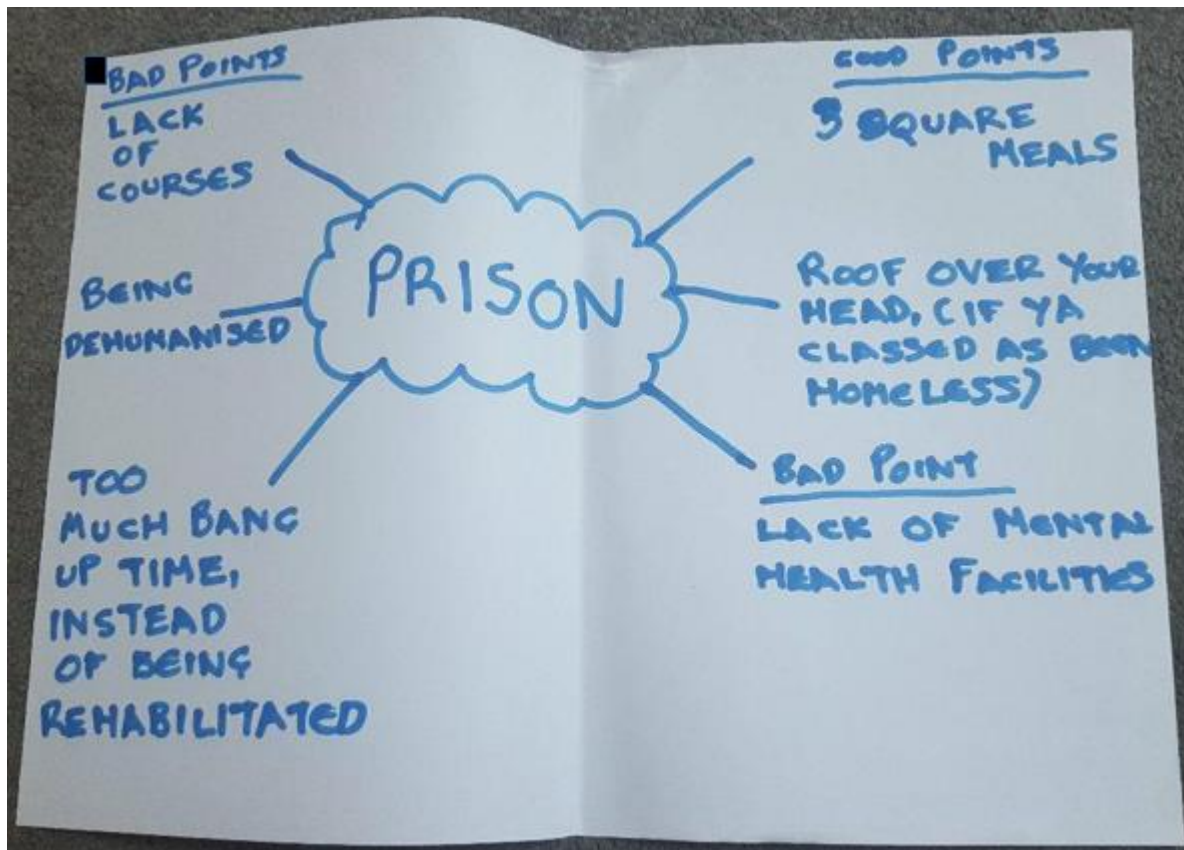
The participant chose to use a A3 piece of paper in a landscape formation. A dark blue board marker pen was used to write in large writing, all in capital letters. A cloud-like shape in the middle of the paper has the word "PRISON" written inside. Six lines have been drawn connecting the outside of the cloud shape to six phrases; three drawn on the left side of the paper and three on the right. The left side has the words "Bad points" underlined, situated at the top of the page as though headlined. On the right side in the same formation is "Good points". On the right side, under the two phrases appearing to be listed under the good points, is the words "Bad point" underlined with one phrase written underneath it. If it can be assumed that the phrases correspond to the headers in which they are under, they the following headers and phrases are listed:

Bad points

- LACK OF COURSES

- BEING DEHUMANISED

- TOO MUCH BANG UP TIME, INSTEAD OF BRING REHABILITATED

- LACK OF MENTAL HEALTH FACILITIES

Good points

- 3 SQUARE MEALS

- ROOF OVER YOUR HEAD (IF YA CLASSED AS BEEN HOMELESS)

4.4.2.3.2. Expressive content. The facilitator's reflective notes taken throughout the creative engagement task (see chapter four, section 4.4.2.5.) aided in giving meaning to the creative engagement pieces created.

The participant chose to draw what appeared to be a list of statements about prison. Going left to right, the participant seems to have drawn a list of bad points before good points, which suggests these bad points about prison are more significant or important to the participant. This is supported by the difference in the numbers of points raised; four bad points compared to two good points. Despite the participant having not partaken in the focus group, the creative engagement piece reiterates themes generated from the focus group. Additionally, the participant focused care needs on basic survival needs, nothing was included beyond a basic need.

4.4.2.4. Ex-prisoner creative engagement three findings. A creative engagement piece was produced by Wesley, Omar and Florence (please see appendix 19) and was interpreted using compositional interpretation (Rose, 2001) (see chapter three, section 3.6.4.).

4.4.2.4.1. Description of creation and composition. A photograph of the creative piece can be seen in Figure 4.3.

Figure 4.3.

A photograph of Wesley, Omar and Florence's creative piece
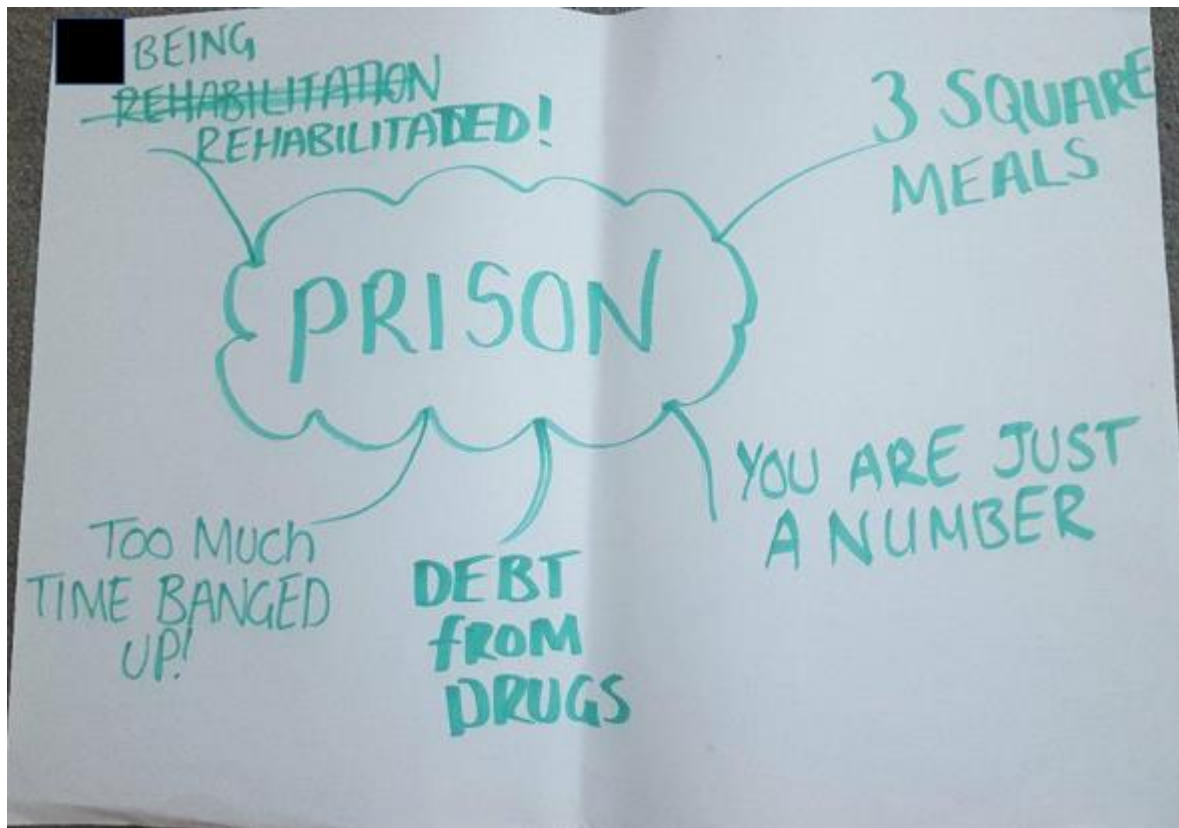
The participants chose to use a A3 piece of paper in a landscape formation. A green board marker pen was used to write large writing, all in capitals. A cloud-like shape in the middle of the paper has the word "PRISON" written inside. Five lines are drawn connecting the outside of the cloud shape to five phrases: two on the right side of the paper, two to on the left side of the paper and one at the bottom. The five phrases include:

- BEING ~~REHABILITATION~~ REHABILITATED!

- TOO MUCH TIME BANGED UP!

- DEBT FROM DRUGS

- 3 SQUARE MEALS

- YOU ARE JUST A NUMBER

4.4.2.4.2. Expressive content. The facilitator's reflective notes taken throughout the creative engagement task (see chapter four, section 4.4.2.5) aided in giving meaning to the creative engagement pieces created.

As with creative engagement two, this piece reiterates themes generated from the focus group, with the addition of "being rehabilitated". However, unlike creative engagement two, it cannot be assumed the participants were suggesting the statements they presented in their piece represented good and bad points about prison.

4.4.2.5. Facilitator's reflective notes. The facilitator made reflective notes on the discussions the participants were having about their creative engagement pieces and the following points were raised:

- Prisoners require purposeful activities and things to do while in prison. They spend too much time in their cell.

- People with mental health problems are vulnerable in prison and they are open to abuse and being attacked by other prisoners. The officers do not know how to help them. There is no help for prisoners with mental health problems and they feel as though they do not have a voice.

- There is no help for prisoners who are suicidal.

- When prisoners first enter prison, they are vulnerable as they have needs which they are unable to fulfil themselves straight away, for example they may need to get cigarettes off other prisoners, following which they are in debt. This can later cause them trouble.

- There is a lot of debt from drugs in prison. Prisoners are exposed to more drugs and drug taking in prison than in the community.

4.5. Discussion

This study aimed to explore ex-prisoners' and vulnerable individuals' experiences of, and their requirements for, structural care. Further, this study aimed to contribute to the triangulation of the empirical study's findings which led to the development of a care-ful

model to reduce and protect against self-harm in male prisoners. A consultation group was utilised with vulnerable individuals to reflect upon their experiences from within a housing charity. This consultation group was followed-up with a semi-structured interview with a staff member from the charity. A focus group and creative engagement task were conducted with ex-prisoners to reflect upon their retrospective experiences from prison.

As to be expected, the ex-prisoners and vulnerable individuals had had very different experiences from the two different organisations, thus, more generally the care they received. The care which vulnerable individuals described as requiring, and had received, from the housing charity was described to range from fulfilling their basic needs, to individualised needs. The needs of vulnerable individuals were perceived by both the staff member and vulnerable individuals to be complex and multi-faceted, sometimes not presenting overtly obvious. The vulnerable individuals required the organisation to understand them as an individual, understand their circumstances and the challenges they experience within the care process. Equally, this is reiterated within the existing literature which describes good care to be empowering and purposeful for the care-receiver (Tronto, 2010). Further, this is demonstrative of a care process where the bureaucratic agenda aligns with the needs of the care-receiver, as required for care to be meaningful to the care-receiver (Tronto, 1993). To the housing charity, understanding the vulnerable individual at the centre of the care process was perceived as integral for cultivating trust and, thus, the charity emphasised values of inclusivity, openness, safety and listening, but also responsivity to individuals' complex needs. Arguably, part of developing this supportive culture, therefore, was to support the vulnerable individuals' ontological security (see Giddens, 1991) and be inclusive of influencing past experiences. The vulnerable individuals described their own inabilities to engage meaningfully in care as a barrier to care-receiving. This included an inability to recognise their own needs or choosing to not engage meaningful. Such barriers share

148

similarities with the existing literature which demonstrates some individuals can have challenging early life experiences and attachments which have implications for their experiences of care-receiving later on in life, especially difficulties in trusting care-givers, developing self-compassion and subsequently, help-seeking behaviours or recognition of own needs (see chapter two, section 2.8.4.). Yet, the housing charity acknowledging and trying to understand the complexity of individuals' needs through giving them a voice and a safe platform to disclose these complexities seemed to be beneficial for engaging with some of these challenges. Thus, supporting the importance of understanding the phenomenological experiences of care-receivers and responding to their individual needs, which has otherwise been argued in the literature review of this thesis to be absent from prison care (see chapter two section 2.8.4.3.).

The ex-prisoners, as evident from the focus group and creative engagement, more generally had more negative perceptions of prison than the vulnerable individuals had of the housing charity. Ex-prisoner's perceptions of prison were often suggestive of experiences of dehumanisation, degradation and being punished, not having their basic needs attended to, with similar feelings of injustice also felt within their community life as well. Especially for one ex-prisoner in particular, his experiences seemed indicative of hard power control within prison, whereby rigid and authoritative regimes appear punishing and impersonal (see Crewe, 2011ab). Hard power control has previously been described to evoke feelings of mortification for prisoners (see Cressey, 1961; for more information see chapter two, section 2.8.2.). Such feelings of hopelessness, a lack of confidence, suspicion and distrust towards care in prison, as described within the focus group and creative engagement, are not uncommon within the existing literature (Harvey, 2012; Howerton et al., 2007) and, thus, will ultimately impact the way prisoners perceive and respond towards care given to them.

The term care itself was rarely used by the ex-prisoners apart from in the recognition of the need for mental healthcare support, which was described to be lacking. Additionally, care was referred to indirectly through voicing their need for more education and work and subsequent lack of opportunity for reform. Additional support was suggested to be provided from in-cell phones. However, more privileged prisoners were described as seemingly having extra access to support. For one of the ex-prisoners their experience of finding work and learning a trade was meaningful and rewarding and was felt to aid alleviating the pressure and stress of being locked in a cell for long periods, but more generally there seemed to be a low expectation of care (or support provision) from the prison. Although the ex-prisoners' and vulnerable individuals' experiences of care cannot be compared, the experiences of good care for the vulnerable individuals does aid in giving meaning to experiences of the ex-prisoners and subsequent fundamental flaws of the prison system which impact the provision of care, as described by the ex-prisoners. The description of care by the vulnerable individuals demonstrated the lack of individualised care experienced by the ex-prisoners, which instead centred around the needs of the prison. Seemingly, these ex-prisoners lacked a voice or the opportunity for their needs to be understood, which was also alluded to within the warnings of riots to come. For good care to be achieved the care-receivers must feel empowered and purposeful (Tronto, 2010), which was described by the vulnerable individuals, but not the ex-prisoners.

The foundations for the vulnerable individuals feeling cared for, firstly their basic needs, was also absent from the ex-prisoners' experiences. Instead, their experiences seemed to be conceptualised through fear, ontological insecurity and the failing to provide their basic human needs. Ex-prisoners described vulnerabilities experienced while in prison which can attest the failings to fulfil these basic needs, such as having mental health problems in prison, financial difficulties and difficulties with suicidal thoughts. As demonstrated within the

existing literature (see Crewe, 2011a; Gidden, 1991), and seemingly a strong component of the care felt by the vulnerable individuals, nurturing feelings of ontological security and safety can help support engagement with care-receiving as it develops prisoners' trust in their environment and the relationships they build within it and helps them manage anxiety which can come from risk. Subsequently, this demonstrates a likely deficit in the prison care process as experienced by ex-prisoners, as well as being suggestive of the misalignment between the prison system perspectives of care and wider agenda of reform, and the needs of the prisoners. Thus, indicative of bad care (as understood by Tronto, 1993; Tronto, 2010). This could be exacerbated further by the change in communication style which was described by the ex-prisoners between the younger generation prisoner compared to older generation.

Overall, the findings are suggestive of the difficulty to align a feminist perspective of care (such as Tronto, 1993) to a prison system, whereby the ex-prisoners engagement with their care was often described to not be powerful, purposeful or particular (as required for good care; Tronto, 2010). However, finding a balance and a boundary between the capacity of the organisation to give care and the care needs of the individuals is challenging, which was even acknowledged by the housing charity. When the ex-prisoners' experiences are so disconnected from feelings of care, it is difficult to comprehend a process of care whereby all actors have a voice and have power, and engagement is meaningful for all (as required by Tronto, 2010). Moreover, the findings from this study go further to demonstrate that the importance of providing care at all levels, from the foundations of basic needs for ontological security and safety, to the individualised care needs and understanding these within a phenomenological framework.

4.6. Implications

The findings from this study demonstrate fundamental flaws in the prison system's capacity for care, regarding providing the foundations required for care, for example ontological security and safety, as well as giving a voice to the care-receivers' individual needs. These findings demonstrate a challenge in applying a feminist care approach (such as Tronto, 1993) in prison as such approach requires empowerment for all actors. The experiences of care by the vulnerable individuals, however, enlightens the power imbalance experienced by ex-prisoners which makes being an empowered actor in a care process and having a voice challenging. Postulating how these experiences may translate to caring for self-harm in prison, the need to understand the phenomenological experiences of care (and the complexity of their care needs), as demonstrated from the vulnerable individuals, supports the theoretical positioning adopted within this thesis towards understanding self-harm which assumes a complexity to the cause and motivation of self-harm. This complexity is inclusive of the influence of challenging life experiences (for more information see attachment and trauma-focused approaches to understanding self-harm; see chapter one, section 1.3.5.). Furthermore, such challenging life experiences were also argued to be potential barriers to care-receiving and help-seeking behaviour (see chapter two, section 2.8.4.). Practical implications might suggest encouraging the relationships between prisoners and prison staff which can support empowerment and giving voice to the prisoners as individuals. Employing a relational approach between prison staff and prisoners, for example as explored within the existing literature (see Crewe et al., 2014), maybe beneficial for fostering inclusivity, giving support and for prisoners to feel heard. Such approach may also support fostering ontological security and safety for prisoners.

For this group of ex-prisoners, their experiences with large powerful organisations, the prison system and the criminal justice system, appear to be similar; feeling punished, judged, and disadvantaged. Furthering exploration about these experiences may expand on

understanding prisoner engagement with systems like the prison system, for example how prejudgements towards large powerful organisations impacts care-receiving or whether outstanding biases towards large powerful organisations negatively reinforces the experiences they have while in prison.

4.7. Limitations

The methods selected for this study were based on the accessibility to the participant groups and the methods which best provide rich and meaningful data. A broader goal to pilot the use of creative engagement to assess its suitability as a method of data collection was achieved and it demonstrated its suitability for its purpose (for more information see chapter three, section 3.2.2.2.2.). Although expanding the engagement with these participant groups would have been beneficial (for more information see chapter three, section 3.2.2.2.1.) this was not reasonable with the capabilities of the research process. Additional limitations were also experienced within this study.

The focus group with ex-prisoners and a mother of a current prisoner generated concerns with the data produced. Although participants were informed of the ground rules, one participant monopolised the focus group, allowing very little space for the other participants to talk. At times, his tone of voice presented as agitated which may have further deterred other participants from speaking out in focus group, especially if they had views which contradicted the participant. This could have compromised the generalisability and representativeness of the focus group findings. Another concern was the direction the participant took the focus group responses, which predominantly was away from the focus group schedule. This resulted in the research aims and questions not being fully addressed. It is perhaps that the researcher should have been more vocal during the focus group to ensure participants followed the ground rules, moderating the space to allow others to speak. As

part of this concern that the ex-prisoners did not address the focus group schedule which questioned their experiences of care, it became apparent during the introduction of the research that some of the participants did not understand what the term care meant. This impedes the validity of the findings which focus on the participants' experiences of care, but also raises concerns for the researcher about whether participants fully understood the expectation of their participation. For the researcher's reflections on this research process, see chapter three, section 3.9.1.

4.8. Conclusion

This study focused on the perspectives and experiences of care by vulnerable individuals within a housing charity and retrospectively by ex-prisoners while in prison, to contribute to the triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. This study elaborated on the existing literature to demonstrate that for caring to be successful, the process of care needs to be centred around the individuals' needs and their capabilities to care-receiver and be built on foundations which can nurture care.

The principal findings and implications of this study demonstrate from the experiences of good care described by vulnerable individuals, that the described experiences of ex-prisoners are absent of the cultural foundation required for good care. From the experiences of the ex-prisoners, employing a feminist approach to care (such as Tronto, 1993) is challenging as the prison culture may not have the capacity to cultivate good care as seen within the housing charity. For example, without the foundations for care which address prisoners' basic needs for ontological security and safety, good care may not to be achieved. In addition to the challenging culture, ex-prisoners felt disempowered, voiceless and experienced feelings which are counterintuitive to engaging in good care. Good care, as seen

by the vulnerable individuals and suggested within the existing literature (Tronto, 1993), must be centred around the individual needs of the prisoner, which requires their voice to be heard. For both, the development of a culture which fosters ontological security and safety and enabling a means for prisoners' voice to be heard, employing a relational approach (see Crewe et al., 2014) within the relationships between prison staff and prisoners may better support this through building trusting, meaningful and supportive relationships, yet still upholding security.

CHAPTER 5

Study two: Prison staff and prisoners' perceptions of the procedural response towards, and management of, self-harm in prison

This chapter presents the empirical findings generated from the second study within this thesis. It seeks to explore and compare the prisoners' and prisoner staff perspectives towards the competence of the procedural responses towards self-harm.

5.1. Introduction

From the year of 2003 the introduction of the PSI 64/2011 and Assessment, Care in Custody and Teamwork (ACCT) replaced its predecessors the Prison Service Order 2700 and the F2052SH. This new procedural response towards self-harm and suicide in prison aimed to be a more multidisciplinary, co-ordinated, and prisoner needs focused (Liebling et al., 2005; Towl & Crighton, 2010). However, despite the decrease in self-inflicted deaths in prison following this introduction, self-harm in male prisoners continues to rise (MoJ, 2020a), suggesting this procedural response may not be as equipped for reducing self-harm. There is limited empirical literature, beyond the large prison reports, which explore the possible breakdowns in this procedural response, nor is much known about how or if prison staff and prisoners' perspectives about the competence of this procedural response differ. Exploring further the prison staff and prisoners' perspectives is important for better understanding any breakdown in collaborative working between prisoners and prison staff within the procedural response towards self-harm. In particular, understanding differences between prisoners and prison staff opinions could be informative for highlighting any disparities in perceptions towards good care delivery, or demonstrate barriers to the implementation of the structural response.

5.1.1. Prisoners' and prison staff comparative perspectives of the procedural response towards self-harm in prison

The introduction of the ACCT and PSI 64/2011 was meant to better collaborative working between different disciplines and between prison staff and prisoners (Liebling et al., 2005; Towl & Crighton, 2010). However, challenges have arisen with the collaboration between prison staff and prisoners. A lack of resources has had implications for the delivery of the ACCT in which prison staff have felt they do not have enough time to engage in meaningful interactions with prisoners and thus, provide better care (Marzano et al., 2015; Pike & George, 2019; Sweeney et al., 2018). Although, some staff demonstrate reluctance towards having meaningful conversations with prisoners about self-harm (Ramluggun, 2013). Equally, some younger prisoners choose to not seek help for their self-harm or will only engage in help-seeking on their own terms (Harvey, 2012). Existing tensions between staff and prisoners can also become a barrier to developing the trust needed between prisoners and prison staff to work together collaboratively and meaningfully (for example see Ramluggun, 2013), or 'us and them' dynamics may deter prisoners from seeking help (Harvey, 2012; Marzano et al., 2012).

In prisons with perceivably more resources, the ACCT has been noted to be a more positive experiences as a tool for support for prisoners who self-harm has been noted (HMCIP, 2019b). However, prisoners' experience of the ACCT varies and the collaborative nature of the process, for example the ACCT reviews can be intimidating (Pike & George, 2019). Where there is an expectation for prison staff to conduct observations on those on an ACCT, prisoners can sometimes find this intrusive (Pike & George, 2019), highlighting differences in the opinion of the supportiveness of the ACCT between prisoners and prison staff.

Collaboration is important for wider initiatives for care, for example a whole-prisons approach towards prisoner health and wellbeing (House of Commons, 2018). In the provision of care more generally, it is believed care-givers and care-receivers are required to work interactively, with the needs of the care-receiver being understood by the care-giver, if good care is to be achieved (Tronto, 1993). However, there can be structural barriers which inhibit collaborations, such as a lack of agreement on the agendas towards care between the bureaucratic authority, the care-giver and care-receiver (Tronto, 1993). Sometimes, cohesion is inhibited unknowingly, for example from the failure to accurately recognise the care needs of others (for example see Hollway, 2006, see chapter two, section 2.8.3.) or the lack of recognition of the care needs by the individual in need (for example, see chapter two, section 2.8.4.).

5.1.2. A summary of the literature

In summary, the introduction of the ACCT and PSI 64/2011 was intended to increase better collaborative working between all actors in the care process, however, several areas of breakdown have become evident. Beyond the more practical barriers to collaboration, for example prison staff attitudes, resourcing and prisoners' engagement with care (see Harvey, 2012; Marzano et al., 2015; Pike & George, 2019; Sweeney et al., 2018), there has been little exploration into any differences in perspectives towards the competence of the procedural response towards self-harm, which might otherwise inhibit collaborative and meaningful working between prisoners and prison staff. Comparing the opinions of prisoners and prison staff may, therefore, highlight areas of similarities or disparities within the procedural response for what works well or does not work well for prisoners and prison staff.

5.2. Aims and research questions

The aim of this study was to explore the differences between prisoners' and prison staff perceptions towards the competence of the prison system responses and management of self-harm in prisoners. Further, this study aimed to contribute to triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. Surveys were employed to address the following questions:

1. What are prisoner and prison staff perceptions of the competence of the prison system response towards, and management of, self-harm? Are there differences between the prison staff and prisoners' perceptions?

5.3. Methodology

The following methodology was employed for this study.

5.3.1. Design

This study employed a between-groups cross-sectional non-experimental design using surveys to produce quantitative and qualitative data.

5.3.2. Recruitment and procedure

Male prisoners and male and female prison staff were recruited for the survey from one Category B prison in southcentral England and two Category C prisons in southwest England. The surveys were self-administrated.

5.3.2.1. Prisoners. The recruitment and distribution of the survey varied over the three prisons, dependant on the stipulations of the gatekeepers and what was most viable with the time available. The prisoner survey was distributed in paper form within a survey pack which included an information sheet, consent form, background information survey, the

prisoner survey, debrief sheet, further participation form and instructions of how to return the survey. Participation was voluntary. The survey distribution was completed over approximately eight months.

5.3.2.1.1. Category B prison. Under the direction of the gatekeeper, the surveys were distributed by the 'Red band' prisoners (prisoners who hold extra responsibilities, including providing support to prisoners who self-harm) to all prisoners who were on their wing. The researcher met with the 'Red band' prisoners to provide them information about the study, instructions on distribution and 60 survey packs for distribution. Four Red band prisoners, all from the same wing, distributed surveys using systematic sampling, putting a survey pack under the door of every cell. Feedback from the Red band prisoners highlighted this procedure of distribution was not successful in recruiting any prisoners and no surveys were returned via the DIRF/complaints box (as per instructions). Following this, under the direction of the gatekeeper, the researcher used systematic sampling to distribute survey packs under 112 cell doors on one of the wings chosen by the gatekeeper. The wing staff were given an explanation about the survey to support any prisoners who asked them questions. A total of 17 surveys were returned via the DIRF/complaints box to the Safer Custody department where they were kept in a safe place until collected by the researcher.

5.3.2.1.2. Category C prison One. Under the direction of the gatekeeper, 80 survey packs were distributed under the cell doors of 80 prisoners by the gatekeeper using random sampling. Three surveys were returned via the DIRF/complaints box to the Safer Custody department where they were kept in a safe place until collected by the researcher. Key Workers were instructed by the gatekeeper to distribute a further 90 survey packs in total to prisoners who they were key working with and to offer assistance to aid them to complete the surveys during their allocated key working time. Feedback from the Safer Custody staff highlight this procedure of distribution was not successful in recruiting any prisoners.

5.3.2.1.3. Category C prison Two. The whole prison population (at the time of the last distribution) were distributed a survey during the phased opening of the prison. Systematic sampling was used to distribute a survey pack under every prisoners' door or into their incoming mail slot. This distribution was completed one unit at a time over approximately a six-month period. The researcher met with the wing Reps and wing staff from each the units to explain the aims of the survey so that they could answer any questions the prisoners had. A total of 72 surveys were returned via the DIRF/complaints box to the Safer Custody department where they were kept in a safe place until collected by the researcher.

5.3.2.2. Prison staff. The gatekeeper at each prison was responsible for the recruitment of prison staff for the survey. An email advertisement (please see appendix 20) and link to the survey were emailed from the researcher to the gatekeeper at each prison. The gatekeeper distributed the advertisement and link to the email inbox of all the custodial staff within their prison. Initially, the gatekeeper at the Category C prison One emailed the researcher to inform that the survey could not be opened up on their internet platform and he had advised the prison staff to not do the survey until any problems had been addressed. It was apparent, however, the prison staff had not been opening the survey on the advised internet platform as per instruction in the email. The gatekeeper reiterated this instruction to the prison staff when the survey was re-distributed. In addition to the custodial staff, the gatekeeper at the Category C Prison Two also forwarded the email to the NHS head of healthcare within their prison requesting this was distributed to all the healthcare staff.

In the following months, the gatekeeper emailed their prison staff requesting the participation for study three (see chapter six) and again included the link for the survey with a request for participation. Feedback from the Safer Community team at the Category C Prison Two advised the confusion experienced by staff due to the email having been received at a

similar time to a NOMS survey and, therefore, believing it to be the same survey, many had

not completed it. After one month, therefore, the link for the survey with a request for

participation was re-sent to the custodial staff at the Category C Prison Two.

The surveys were completed via Qualtrics. The information sheet, consent form and

background information survey were all issued via Qualtrics prior to prison staff being able to

complete the survey. Each survey required the participants to select that they had read the

information sheet and gave their informed consent. The surveys data was saved into

Qualtrics anonymously.

5.3.3. Participants

Both male prisoners and male and female prison staff participated in this study.

5.3.3.1. Prisoner sample. After the surveys were screened, one was removed

because none of the item responses were clear. A total of 92 male prisoners (Mage=46.93,

SD=14.11) provided a survey which was used in the analysis. The sampling approach and

response rate can be seen in Table 5.1.

Table 5.1.

The sampling approach, total numbers of surveys distributed, total number of surveys

completed and response rate for the prisoner sample

Prison	Sampling type	Surveys distributed (n)	Completed surveys received (n)	Response rate
Category B: general population wing	Systematic	60	0	0%
Category B: prisoners convicted of sexual offences wing	Systematic	112	17 (18.5%)	15.2%
Category C One	Random	170	3 (3.3%)	1.8%

| Category C Two | Systematic | 570 | 72 (78.3%) | 12.6% |
| Total (*N*) | | 912 | 92 (% of total sample) | 10.1% |

The range and frequency of the participants age, compared to the national frequencies (House of Commons, 2020) can be seen in Table 5.2. The sample from the current study reflects the national frequencies for prisoners aged 40-49 years, under-represents younger prisoners, and over-represents older prisoners. Compared to the national frequency of 27% of prisoners being from an ethnic minority, (House of Commons, 2020), as can be seen from Table 5.2, the participant sample within this study was a little under-represented by ethnic minority, whereby ethnic minorities made up roughly 16.5% of the participant sample. As seen in Table 5.2, the prisoner sample stated religious beliefs differed from the national frequencies (House of Commons, 2020), whereby non-religious was overrepresented and Christianity and Islam under presented.

Table 5.2.

Frequencies of the prisoner sample ages, ethnicity and religious beliefs

	Age (years)		Ethnicity		Religion		
	Sample (*n*)	National		Sample (*n*)		Sample (*n*)	National
18-20	1 (1.1%)	5%	White English/ Scottish/ Welsh/ NI/ white other	76 (83.5%)	No religion	39 (44.8%)	31%
21-24	4 (4.4%)	11%	Asian Chinese/ Indian/ Pakistani/ Bangladeshi	4 (4.4%)	Christianity	30 (34.5%)	47%
25-29	7 (7.8%)	17%	Black African/ Caribbean	6 (6.6%)	Islam	5 (5.7%)	16%
30-39	19 (21.1%)	31%	Mixed ethnicity White/ Asian/ Black/ other	4 (4.4%)	Buddhism	2 (2.3%)	2%

40-49	16 (17.8%)	18%	Other	1 (1.1%)	Judaism	1 (1.1%)	1%
50-59	27 (30%)	10%			Other	10 (11.5%)	
60+	16 (17.8%)	6%					
Total (*N*)	90			91		87	

As seen in Table 5.3, the majority of the prisoner sample were sentenced prisoners and have never been convicted of a crime previous to their current incarceration.

Table 5.3.

Frequencies of the prisoner sample prison status and number of previous convictions

	Status (*n*)		Number of previous convictions (*n*)	
	Sample Frequency			Sample Frequency
Sentenced	71 (88.8%)	None		54 (68.4%)
Recall	3 (3.6%)	1		10 (12.7%)
Remand	2 (2.5%)	2		4 (5.1%)
Other	4 (5%)	3		1 (1.3%)
		4		2 (2.5%)
		5		0 (0%)
		6		1 (1.3%)
		7		3 (3.80%)
		8 +		4 (5.1%)
Total (*N*)	80			79

5.3.3.2. Prison staff sample. The survey was completed by 72 prison staff from the Category B prison and two Category C prisons (male *n*=42, female *n*=30 *M*age =40.26, *SD*= 11.72). This gender representation is similar to the national average, whereby females make up 39.3% of the workforce in public sector prisons (MoJ, 2020b). Surveys were anonymous and therefore it is not possible to record the distribution of returned surveys across the prisons.

Most of the participants identified themselves as White English/ Scottish/ Welsh/ British, as can be seen from Table 5.4. Recently reported by the Ministry of Justice, 10.4%

of HMPPS staff report being from a Black, Asian or Minority Ethnic group (BAME) (MoJ, 2020b), demonstrating BAME is underrepresented within the participant sample in this study. Prison officers were the most common occupation to complete the survey, as can be seen from Table 5.4.

Table 5.4.

Frequencies of the prison staff sample ethnicity and current occupation

Ethnicity	Sample Frequency (*n*)	Current occupation	Sample Frequency (*n*)
White English/ Scottish/ Welsh/ British	67 (93.1%)	Prison Officer	29 (41.4%)
White Irish	2 (2.8%)	Administration	8 (11.4%)
Black African	1 (1.4%)	Managerial	8 (11.4%)
Mixed white Scandinavian	1 (1.4%)	Operation Support Grade (OSG)	6 (8.6%)
Polish	1 (1.4%)	Probation officer	4 (5.7%)
		Instructional officer	3 (4.3%)
		Education	2 (2.9%)
		Interventions facilitator	2 (2.9%)
		Prison Offender Manager (POM)	2 (2.9%)
		Resettlement and housing	2 (2.9%)
		Chaplaincy	1 (1.4%)
		Facilities	1 (1.4%)
		Psychology	1 (1.4%)
		Substance misuse	1 (1.4%)
Total (*N*)	72		70

A large number of the prison staff participants reported having received relevant self-harm training, either from the prison service or externally, as can be seen from Table 5.5. Nationally, 32.4% of HMPPS staff have less than 3 years in service (MoJ, 2020b), as indicated in Table 5.5, there was a variation in the years of experience of the prison staff participants working in the prison system.

Table 5.5.

Frequencies of the prison staff sample number of years worked in the prison service and relevant self-harm training received

Year worked in the service	Frequency (*n*)	Training received	Sample Frequency (*n*)
< 1 year	10 (13.9%)	ACCT	48 (66.7%)
1 to <5 years	22 (30.6%)	POELT	37 (51.4%)
5 to <10 years	6 (8.3%)	Specific self-harm training	21 (29.2%)
10 to <15 years	12 (16.7%)	SASH	14 (19.4%)
15 years and above	22 (30.6%)	External self-harm training	14 (19.4%)
		ACCT assessor training	4 (5.6%)
Total (*N*)	72		

5.3.4. Measure

Two survey tools were used for data collection. The survey aimed to measure the prisoners and prison staff perceptions of the competence of the prison service response towards, and management of, self-harm.

5.3.4.1. Prisoner survey. A prisoner survey was created for the purpose of the research in this study (see chapter three, section 3.5.1) (please see appendix 3). The survey consisted of 18 items (nine reverse items), scored in a 5-point Likert-scale format (1 = strongly agree to 5 = strongly disagree). When the nine reversed items are reversed so all 18 items have the same direction of scoring, the total maximum score on the survey is 90. Each item had a free text option for respondents to be able to provide an additional explanation for their response.

5.3.4.2. Prison staff survey. A prison staff survey was created for the purpose the research in this study (see chapter three, section 3.5.1) (please see appendix 4). The survey consisted of 20 items (10 reverse items) scored in a 5-point Likert-scale format (1 = strongly agree to 5 = strongly disagree). The items in the prison staff survey corresponded to the prisoner survey items, however were language appropriate for the prison staff. Each item had a free text option for respondents to be able to provide an additional explanation for their response. Two additional items were included on the prison staff survey:

- I understand what information is required to be shared between staff about a prisoner who self-harms.

- I do NOT know what information is required to be shared between staff about prisoners who self-harm.

These two additional items were included in the prison staff survey to further explore prison staff understanding of whether they themselves understand what information they are meant to be sharing about self-harm. It was not necessary to explore the prisoners corresponding opinion. The survey was completed using Qualtrics and used a forced-choice format, meaning that the participants had to select answer to be able to move onto the next item. The total score maximum score on the survey is 100.

5.3.5. Analysis

The data was entered into a SPSS database. Reverse scale items were reversed so that all items scores represented the same Likert scale point. If participants had selected more than one item score, the average of the scores selected were entered. SPSS was instructed to remove any missing data on an item-by-item score basis when an analysis was run.

The Kolmogorov-Smirnov tests indicated the overall survey scores for prisoners $D(73)$, $p= .200$ and prison staff $D(71)$, $p= .200$ did not deviate significantly from normal. Both skew and kurtosis indicated normal distribution. An independent t-test was conducted to explore the difference between prisoners and prison staff overall survey score. The effect size was calculated using Cohen's d for the findings generated from the independent t-test. The Kolmogorov-Smirnov test indicated that all individual item scores for both the prisoner and staff survey were not normally distributed. Mann-Whitney U tests were conducted to explore the difference between prisoners and prison staff individual survey item scores. The effect size was calculated using Rosenthal's r for the Mann-Whitney U tests.

An exploratory factor analysis was performed on the survey items and found the survey to have only one measurable construct.

Cronbach's alpha reliability analysis was conducted on the survey items and demonstrated good reliability:

- Prisoner survey: $a=.893$

- Prison staff survey:

- 18 items: $a= .925$

- 20 items (including the additional two items): $a= .924$.

Thematic analysis (Braun & Clarke, 2006) was used to analysis the qualitative responses in the surveys (for information on the rationale for the use of thematic analysis and procedure of use, see chapter three, section 3.6.3.). An inductive approach was used to produce latent themes (see chapter three, section 3.6.3.).

5.4. Quantitative findings

In order to explore the differences in prisoners' and prison staff understandings and perceptions towards the effectiveness and competence of the prison system response and management towards self-harm, the difference between the overall scores of the survey and individual survey items were compared between prisoners and prison staff. The independent variable for study two was participant group, either prisoner or prison staff.

5.4.1. Total survey score

The total survey score was calculated using the 18 scores given from the prisoner survey and 18 corresponding survey items from the prison staff survey. An independent t-tests was conducted between the overall scores of the prisoner and prison staff survey and the

results showed a significant difference between prisoners (*M*= 58.56, *SD*= 13.91) and staff

(*M*= 43.31, *SD*= 10.93), $t(136.05) = 7.33$, *p*= <.05, *d*= 1.22. These results demonstrated a

large significant difference between prisoners and prison staff overall scores for the survey,

whereby prison staff endorsed items about the competence of the prison service more

positively than prisoners.

5.4.2. Individual item scores

Mann-Whitney U tests were conducted between the individual item scores from the

prisoner survey and corresponding prison staff survey and can be seen in Table 5.6. There

were significant differences between prisoners and staff on all items, with the exception of

item 15 (I know where to go or who to speak to in the prison if I want help for self-harm).

Table 5.6.

The means, standard deviation and Mann-Whitney test survey scores, significance level and

effect size for the individual item scores

Survey item (based on the prison staff survey version)	Prisoner *M* (*SD*)	Prison staff *M* (*SD*)	*U*	*p* and effect size
1: I think the prison service does all it can to help prisoners who self-harm	3.23 (1.23)	2.24 (0.93)	*U*= 1786	*p*= <.05, *r*= -.40
2: I do NOT think the prison service does all it can to help prisoners who self-harm	3.39 (1.30)	2.47 (1.14)	*U*= 1934.5	*p*= <.05, *r*= -.35
3: I think the way the prison staff respond to self-harm has a positive effect on the prisoner	3.00 (1.24)	2.15 (0.74)	*U*= 1947.5	*p*= <.05, *r*= -.36
4: I do NOT think the way the prison staff respond to self-harm has a positive effect the prisoner	3.14 (1.29)	2.31 (0.78)	*U*= 1884	*p*= <.05, *r*= -.34
5: I think prisoners share a good amount of quality information about their self-harming with prison staff	3.53 (1.16)	3.03 (0.87)	*U*= 2232.5	*p*= <.05, *r*= -.24
6: I do NOT think prisoners share a good amount of quality	3.63 (1.21)	2.89 (1.07)	*U*= 1995	*p*= <.05, *r*= -.32

information about their self-harming with prison staff				
7: I think the prison staff have a good amount of quality knowledge about those prisoners who self-harm	3.07 (1.17)	2.49 (0.86)	$U=2211.5$	$p= <.05, r= -.28$
8: I do NOT think the prison staff know quality information about prisoners who self-harm	3.56 (1.12)	2.67 (0.98)	$U= 1791$	$p= <.05, r= -.38$
9: It is easy for prisoners to get support from the prison service for self-harm	3.09 (1.33)	2.25 (0.88)	$U=1924.5$	$p= <.05, r= -.33$
10: I do NOT think it is easy for prisoners to get support for self-harm in prison	3.12 (1.30)	2.15 (0.94)	$U= 1751$	$p= <.05, r= -.38$
11: I think the prison service values caring for prisoners who self-harm	3.17 (1.20)	2.00 (0.86)	$U=1364.5$	$p= <.05, r= -.49$
12: I think the prison service does NOT value caring for prisoners who self-harm	2.93 (1.23)	1.91 (0.86)	$U= 1652$	$p= <.05, r= -.43$
13: I think prison staff have a good understanding of what care is needed by prisoners who self-harm	3.30 (1.12)	2.26 (0.87)	$U=1449$	$p= <.05, r= -.47$
14: I think prison staff do NOT have a good understanding of what care is needed by a prisoner who self-harms	3.21 (1.24)	2.39 (0.94)	$U= 2037$	$p= <.05, r= -.33$
15: In general, prisoners know where to go or who to speak to in the prison if they want help for their self-harm	2.52 (1.58)	2.08 (0.90)	$U=2921$	$p= 0.39$
16: In general, prisoners do NOT know what help is available in the prison if they self-harm	3.04 (1.53)	2.38 (0.90)	$U= 2530.5$	$p= <.05, r= -.21$
17: In general, prisoners understand what information will be shared between staff about them, if they self-harm	3.33 (1.53)	2.64 (0.91)	$U=2196.5$	$p= <.05, r= -.26$
18: In general, prisoners do NOT understand what information will be shared between staff about them, if they self-harm	3.74 (1.40)	2.90 (0.98)	$U= 1896.5$	$p= <.05, r= -.35$
19: I understand what information is required to be shared between staff about a prisoner who self-harms		1.96 (0.86)		
20: I do NOT know what information is required to be		2.04 (0.86)		

shared between staff about prisoners who self-harm		
Total score 18 items	58.56 (13.91)	43.31 (10.93)
Average item score	3.25 (0.09)	2.41 (0.10)

Prisoners gave an average score of 3.25, suggesting that on average prisoners scored between disagree and neither agree nor disagree. Whereas, prison staff gave an average score of 2.41, suggesting that on average prison staff scored between agree and neither agree nor disagree. The variance in the items scores were similar for both prisoners and prison staff. A summary statement for the scores for each of the items are available, please see appendix 21.

5.5. Qualitative findings

Survey responses included free text responses. 74 of the prisoners and 26 of the prison staff included free text responses in their survey response. Thematic analysis derived three themes from the qualitative findings from the prisoner and prison staff survey: barriers for prisoners sharing information about self-harm and seeking help, prison staff feeling limited in their capabilities for caring for self-harm, and the impact of the perceived causes of self-harm on caregiving.

5.5.1. Barrier for prisoners sharing information about self-harm and seeking help

"It's easy to get support, just self-harm. But in my opinion, this is a problem, like waiting
until you breakdown before refuelling the car" (Prisoner)

It was understood by prison staff that prisoners have a good understanding of the information shared about them and the expectations of what to share, for example,

Prisoners are told what information will be shared and with whom within the Prison and other CJ Agencies, the ACCT Document has a consent form for them to sign to consent, or not, to information sharing with family or friends (Staff member).

In opposition, prisoners felt that "self-harmers not kept in the loop. culture in this prison is to keep prisoners in the dark. conversations about self-harmers by staff not disclosed to prisoners. no transparency" (Prisoner). Yet, both prisoners and prison staff believe many prisoners do not share information or share limited self-harm information; "there are residents who never speak openly about their feelings, especially in this establishment, where people don't take you seriously. So, staff don't know all self-harm people" (Prisoner). Lack of trust was commonly perceived to be a barrier to information sharing;

> Trust between prisoners and staff is the main issues along with one's own abilities to understand why one is self-harming at that time is also a factor. Frustration and a loss of hope can inhibit passing on good quality of information (Prisoner).

Furthermore, some prisoners are "wary of disclosing in case of punishment" (Prisoner) or are "too scared, embarrassed to talk out about reasons why" (Prisoner). This can be exacerbated by existing negative dynamics between the prisoner and prison staff relationship; "will you share your weakness with your foes?" (Prisoner), another stating "can't speak to a screw" (Prisoner). For other prisoners, "I feel sometimes that prisoners can be reluctant to give information in case it is passed onto all…which can impact on their safety" (Staff member). For some prisoners, prison staff knowing self-harm information about them can make them feel uncomfortable; "I have been told by individuals they do share information, which does cause me to feel awkward towards staff who I feel have read these notes- I don't want sympathy- I want them to believe in me!" (Prisoner). Being "judged if they speak-up about they feelings" (Prisoner) was expressed by prisoners who felt "some people maybe too ashamed to seek help or feel stupid or embarrassed" (Prisoner) and "don't feel comfortable showing 'weakness'" (Prisoner).

At times, it was felt by the prisoners that not all prisoners have the ability to discuss their self-harm; "if prisoners don't understand their behaviour, they might not be able to

explain it properly" (Prisoner). This can be exacerbated by "we have a lot of mental health prisoners in custody who do not talk about s/h" (Staff member). However, some prison staff felt the prison system can enable prisoners' capabilities to talk;

> Some prisoners are more open and better at articulating their distress and can discuss their triggers are, while the opposite might be true of others. Having 'the right person' available to talk to (and could be anyone - staff or fellow prisoner/listener) can make a difference but not always (Staff member).

Prison staff believed prisoners have a good understanding of their access to support: "The majority of offenders will have been aware of someone on an ACCT. They should also have been given information on help avenues during their induction." (Staff member). For prisoners, however, access to support did not appear as straight forward, whereby prisoners perceived there to be a lack of resources to access, or they were unaware of how to access, support; "who people can get help BEFORE they self-harm" (Prisoner).

5.5.2. Prison staff feeling limited in their capabilities for caring for self-harm

 "I feel the prison service as an organisation places a lot of emphasis on caring for prisoners, but in reality, a lot of this is only given lip-service by front line staff due to a lack of time, resources, training, and prevailing outdated attitudes of more senior staff" (Staff member)

The participants felt that there are discrepancies between the prison system and the prison staff aims for caring for prisoners who self-harm. The prison system has a "duty of care" (Prisoner) towards prisoners who self-harm, yet many participants felt this care might reflect more the interests of the prison and less the care needs of the prisoner. One prisoner explains; "the prison service is very interested in the welfare of self-harmers but sometimes for the wrong reasons- i.e., to avoid unfavourable statistics, or the massive paperwork required after incidents" (Prisoner). Similarly, prison staff also felt that the

Prison service does not care about the prisoners or staff involved in self harm incidents. The measures put in place to manage such incidents are more about protecting the service from reputational or legal consequences than caring for the individuals (Staff member).

In particular, the ACCT was perceived by prisoners to not be targeted towards their needs, instead "the ACCT document serves only as evidence for a Coroner's court. It only addresses real time issues but does not trigger (or seems to) longer team care or support" (Prisoner). The ACCT could have a counterintuitive impact on caring for those who self-harm, for example one prisoner describes how "just putting a prisoner on an ACCT is not helping, everyone else knows. They are made to feel embarrassed and then they become isolated, which in itself is dangerous" (Prisoner). As with information sharing about self-harm, prisoners could feel punished for their need for support: "I was made to feel that staff were frustrated with me for being on an ACCT due to self-harm" (Prisoner). In addition, prison staff voiced challenges they have with the ACCT:

Sometimes the impact of the ACCT document is not what it was designed to do when introduced 14 years ago. It has become too complex, Case Managers, Officer and all staff sometimes 'go through the motions', because the document is to 'heavy' (Staff member).

Prison staff felt the prison system, through failing to sufficiently resources, support and train staff, limits their capabilities for caring for prisoners who self-harm. Thus, "wing staff seem knowledgeable, but seem to encounter glass walls and ceilings in trying to effect an appropriate resolution" (Prisoner). A staff member describes the challenging context in which they have a responsibility to provide care:

The Prison Service does as much as it can to help prisoners who self-harm against the backdrop of the multitude of other daily challenges & requirements of its staff. This

174

includes staff resourcing, staff training, Staff time, Financial Resources & the sheer

determination of some of the prisoners who choose to harm themselves. Prison

Officers are very diligent, hardworking and knowledgeable, but they are all under a

high amount of pressure and scrutiny and they are neither experts in Mental Health or

Nursing in the vast majority of cases. (Staff member).

Therefore, some believed that "within the restrictions HMPPS have in regard to Staffing and

other resources caring for Prisoners in crisis and/or self-harming has always been a priority"

(Staff member), however, "they don't always have the time and resources to deliver" (Staff

member).

A lack of training and means for prison staff to gain knowledge about self-harm

demonstrated to be a hinderance in their ability to care; "Basic ACCT training does not cover

what care is needed." (Staff member). Notably, this impact was exacerbated by the high

numbers of new staff in service. A staff member explains; "At this establishment we have a

majority of uniformed staff in their first year of service and although they receive suitable

training at POELT college, putting this into practice takes experience" (Staff member).

Additionally, this was recognised by prisoners who felt **"a lot of new staff are very young and

I doubt have much experience with self-harm" (Prisoner) and therefore, "would benefit from

training" (Prisoner).

Providing care, to the prison staff, was believed to be impacted by many factors. It

was evident, many of the participants believed prison staff do the best they can under the

difficult circumstances they are expected to provide care within, and care generally was

perceived to be complex, as exemplified by one statement:

….entirely dependent on the prisoner and the staff that they come into contact with.

Whether or not the ACCT assessor works well to use the right questioning techniques

to open up communication. Personal officers building good relationships, wing staff

being approachable, the resident not being self-isolating, other residents noticing and raising concerns. The scenarios are endless, and all can lead to information either being shared or not, prison is a place where things can either go to plan or not (Staff member).

5.5.3. The impact of the perceived causes of self-harm on caregiving

"Some Prison staff still do find it difficult to look beyond the possible manipulation element of self-harm. It is there, but I feel less common than some staff believe" (Staff member)

Both prisoners and prison staff had had experiences with prisoners who self-harm for reasons of manipulation or to abuse the prison system. This was viewed to be challenging by prisoners because "it is hard to recognise the genuine prisoners who self-harm from those who 'play the system'" (Prisoner). However, "a few staff can dismiss self-harm behaviour as purely manipulative and given that self-harm is a very complex issue I'm unsure how useful that point of view is" (Staff member) which also had implications for whether the prisoners felt the prison service cares for them. When prison staff asked whether the way the prisons responds to self-harm has a positive impact on self-harm, it was believed by one prison staff member that,

> Depending on the circumstances of the self-harm. Some prisoners are genuine harmers and the support that they receive generally has a positive effect. Some prisoners will use self-harm as a form of manipulation and the support can reinforce this negative behaviour (Staff member).

Problematically, it was felt that "in many prisons self-harmers are given what they want to stop them from self-harming, but that in fact encourages them to continue, like spoiled children who manipulate their parents/teachers by going into tantrums" (Prisoner), therefore the way the prison responds to self-harm was not always felt to be useful.

For prisoners who self-harm, prison staff demonstrating negative attitudes towards their self-harm can be upsetting, for example:

> prison staff have mocked, laughed and joked about people who have self-harmed-even with other prisoners, I have known two people who have committed suicide and heard bigot comments from staff and prisoners about these sad events 'they committed suicide because of guilt' (Prisoner).

Sometimes, these negative attitudes can result in prisoners retaliating; "I've seen some staff say 'it's only a chicken scratch' or 'I'll get you a plaster' and to prove them wrong they have gone too far and really cut up" (Prisoner). For some, however, attitudes were felt to have improved towards self-harm, as reflected by one prisoner who stated **"**I been in prison nearly 10 years on this sentence. I have noticed a great improvement in attitudes towards self-harmers. or it could be because the prison is a better environment and staff care more" (Prisoner).

5.6. Discussion

The aims of this study were to explore and compare the prisoners' and prison staff perceptions towards the competence of the prison system responses and management of self-harm in prisoners. Further, this study aimed to contribute to the triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. Surveys were utilised to provide both quantitative and qualitative data.

In summary, the quantitative findings demonstrated that prison staff endorsed items about the competence of the prison service significantly more positively than prisoners. The qualitative findings provided a more in-depth understanding of both prison staff and prisoners' perceptions towards the survey items. Themes raised by prison staff and prisoners

included the barriers to prisoners sharing information about self-harm and seeking help, the limitations placed upon prison staff which hinders their capabilities to respond to self-harm and the impact certain perceptions of self-harm can have on prisoners.

5.6.1. What are prisoner and prison staff perceptions of the competence of the prison system response towards and management of self-harm? Are there differences between the prison staff and prisoners' perceptions?

As stated, there were significant differences between prison staff and prisoners' perceptions towards the competence of the prison service response towards, and management of, self-harm. Prison staff were significantly more likely to endorse the item about the competences, overall providing an average score between agree and neutral towards the competence of the prisoner service, opposed to prisoners' average score which was between neutral and disagree.

More specifically, prison staff were significantly more likely to positively endorse survey items which presented the prison system response towards self-harm to be caring and positive and endorse the prison systems good understanding of care and the value it places on caring for prisoners who self-harm. This difference between prisoners and prison staff demonstrates a disconnect in the perceptions towards the care process for self-harm. Not only does this have consequences for the implementation of the ACCT and PSI 64/2011, but also highlights challenges posed for theoretical approaches towards care. Thus, hindering feminist responses towards care, such as Tronto (1993), which requires an alignment between the perceptions of care needs from all actors (Tronto, 1993; Tronto, 2010). Subsequently, this could suggest the lack of voice prisoners have for expressing their care needs or having their care needs attended to. Exploring these failures in the care response more closely, qualitative survey responses by prisoners highlighted the counterintuitive impact the ACCT

can have as a care provision. Although quantitative findings demonstrated prison staff were

generally more positive towards the procedural response, qualitative feedback did highlight

their concerns with the ACCT in relation to the impact of a depletion in resources. Equally,

existing literature has raised concerns about the impact a lack of resources has on the ACCT,

such as the time-consuming nature of completing the ACCT limiting the capabilities of the

prison staff to implement it effectively (Walker et al., 2016). For caring more generally, a

lack of resources, as well as expertise, support and training were recognised by participants as

a top-down administration putting restraints upon staff by not supporting prison staff capacity

to care for prisoners. Within the existing literature, problems with the lack of resources

provided to prison staff and concerns around the training they receive has remained a

constant criticism of the prison system (HMCIP, 2019b; Howard League, 2016a; Howard

League, 2017; Pike & George, 2019; Ramluggun, 2013; Sweeney et al., 2018).

Subsequently, prison staff have previously voiced their difficulties in finding time to

meaningfully engaging with prisoners due to these lack of resources (Marzano et al., 2015;

Pike & George, 2019; Sweeney et al., 2018), therefore, demonstrating the negative impact

that the lack of resources can have upon care. More specific to the influence of the top-down

administration, this concern was raised within the literature review as a contention between

bureaucratic agenda of the prison system misaligning with the requirements of good care (see

chapter two, section 2.8.2.). This, therefore, again highlights substantial flaws in

implementing a care process like Tronto (1993) that requires the alignment of agendas

between all actors in the process. However, comparable to the Tronto (1993) model of care,

qualitative responses about care described it as requiring a two-way interactive process

between prisoners and prison staff. Those prisoners who were felt to manipulate the prison

system through their self-harm were believed to undermine the usefulness and effectiveness

of the procedural responses towards self-harm. Although prison staff attitudes towards self-

harm were described to have improved over the years, at times, it was believed that prison staff can be too quick to dismiss prisoners based on their perceptions towards the prisoner's self-harm being manipulative, and thus, this could negatively impact the care they gave. Similarly, such response is also recognisable from the existing literature (see Ramluggun, 2013). Qualitative responses by prisoners voiced the damaging impact that negative attitudes towards their self-harm could have, such as exacerbating their self-harm behaviours, which has also been noted from previous literature (see Marzano et al., 2012).

Survey items also addressed perceptions towards information sharing and prison staff knowledge about self-harm. Significant differences were found between the prisoners and prison staff perceptions towards the information and knowledge prison staff have about prisoners who self-harm, their understanding of the information shared about self-harm and prisoners' understanding of what help is available to them. The survey findings demonstrated that prison staff significantly more positively endorsed items relating to good information sharing, contradicting the existing literature which highlights prison staff to perceive substantial problems with their information sharing and receiving around self-harm (for examples see Coles & Shaw, 2012; Pike & George, 2019; Ramluggun, 2013). The finding from this study elaborated on this existing literature to demonstrate there to be a specific problem with the breakdown of information shared by prisoners with staff, evident from prisoners' significantly lower scores about the quality of information shared and known. This could also suggest there are differences between what prison staff perceive as important self-harm information and what prisoners perceive as important self-harm information. The difference in opinion about prisoners' knowledge about the information shared about their self-harm was echoed within the qualitative responses. Although prison staff believed prisoners are informed about the information sharing process, some prisoners felt self-harming prisoners are kept in the dark and a lack of transparency means prisoners are not

aware of what conversations are had about their self-harm. Similarly, prisoners voiced that many prisoners do not openly share information about their self-harm. Again, this misalignment between prisoners and prison staff perceptions towards prisoners sharing information about their self-harm demonstrates substantial deficits in a process of care like Tronto (1993) which requires care-receivers needs to be known by the care-givers and the care-receiver to be active in the care process. In the qualitative survey responses, the prisoners and prison staff expanded on the barriers which impact prisoners sharing information, which included concerns over trust, being punished, how sharing will be perceived and the result of unhelpful dynamics between prisoners and prison staff. Prison staff, in particular, believed some prisoners lack the ability to understand or explain their self-harm, and although the prison system has support in place to aid prisoners with this, some prisoners felt this needed to be more far reaching, for example to support for prisoners prior to self-harming. The barriers to prisoners' sharing information demonstrate the difficulties prisoners have in voicing their needs and the complexities around sharing this information, which is why giving more attention to the phenomenological experiences of prisoners who self-harm (as suggested within chapter two, section 2.8.4.3.) is imperative. This misalignment, therefore, highlights an area of caring for self-harm which requires attention if prisoners are to receive meaningful care.

5.7. Limitations

Surveys were a good choice of method for the collection of data from a large sample of the population. The method of recruitment meant that groups of prison staff were accessed which might not have been otherwise, for example probation or psychology. There were, however, several limitations within this study.

The recruitment and distribution of the survey varied over the three prisons dependant on the stipulations of the gatekeepers and what sampling approach was most viable with the time available. As such, for the prisoner survey in particular, there were large differences in the numbers of surveys distributed and the response rates and thus, the findings cannot be stated to be representative of the three prisons, or the general prison population. The distribution and response rate were higher in the Category C prison Two. This sample of prisoners (as stated in chapter three, section 3.3.2.3.) are all adult Men Convicted Of Sexual Offences (MCOSOs) and generally an older cohort of prisoners than the national average. Similarly, in the Category B prisons, all the survey responses came from the one of the two wings, this wing also was a designated wing for men convicted of sexual offenses. This wing was suggested to the researcher because of the gatekeeper's perception that a higher response rate would be yielded from this specific cohort of prisoners. Similarities between the distribution of surveys to both the Category C prison Two and the Category B MCOSOs wing was also in the distribution method. For both these sampled, the researcher distributed the surveys. In the Category C prison One and Category B general population wing, the surveys were distributed by members of prison staff or prisoners. It is likely therefore, that both the type of cohort and the method of distribution impacted the response rate (the impact of a bias sample will be discussed further in chapter eight, section 8.4.).

Similarly, potential and actual differences occurred with the distribution of the survey to the prison staff. The gatekeeper at Category C prison One had informed the prison staff to not do the survey following feedback it could not be opened on their internet platform. Although this was a misunderstanding on the gatekeeper's behalf, it was likely this may have deterred some of the prison staff from completing the survey. Similarly, at the Category C prison Two there was confusion between the prison staff survey from the research in this thesis and a survey sent to the prison staff by NOMS at a similar time. This meant that the

survey was re-distributed an additional time within the Category C prison Two. Additionally, this gatekeeper requested the head of healthcare to distribute the survey to all healthcare staff, which was not requested of the other gatekeepers and as such, meant the other two prisons did not have chance for healthcare staff to be represented in their survey responses. The Qualtrics system used to collect the prison survey data, however, was selected to keep the responses anonymous (as instructed by the researcher to protect the identity of the prison staff), this meant that the spread of responses across the prisons were unable to be captured within the data and therefore, the individual response rate from each prison could not be measured. In addition, demographic information collected from the prison staff sample demonstrated that Black, Asian or Minority Ethnic group (BAME) were highly underrepresented, which reduces the representativeness of the data and generalisability to the wider prison staff population.

There were limitations with the survey tool itself. Initially it had been designed to measure five different constructs, however, the factor analysis indicated there were only one measurable construct from the surveys. Furthermore, there were mistakes with the wording on some items and the reverse item. For item 7 and 8, there reverse items were arguably not exploring the same concept; one exploring prison staff knowledge and one exploring prison staff information. Additionally, the prisoner and prison staff item 8 differed slightly in its wording:

- Prisoner and prison staff Item 7: I think the prison staff have a good amount of quality knowledge about those prisoners who self-harm

- Prisoner Item 8: I think the prison staff do NOT know a good amount of quality information about prisoners who self-harm

- Prison staff item 8: I do NOT think the prison staff know quality information about prisoners who self-harm

For item 15 and 16, there were differences in the wording between the item and the reverse item.

- Prisoner and prison staff item 15: I know <u>where to go or who to speak</u> to in the prison if I want help for self-harm

- Prisoner and prison staff item 16: I do NOT know what help is available in prison if I self-harm

Although the differences between the items and their reverse scores were not measured for the findings, they were used as an indication of similar constructs. The differences between prisoners and prison staff item scores, however, were measured and presented in the findings. Differences between the wording of the items may decrease the validity of the item scores, as they may not be measuring the same thing. In addition, as suggested within the findings, the use of the words prison service did not specify to who this was referring and therefore, different definition could be inferred from this, notably, whether the prison system is inclusive of prison staff responses or whether it is referring to the larger system, such as policy and procedure, thus, exclusive of specific prison staff responses.

Prison staff completed their survey via Qualtrics which allowed the items to require a single forced choice answer to be able to move onto the next item. As the prisoner's survey was completed in paper format, the prisoners would sometimes opt for more than one answer or would not score an item (for how this was managed, see chapter five, section 5.3.5). These differences in methods of completion may impact the reliability and validity of the findings, for example prisoners may have left item they did not understand, whereby prison staff had to give an answer to be able to move on, despite a lack of understanding.

Furthermore, the data collected from the survey demonstrated to have problems with the data not being normally distributed (see chapter five, section 5.3.5). This meant that a test of significance between the means could not be conducted on the data.

5.8. Implications

There is a distinct lack of existing literature which explores the differences between prisoners and prison staff perspectives about the procedural response towards self-harm. Of the existing literature available, although this study supports many previous conclusions (for example, the negative impact of the lack of resourcing and training in prison and the negative impact of prison staff attitudes about self-harm), this study contradicts existing literature which highlights prison staff experiences of the challenges around information sharing (for example see Coles & Shaw, 2012; Pike & George, 2019; Ramluggun, 2013). Instead, this study demonstrates that prison staff felt positively towards the quality and amount of information shared about prisoner self-harm, however, this was not replicated by prisoners, who felt significantly more negatively towards this.

When combining findings which demonstrate the prisoners and prison staff differences in the survey items scores relating to quality of information known by and shared, in addition to the qualitative feedback which highlighted the barriers towards prisoners sharing information, it is evident the difficulties which can arise for prisoners sharing information. As highlighted previously, this is suggestive of a misalignment between the understandings of care needs between prisoners and prison staff which can lead to bad care (see Tronto, 1993; Tronto, 2010). This suggests more meaningful conversations are required between prisoners and prison staff to ascertain what the individual prisoner perceives to be important information about their self-harm. Providing the resources for prison staff to be able to build more meaningful relationships with prisoners, for example by using a relational approach (see Crewe et al., 2014), may aid in better information sharing. Focusing on the concerns expressed by prisoners in the qualitative feedback about the barriers to sharing self-harm information, more needs to be done to create supportive and safe spaces for prisoners to

be able to talk about their self-harm, whether that be utilising expertise better suited to the needs of specific prisoners, for example mental health nurses, or whether that be proactively utilising positive prisoner-staff relationships to foster a safe space, to support prisoners' ontological security for example (see Giddens, 1991).

Prisoner disagreed with prison staff perceptions about the positive impact the prison service has on self-harm and the value it places on care. It was evident from the qualitative findings that the existence of prison staff unhelpful opinions towards self-harm can have a negative impact on the prisoner. This was mirrored by the prison staff who equally recognised the existence of these attitudes. Recognising the substantial impact these attitudes could have by acting as a barrier to prisoners sharing information is integral. For prisoners to share information, they need to feel valued and safe enough to share. Again, focusing on safe spaces for prisoners may support this, for example through the key worker role.

Prisoners gave conflicting scores about their understanding of where to get help, however disagreed that it is easy to get support for their self-harm. This would suggest that more can be done around improving accessibility to support and making this known to prisoners. In particular, a prisoner highlighted the lack of support for proactively preventing prisoners from self-harming. Prison staff, despite feeling positive towards prisoners' access to support, did recognise barriers for them being able to deliver support, especially from a lack of resources and training. Focusing on increasing resources and the awareness around the accessibility to support may aid alleviating these concerns.

5.9. Conclusion

This study focused on prisoners and prison staff perceptions of the procedural response towards and management of self-harm and the differences in prisoners and prison staff perceptions of the competence of this response and management. These aims will contribute

to the triangulation of the findings from the empirical studies which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. Surveys were utilised to gather qualitative and quantitative data from prison staff and prisoners.

The principal findings and implications of this study suggest that prison staff agree significantly more than prisoners that the prison service procedural response towards self-harm is effective and competent. These differences between prisoners and prison staff perceptions demonstrate a breakdown in this process, where it seems likely prisoners often perceive barriers to sharing information about their self-harm, or prison staff feel limited in their resources to support self-harm. This disconnect demonstrates where a care processes can be misaligned between the needs of the care-receiver, and the bureaucratic and care-givers' response towards the individuals' needs (see Tronto, 1993), therefore potentially leading to bad care (Tronto, 2010). Fostering positive prisoner-staff relationships, for example using a relational approach (see Crewe et al., 2014) may be beneficial in developing trust and a safe space for prisoners to voice their needs, and for prison staff to utilise the resources they do have available more proactively. Austerity and a lack of useful training hinders prison staff ability to be able to care. This was exacerbated by specific prisoners abusing the ACCT process. However, perceptions about self-harm as manipulation from prison staff towards prisoners it highlighted as potentially an unhelpful response and can have damaging impact on prisoners those who then feel judged for their self-harm. Such attitudes, therefore, should be recognised and challenged and prisoners should be made more aware of the help that is available to them.

In developing a care-ful model which can support a procedural implementation, the findings from this study demonstrate the importance of recognising where breakdown between prisoners and prison staff perceptions towards prison services responses have occurred. These demonstrate the importance of fostering supportive relationships between

prisoners and prison staff, for example through a relational approach (see Crewe et al., 2014), which can aid fostering prisoners' ontological security (see Giddens, 1991).

CHAPTER 6

Study three: Prison officers' experiences and understandings of prisoner self-harm

This chapter presents the empirical findings generated from the third study within this thesis. It seeks to explore the perspectives, understandings and experiences of prison officers working with male prisoners who self-harm.

6.1. Introduction

Although the prison service has processes and procedures in place to respond to and manage self-harm in prisoners, incidences of self-harm continue to increase (MoJ, 2020a). There are many contributing factors which influence the effectiveness of the processes put in place to reduce self-harm. Prison officers, especially, have been subjected to scrutiny, and their attitudes and perceptions towards self-harm, and caring more generally, have been focused upon for the impact they can have on self-harm and suicidal behaviour (for example, see Marzano et al., 2012; Marzano et al., 2015). It is important, therefore, to understand how the prison officers perceive the prison response and management strategy for addressing self-harm and how effective they feel these are for both the prisoners and themselves. Furthermore, given the centrality of the officer role in implementing these processes, it is important to understand how prison staff perceive self-harm and the impact caring for self-harm has had on them.

6.1.1. Prison staff attitudes and perceptions towards self-harm in male prisoners

The implementation of the policy PSI 64/2011 and the ACCT in year 2003 encouraged a change in conceptualising self-harm towards a more holistic and inclusive understanding (see chapter two, section 2.3.). Despite this change in institutional

perceptions, negative attitudes and perceptions towards self-harm have continued to be voiced amongst officers (Ireland & Quinn, 2006; Liebling et al., 2005). For example, perceiving self-harm to be motivated by manipulation as determined by how disruptive they believe the prisoners' behaviour to be (Ramluggun, 2013; Sweeney et al., 2018). It is not the case that all prison staff perceive self-harm negatively (for more details, see chapter two, section 2.5.), however, it is feared that conceptualising self-harm negatively risks leading to the legitimising of punitive responses towards self-harm (Marzano, 2011). Although the grey literature suggests there is a requirement to move away from perceiving prisoners to be unworthy of care (see Howard League, 2017), there is little understanding how these perceptions impact the response towards self-harm. However, it is likely, given the wider literature on typologies of officer carers, that perceptions and attitudes towards prisoners will impact the care given (see Tait, 2011; see chapter two, section 2.8.3.), which, subsequently, would suggest the way officers perceive self-harm will impact the care given to prisoners who self-harm. Furthermore, reports from prisoners themselves would suggest negative prison staff attitudes towards their self-harm is damaging (for example, see Marzano et al., 2012), but that interactions between prisoners and prison staff, and the care they receive is complex (see chapter two, section 2.6.) and the systemic nature of this, therefore, is not fully understood.

6.1.2. The prison service response towards, and management of, self-harm and the prison staff perceptions of these

The prison system itself has substantial influence over the general ethos towards caring for prisoners (see chapter two, section 2.8.2.), as well as influence over the structural responses towards self-harm and the support put in place to reinforce the structural response. Arguably, an emphasis put upon power and control by the prison system is counterintuitive to

relational relationships (see Crewe et al., 2014; Kennedy, 2002) which can better support

caring for prisoners more generally (for example, as demonstrated within Therapeutic

communities [TC]; see chapter two, section 2.8.2.). Furthermore, austerity and cuts to the

service have resulted in a reduction of resources and the staffing numbers needed to build

positive and supportive prisoner-staff relationships and reduced the time available to be spent

between prisoner and staff which is needed for officers to assess prisoner's mood and

behaviour (Howard League, 2017; Walker et al., 2016; Ward & Bailey, 2013). Without

support from the prison system, the care-giving role, as understood by Tronto (1993), would

be difficult to fulfil, and, ultimately, could influence prisoners' ontological insecurity (see

Gidden, 1991; see chapter two, section 2.8.2.).

More specific to the prison system response towards, and management of, self-harm,

the Assessment, Care in Custody and Teamwork (ACCT), prison staff have at times found

this process difficult to implement due to breakdowns in the sharing of information required

to complete the ACCT, lack of multidisciplinary working when engaging the ACCT process,

inadequate completion of the ACCT, and officers' fear of engaging in the ACCT because of

their lack in understanding of their legal duty (Pike & George, 2019; PPO, 2017b;

Ramluggun, 2013; Walker et al., 2016) (for more information see chapter two, section 2.4.).

Officers can find this process frustrating and sometimes blame the prison system for wasting

time on self-harm viewed to be attention-seeking or manipulation (Marzano et al., 2015; Pike

& George, 2019). This will likely be exacerbated by the time-consuming process to complete

them (Walker et al., 2016). Prison staff feel under-equipped, under-trained and unsupported

when trying to implement the prison system response towards, and management of, self-

harm, which can impact their ability to care, their attitudes towards caring and their

confidence in their abilities (Marzano et al., 2015; Short, Cooper, Shaw, Kenning, Abel &

Chew-Graham, 2009) (for more information see chapter two, section 2.5.2.). For example, a

lack of training given to prison staff has been referenced in relation to its potential

contribution to negative experiences for the prison staff working with prisoners who self-

harm (Marzano et al., 2015) and, possibly, the misguided or unhelpful perceptions of self-

harm by prison staff (Howard League, 2016b; Short et al., 2009). Responding to self-harm

can have a damaging effect on the prison staff, for example negatively impacting their mental

health (Marzano et al., 2015) (for more information see chapter two, section 2.5.3.), which, in

turn, can negatively influence the way they respond to self-harm on subsequent occasions

(Marzano et al., 2015; Short et al., 2009). It could be, therefore, that the expectation for all

prison officers to care for prisoner self-harm is an unrealistic expectation; compassion and

empathy, for example, require the individual to be able to tolerate emotional distress in which

being able to internalise a model of containment and positive experiences of care themselves

is a necessity (Hollway, 2006). Similarly, positive early life experiences of care are required

for accurate recognition of need which are driven from internalised identification (Hollway,

2006). Exacerbating the impact on officers, they sometimes feel their difficulties can go

unnoticed, feeling unable to access formal and informal support from management and other

colleagues due to isolating macho cultures in prison (Ramluggun, 2013; Sweeney et al.,

2018).

6.1.3. Summary of the literature

Prison officers play a significant role in the implementing of processes to respond

towards, manage and care for prisoners who self-harm. It would seem their perceptions,

attitudes and experiences can influence their capability and motivation for caring for the

prisoners. This seems likely to be further exacerbated by the prison environment limitations,

lack of resources and training, and the culture of prison staff. Understanding prison officers'

perceptions and experiences, and their barriers and challenges when caring for male prisoners

who self-harm in England and Wales is limited within the empirical literature. In particular, little seems to be known about the systemic influence of the prison system and prison staff attitudes towards caring for self-harm and the impact this has on response and management towards self-harm, and subsequent impact on the prisoner. Additionally, more needs to be understood about prison staff conceptualisations of caregiving for self-harm and how they navigate the prison system in order to be able to provide care.

6.2. Aims and research questions

The aim of this study was to explore prison officers' perspectives towards self-harm, the prison system response towards self-harm, and how they feel this impacts self-harm in prisoners. Further, this study aimed to contribute to triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. The focus group addressed the following research questions:

1. What are prison officers' understandings and attitudes about the causes and motivations for male prisoners' self-harm?

2. What are the prison officers' perceptions of how the prison service responds towards, and manages, self-harm and how do they feel these impact the prisoner?

6.3. Methodology

The following methodology was employed for this study.

6.3.1. Design

This study employs a phenomenological design using focus groups to produce qualitative data. Four focus group were conducted with custodial staff from the three prisons.

6.3.2. Recruitment

Prison custodial staff were recruited for focus groups from one Category B prison in southcentral England and two Category C prisons in South West England. Prison staff were recruited to the focus group by indicating willingness to participate through the completion of a survey. At the end of the survey, information was included stipulating an offer to engage in focus groups being conducted with the prison staff and an email address was provided for the prison staff to contact. Additionally, each prison gatekeeper sent out an email to the whole of the custodial staffing group within their prison with an invitation to attend the focus group (please see appendix 22). At Category B Prison and Category C Prison Two each potential participant who responded was contacted via email to be given an information sheet and to assess their eligibility against the inclusion and exclusion criteria. With consent from the participants, Prison Detail was contacted to request a date and time where all participants in the focus group would be available. Once a date was scheduled, Prison Detail emailed the participants to inform them. One participant from the Category B Prison was omitted during the recruitment stage due to not fitting the criteria; the participant did not have any face-to-face contact with prisoners.

At Category C Prison One only two staff members indicated their willingness to participate through the survey. The two staff members were informed that the focus group would not be able to be conducted with only two participants and from this one of the participants requested to send an email to their colleagues to request further participation. Subsequently, four additional custodial staff members requested to participate. The potential participants were contacted via email by the researcher to be given an information sheet and to assess their eligibility against the inclusion and exclusion criteria. With consent from the participants, Prison Detail was contacted to request a date and time where all participants in the focus group would be available. In the time leading up to Prison Detail arranging a date

one participant withdrew for unknown reasons. Once Prison Detail had arranged a date, the gatekeeper moved to work at another prison. The focus group, therefore, was postponed and participants informed via email. Following the new assignment of a gatekeeper, Prison Detail arranged a new date for the focus group. On the day of the focus group, of the five remaining participants, one of the participants was on annual leave and another did not attend for unknown reasons. Therefore, on the day of the focus group, the gatekeeper asked two members of the Safer Custody team to join the focus group. Both of these individuals had previously informally demonstrated interest in the research. They were assessed for their eligibility against the inclusion and exclusion criteria.

A second focus group was formed at Category C Prison Two at the request of the gatekeeper. The gatekeeper sent out the email to seven Safer Community team members with an invitation to attend the focus group. Two of the seven declined to participate. Each of the five participants who agreed to participant were contacted via email by the researcher to be given an information sheet and to assess their eligibility against the inclusion and exclusion criteria. The gatekeeper arranged the time and date of the focus group and informed Prison Detail and the participants.

6.3.3. Participants

Four focus groups were conducted over the three prisons, please see Table 6.1 for participant sample demographics. Within the focus group sample, 20% of the sample were female, which is a smaller representation of females compared to the 39.3% female workforce working within public sector prisons (MoJ, 2020b). The number of years worked within current role, previous self-harm related training and relevant previous job roles can be seen in Table 6.2.

Table 6.1.

The age and occupation of the focus group participant sample

Prison	Operational Support Grade (*n*)	Officer grade (*n*)	Senior Officer grade (*n*)	Custodial Manager grade (*n*)	Other (*n*)	Total (*n*)	Mage and range
Cat B		2 females 2 males		1 male		5	35.4 (24-54)
Cat C 1	1 male	1 female 1 male			1 male admin 1 male manager	5	35.4 (20-48)
Cat C 2		1 female 3 males	1 male			5	41.8 (30-56)
Cat C 2 (2nd)			1 male	4 males		5	43.2 (31-56)
Total	1 male	4 females 6 males	2 males	5 males	2 males	20	38.95 (20-56)

Table 6.2.

The years in services within current role, training and relevant previous jobs of the focus

group participant sample

Prison	*M* years (range) in current role	Received POELT training (*n*)	Received ACCT training (*n*)	Additional relevant training (*n*)	Previous relevant job role
Cat B	10.5 (1.75-16)	5	4	2 ACCT trainers 2 SASH trainers 1 ASSIT	1 OM 1 OSG
Cat C 1	2.67 (1.5-5)	4	4	2 SASH	1 Safer Custody officer 1 Officer 1 Officer and SO 1 OSG
Cat C 2	13.4 (3-22)	5	5	1 ACCT Assessor	1 OSG
Cat C 2 (2nd)	17 (13-22)	4	5	2 SASH 2 ACCT case managers	1 Officer and SO
Total	10.89 (1.5-22)	18	18		

6.3.4. Materials

Focus group prompts were derived to aid moderating the focus group and to guide discussion (for more information on how these were generated and tested see chapter three, section 3.5.2). Six prompts were used to address the research questions. For each of the prompts, additional prompts were available to encourage additional viewpoints, for alternative wording and to elaborate on the main prompt if needed, for example:

- Main prompt: How does the prison service respond to self-harm?

- If the prompt is not understood: what are the different things that happen in response to self-harm?

- If elaboration needed: How effective do you think these responses are?

At the request of the gatekeeper, the focus group prompts were adjusted for the second focus group at the Category C Prison Two to include prison-specific language (for more information see chapter three, section 3.9.2.), for example:

- Main prompt: How does HMP *** respond to self-harm?

- If the prompt is not understood: what are the different things that happen at HMP *** in response to self-harm?

- If elaboration is needed: How effective are these responses at HMP *** compared to other estates you have worked at?

6.3.5. Procedure

Each of the focus groups were held in a space dictated by the gatekeeper as most suitable for accessibility and privacy, these included a prison meeting room, Safer Communities office, training centre and Safer Custody meeting room. All the focus groups were conducted by the researcher and co-facilitated by a research assistant. At the beginning of the focus group, introductions were made. The aims of the focus group and overall research were explained. Participants were asked to read and sign the consent form and

background information sheets. The ground rules were explained to the participants. Focus groups were audio-recorded verbatim. The focus group prompts were asked by the research assistant while the researcher moderated the focus groups and asked additional questions where clarity or additional prompts was perceived to be needed. A debrief sheet was given to participants following the focus group and they were given the chance to ask any questions. A brief handover was delivered to the gatekeeper which focused on the emotional state of the participants and any concerns raised. The researcher raised no concerns. The audio-recordings were transcribed into written format using pseudonyms.

6.3.6. Analysis

Thematic analysis (Braun & Clarke, 2006) was used to analysis the focus groups (for information on the rationale for the use of thematic analysis and procedure of the use, see chapter three, section 3.6.3.). An inductive approach was used to produce latent themes (see chapter three, section 3.6.3.).

6.4. Findings

Thematic analysis of the focus groups revealed four themes. A summary of the themes and subthemes can be seen in Table 6.3.

Table 6.3.

Summary of the themes and subthemes derived from the four focus groups

Theme	Subtheme
The recognised causes of and motivations for self-harm in prisoners	Non-sincere self-harm as a learnt behaviour to manipulate
The context of the prison system response towards self-harm	The benefits and challenges of utilising the ACCT
	The impact of austerity on staff capacity to care

	Lack of experience can impact officers' confidence in caring for self-harm
The impact of the prison system response towards self-harm on the prisoners	The impact of a positive environment and culture
	The difference between a duty of care and caring
The impact that self-harm and the prison system response towards self-harm has on prison staff	The problems with officers' self-harm training
	The emotional impact of caring
	The support offered to staff for managing self-harm

6.4.1. The recognised causes of and motivations for self-harm in prisoners

[Why do prisoners self-harm?...]

"That's a loaded question" (Adam, FG1)

A breadth of knowledge was demonstrated within the discussion of the causes of and motivations for self-harm in prisoners. Broadly, the causes and motivations for self-harm were recognised as including intrapersonal, interpersonal and situational factors.

Intrapersonal causes and motivations for self-harm were believed to be existing problems which cause some prisoners to self-harm. These could include mental health problems, substance misuse problems, having experienced past physical and emotional abuse, having had no solid role model, or they were viewed as "children of the system" (Roger, FG1) having been, for example, in care, foster homes or juvenile prison. For others, self-harm was thought to be used to cope in an environment where they may struggle to gain control, do not have easy access to support or other coping mechanisms. In particular, some prisoners were described to use self-harm to emotionally regulate themselves, for example to cope with for feelings of frustration, stress release, to make themselves feel better, to redirect aggression, guilt and shame from their conviction or actions, or a lack of hope for the future. For those prisoners that use self-harm to cope, the participants would sometimes describe this as habitual or prolific self-harm, whereby self-harm is an entrenched pattern of behaviour for them.

Prisoners were also viewed as using self-harm interpersonally as a means of communication, to be able to express themselves when they feel unable to do so otherwise. Other prisoners were believed to use self-harm as a tool to gain something from the prison system or prison staff, to manipulate others or to seek attention when they felt not listened to, cared for, or noticed by, prison staff. Some participants within the focus group discussed self-harm as a 'learnt behaviour', whereby prisoners had learnt that if they self-harmed they would be able to achieve a goal.

Situational factors highlighted the impact of being in prison, which was believed could cause some prisoners to feel loss of control and safety, or they may find it difficult to cope with doing their sentence. General difficulties in the prison from a lack of staffing and resources has resulted in prisoners often being locked in their cell for long periods of time with extended social isolation and participants felt, therefore, some may find it difficult to get their basic needs or individual needs fulfilled. Some prisoners were described as having difficult experiences with other prisoners, such as being bullied or being in debt to other prisoners, which were perceived to be influential in self-harm. For those believed to have ongoing problems outside prison which they have no control over, for example, family situations or receiving bad news, was additionally perceived to influence self-harm.

6.4.1.1. Non-sincere self-harm as a learnt behaviour to manipulate.

"They went on an ACCT because 'I didn't get pin credit the other day'" (John, FG1)

Of those causes and motivations recognised by staff, self-harm as a manipulative learnt behaviour generated substantial discussion within the focus group. Many of the participants discussed the difference between what they perceived to be sincere or non-sincere self-harm by prisoners. Sincere self-harm was mostly characterised by prisoners experiencing distress, those who appeared to be suicidal or demonstrated poor coping strategies. For example, one participant described sincere self-harmers as "people who self-

harm purely- in my experience- due to mental health, don't go around threatening they're going to do it, they just do it, then you find them or they come and tell you after they've done it." (Ade, FG3). Some associated sincere self-harm as something more private than non-sincere; "we've had people in the height of summer wearing jumpers….they purely do it out of release of tension. They're not doing it for att…, you know, attention seeking….." (John, FG1).

Non-sincere self-harm, however, was often portrayed to be a learnt behaviour, which one participant described as "they've seen somebody else successfully use that technique or method to gain something, attention or a successful outcome to a similar problem that they've got" (Jason, FG4). This form of self-harm was often perceived to be manipulative, for example, one officer explained "In my experience….quite a lot of the time it's a case of 'if I can't get what I want then I'm going to cut up'" (Ade, FG3). Where self-harm may start out this way, participants, feared that for some this behaviour could escalate. This was described by one participant:

> What would normally start off with them putting a little cut, or they will make a
> ligature but won't necessarily use it, they will then escalate it to the point where
> they're properly hanging or properly self-strangulating or cutting really deep. And
> because they think 'ah he's going to change his mind and give it to me if I carry on'
> (Freddie, FG1).

For some, this escalation could lead to "then you get suicide by accident. But their intention is not to die" (Brian, FG1), but for others self-harm could become a habitual behaviour; "He had seen somebody else do it and get something and so started but then couldn't stop." (Nicole, FG2).

Overall, many of the participants within the focus group demonstrated a wealth of knowledge and understanding of the causes for and motivations of self-harm, including

intrapersonal, interpersonal and situation factors. Participants felt there were a notable difference between sincere and non-sincere self-harm and for those who engage in self-harm to manipulate or as a learnt behaviour, participants believed them to be at risk of their self-harm escalating into more serious incidents of self-harm or suicide.

6.4.2. The context of the prison system response towards self-harm

"We don't work in HMP Utopia" (Brian, FG1)

The context for which officers respond to and manage self-harm is a challenging one. The environment itself, described as unsupportive for prisoners, exacerbates participants difficulties of managing a high workload with a lack of time and resources. The ACCT can be a useful tool but has also been experienced as a burden and unhelpful when not implemented properly. Additionally, inexperienced officers were perceived to find it difficult to respond to and manage self-harm as they do not have the confidence or the expertise the participants feel they would need.

The prison environment itself was described as creating many barriers and challenges for the participants trying to care for prisoners who self-harm. Prisoners are "not able to easily access support mechanisms because regimes and being locked away" (Brian, FG1) which can make it difficult for them to find ways to cope. This was noted by one participant who described the impact from shutting down the small local prisons:

….when it decided to close the smaller jails….places like Dorchester, a small 250 population jail in a local area, filled with local people who have easy access to their families. They know the officers, they have rapports with them and so on…..It's no longer a local population where people get easy visits, keep their family ties going….has done self-harm no good (Simone, FG2).

Prison was described as an unsafe and dangerous place for some prisoners, for example "Imagine waking up thinking someone might try to kill me today" (Skye, FG3). It was felt such experiences could impact prisoner self-harm; "The anxiety must go through you and just think…I just want to cut up" (Emma, FG3). Even within more open prison conditions participants experienced prisoners' "fear of coming out because of all the space and it was open all the time" (Ade, FG3). Yet, as described by one participant, safety is detrimental to prisoner progress; "No rehabilitation is possible unless you have got safety….the culture has got to be safety and then you can start tackling self-harm and violence and making things safer" (Mark, FG4). Similarly, this was also perceived to the same for officers, one participant describes this; "at HMP **** there wasn't many minutes on any shift that I wasn't terrified walking round there the whole day and it wasn't really my concern about people being on ACCT books" (Emma, FG3). Thus, it is evident how predominant a barrier to caregiving the prison environment can be for officers.

The response and management of prisoners who self-harm as directed through prison procedures, for example, signposting support and the ACCT, were described to be "initially its very methodical, which I think is the same across the whole prison system in that you have your time bound task to do, in that you have a certain amount of time to do a tasks" (Gary, FG4). Primarily this was viewed by participants as "paperwork" (Rae, FG2) with the ethos that the "prison service does what it does best, really deal with it and cleans it all up" (Simone, FG2). When asked, however, how effective these responses are, participants stated "Not very" (Nicole, FG2) and "I think the prison service reacts badly" (Ade, FG3). An example was given about the Listeners helpline provided for distressed prisoners: "using the phone on the Samaritans, he could quite easily hear what you're saying and quite a few of them won't use the pin phones for that reason" (Gerry, FG3).

It was apparent participants felt a lot of pressure from the high workloads expected of them, one participant explains,

> You do obs books, you submit you IR, you do your NOMIS case note, you then do your ACCT document, the F12SH….the alerts on NOMIS and then….if there's any use of force used you've then got to do your ANNEX A (Nicole, FG2).

In addition to this "you want us to care as well?!" (Nicole, FG2); evidently participants feel exasperated by the high volume of work. These challenges are made more difficult by the nature of the prisoners themselves who "are extremely demanding and you know- self-harm just fits into everything else that's going on the wing…..So unfortunately, when they are self-harming as well, it just…it's another drain on already depleted resources" (Simone, FG2).

Undoubtably, the working conditions and the high workload make providing care challenging for the participants, and thus, could potentially risk care becoming a burden for officers.

6.4.2.1. The benefits and challenges of utilising the ACCT.

> "It's just showing an interest. You're not just a number to them…..and then they say 'ok, he's actually shown some interest in me. Maybe I am worthwhile'" (Brian, FG1).

Despite the numerous difficulties with the ACCT, frequently the participants referenced the ACCT as useful tool to care for those who self-harm in prison. The ACCT was perceived to have varied uses, such as a method of highlighting to officers which prisoners need to be paid more attention to, to find out information, to structure an individualised response towards the needs of the prisoner and ultimately, "if the ACCT is done properly it is a good document" (Freddie, FG1). The ACCT, however, is an interactional process between prisoner and officer and the ACCT "works if they want the help" (Freddie, FG1). This experience was demonstrated by one participant:

….can be good if someone is talking about it, then sitting them down and engaging

them with an ACCT interview and everything. They get to the end of it and they

think 'I've got this off my chest'. 'We're not going to badger you, but we will come

and see you now and then and see how you're getting on' and that can be enough to

get them through that bad stage. (Gerry, FG3).

Similarly, officers could find this process rewarding. One participant described why they

believed the ACCT process works well within their establishment: "HMP *** are very good

at using a multi-disciplinary approach…..we quite heavily have the chaplain involved in a lot

of the reviews…. And even healthcare and mental health as well" (Gary, FG4). They

perceived their use of the ACCT to be not "as prescriptive as other establishments" (Robbie,

FG4) because "pretty much that all the basics are in place" (Robbie, FG4) and so this meant

participants were able to "be a bit more inventive" (Robbie, FG4). Knowing "that we are

going to have the backing of the management" (Robbie, FG4) was believed to be important

for their autonomy over the ACCT implementation.

Many difficulties and failings, however, were described to arise from the

implementation and use of the ACCT, created by both prisoners and officers. As previously

discussed, participants perceived some prisoners self-harming for non-genuine reasons and

therefore, prisoners sometimes use the ACCT for their own personal gain, for example "they

went on an ACCT because 'I didn't get pin credit the other day'" (John, FG1). This could be

frustrating for the participants as they felt these prisoners were able to abuse the ACCT

process, as described:

Look at what happened in the Seg. So you had the five lads who came down from

the wing from that incident….they all decided to make a noose to get themselves on

an ACCT, to get themselves out of the seg and…the next day indeed most of them got

themselves out of the Seg and were back on the wings. So….learnt behaviour (Roger, FG1).

Thus, "a lot of the time, people are on ACCTs are not appreciative of it and….a lot of the time they have manipulated you" (Victoria, FG3). Where prisoners "use it as a tool for their own ends" (Roger, FG1) this was believed to undermine the prison system care provision as "the ACCT favours people who behave like that….opposed to the people who really really need the help" (Freddie, FG1). This, therefore, could mean the ACCT does not always target those who are in genuine need of care, as described by one participant; "I do think those that are genuine and want to take their own lives those are the ones that tend to not be on an ACCT book" (Gerry, FG3). When officers make presumptions about the sincerity of self-harm, however, participants felt this could sometimes lead to unhelpful responses towards self-harm:

> I think staff become conditioned very quickly to see self-harm as manipulation straight away, without kinda taking that backward step and looking at 'actually this is an underlying issue that perhaps that individual doesn't know how to verbalise it, doesn't know how to deal it'. But I think as staff….'ah for God's sake. Ah'. It's such an inconvenience into you day you're not actually looking at the bigger picture. (John, FG1).

It was not only those who manipulate the system which were perceived to be problematic for the ACCT process, some prisoners can become over-reliant on the ACCT: "as an initial beacon…it's fine. But then as time goes on the points are being raised, as people are either becoming dependant on it or use it as a tool for their own ends" (Roger, FG1). Prisoners were not the only ones to be viewed as having a negative impact on the ACCT process, officers too were found to be responsible for the inadequate implementation or use of the ACCT. For example, "it says your supposed to engage in a meaningful

conversation….and it isn't 'they're sat on their bed watching TV. They are fine'" (Melanie, FG2). Sometimes it was evident to participants that the ACCTs were not being completed to the expected standard; "one thing I have noticed from auditing these ACCT as well, is how poorly they are filled out. They are not signed, they are not dated, the CAREMAPs are not done, the management checks aren't being done" (Melanie, FG2). It was felt that "95% of the reviews that are done are very much a tick-box" (John, FG1). Additionally, one participant highlighted that "I think in the ACCT process the family contact in my view is a bit forced. It's a bit like 'oh your visits; you are going to have a ACCT review before and after, let's get your family involved'" (Gary, FG4) and therefore in general, the ACCT can process itself is not as meaningful as it could be; "I don't think they are seeing the level of care that they should be expected to receive from us…..what's promised in the ACCT document" (Nicole, FG2).

Participants voiced a disconnect between the care goals of many officers and that of higher management. Rather than focusing on providing meaningful individualised care for prisoners, management were described as focusing on targets, rank structure in performance tables, audits and prevention of suicide. One participant voiced how they felt these attitudes translated to the prisoners; "if you realistically spoke to people that we've had on an ACCT; very few would actually say 'I really felt that the establishment were concerned about me' or 'that the establishment were trying to support me'" (John, FG1).

6.4.2.2. The impact of austerity on staff capacity to care.

"There isn't the time to care, but there is the time to tick boxes" (Simone, FG2)

Changes to the prison service resulting in reduced resources, staffing and facilities were also described as having a damaging impact on the care officers can provide. This was especially noted in relation to the benchmark model being introduced, as described by one participant: "all the markers for self-harm, suicide, violence, other prisoner assaults on staff,

have all gone through the roof and it's since the benchmarking model was brought in" (Mark, FG4).

The lack in time and resources available to the participants was consistently raised as an issue among all the focus groups and the impact on influencing self-harm was evident:

> The prison system is so under resourced and all the markers for self-harm and suicide is through the roof because they're locked up all day long and it's not a healthy environment and I just think….if I was locked up 23-hours a day, for months on end, I'd feel like self-harming (Victoria, FG3).

A disconnect between managerial decisions made about resources and the experiences of those working first-hand with prisoners was highlighted and ultimately, vulnerable prisoners suffered from this the most; "the smallest investment in the prison service has always been in mental health" (Roger, FG1). Mental health provision, especially, was believed to suffer from a lack of resources. The participants felt they were increasingly expected to be more responsible for the mental health needs of prisoners because "the problem is jails are now mental health institutions as well as jails….And there isn't the secure hospitals anymore" (Simone, FG2). As a result, a lack of facilities within prison to support mental health was believed to directly impact self-harm, for example,

> They come in having been prescribed various meds on the outside which…..We will not prescribe these medications in this environment…..So, they have to go for an alternative and they end up doing rapid detoxes. It messes with how they are coping, and then self-harm increases as well (Nicole, FG2).

A substantial concern for the participants was the lack of time available to officers to do their job role. One participant recalls how "I remember when I was an officer I could barely go to the toilet when I needed to go, as I had so much to do" (Simone, FG2). The reduction in participant staffing numbers and thus, lack of available time for participants were highlighted

as hindering the time they have to be able to provide care to prisoners who self-harm. At times, for example, participants felt officers "don't have time to actually say 'what's up?'" (Brian, FG1) and this meant

> We now don't have the time to care about the individual. All we have to care about is the regime, making sure the KPIs are met, making sure the guys are unlocked on time and at work. And that's it (Nicole, FG2).

When "under resourced in both financial terms and manpower terms" (Nicole, FG2), Safer custody was felt to "always the first to be taken off" (Melanie, FG2) compared to other disciplines with the prison. Experiencing a lack of time when trying to implement the ACCT process would sometimes feel to participants like they "don't have the time to care" (Nicole, FG2) and this can be particularly problematic when "some guys need time and might not trust you instantly." (Melanie, FG2). Often participants felt they had more open ACCTs than they could manage;

> A couple of weeks ago on ***** unit we had seven open, three of which were 15 minutes. So by the time you do your 15 minutes, you go round and round in circles and….you might not even get round to the people that want conversations because you're always going round and round just on these three people (Rae, FG2).

The ACCT process, therefore, could become "more pressure on staff" (Melanie, FG2), as described:

> You get a phone call from the duty manager saying 'we need an ACCT assessment doing on this wing. Go on, off you go. I'll arrange someone to cover you for 20 minutes'. And it doesn't work like that. So, you're under immediate time pressure that you've only got 20 minutes to get this done….and if they are putting a brick wall up, you're never going to get any information out in that time (Nicole, FG2).

Adding to the pressure was the belief that "the majority of ACCT in estates are ones where they have been opened and closed constantly" (Nicole, FG2).

In opposition, participants believed they would be able to provide better care with more time available to:

- Talk with the prisoners, using relational security to be able to be proactive, recognising crisis early and provide individualised care, therefore, preventing the need for the ACCT.

- Be more thorough with implementing processes and quality check.

- Be reflective and improve practice.

- Attend to the prisoners' basic needs and manage the everyday interactions and running of the prison.

- Include families in the care of prisoners who self-harm.

- Have protected key worker time.

Increased resources would also be beneficial, for example, in-cell phones would "allows them more chance to talk to their families when they families might be at home" (Brian, FG1). Other establishments "have in-cell phones and the ability to be able to order their canteen and stuff on a touch pad screen and fill in apps and those sorts of things as well" (Simone, FG2) and they believed this would "cut time down for officers and give you the time to actually do something with them" (Nicole, FG2). Similarly, "computer terminals where they can email people directly without having to wait for permission to have phones in-cells…..they can email the mental health teams themselves without having to put a APP in and have a chat backwards and forwards" (Ade, FG3).

6.4.2.3. Lack of experience can impact officers' confidence in caring for self-harm.

"Until you actually get out there and start talking to individuals who are suffering….that's

when you build up your knowledge of how to pick stuff up and an understanding of why

people do stuff." (Brian, FG1)

In the response to lack of staffing, a recruitment drive has resulted in many new officer staff.

However, it was felt by several participants that "some of them [new officers] are very young

and haven't had the life experiences and are kind of having to deal with people who have

self-harmed….are 30-years, 40-years older than them" (Gerry, FG3). This issue becomes

exacerbated by "you end up having units where new starters are being trained by staff with

only 6 months experience… bad habits pick up, gets ingrained and imbedded" (Nicole, FG2).

Inexperience was perceived to be problematic for caring for those who self-harm because

> They don't really have the experience to look further back and think there's a reason
>
> for that, there's a reason that could even be a reflection of what their offending
>
> behaviour is and why they are in prison in the first place, so it's the bigger picture that
>
> we have to explain to people as we go along (Robbie, FG4).

Officers' confidence to make decisions about responding towards self-harm can be impacted

by inexperience:

> They are constantly worried about getting it right….and not making a
>
> mistake….'what if I can't be right, am I going to end up being suspended?'…..So,
>
> they become almost paranoid about doing anything, and….that sort of restricts their
>
> ability to make a decision on what you should be doing (Brian, FG1).

These worries were exacerbated by "the manipulative self-harmers" (Adam, FG1) who

sometimes take advantage of the younger officers' inexperience, as described, "they will then

use that to get exactly what it is they want….because they know that us younger staff

will….just go 'he's made a little cut, I have to put him on an ACCT'" (Adam, FG1).

Gaining experience in responding to and managing self-harm is "something you learn, they don't teach it" (Ade, FG3). This was highly valued by the participants and perceived to be important for developing understanding, knowledge, coping skills and communication skills. Having that experience was seen to aid taking that extra step in caregiving, for example, one participant described:

I've been in the service for quite a while now, so I've experienced death in custodies, near misses, superficial self-harm…..quite severe self-harm, all different types of things.…we know that you do have to take that step further and say 'oh ok, well what's going on? because this says this and this' (John, FG1).

Overall, the prison environment and high workload were identified to present challenges towards providing care. The ACCT, used to respond to and manage self-harm, despite being perceived as a tool to aid caregiving and having multiple uses, was also described as having disadvantages which undermine its usefulness as a tool to provide care. The financial and resource cuts experienced by the prisons exacerbated these barriers to care by reducing the time officers can give to those prisoners who require support and thus, response towards self-harm is reactive, not proactive. Recruitment drives have produced many new young officers; however, their inexperience and lack of expertise was perceived to be problematic to understanding self-harm and having the confidence to respond to and manage self-harm. At times, this has resulted in the younger officer being manipulated by prisoners who abuse the ACCT.

6.4.3. The impact of the prison system response towards self-harm on the prisoners

"I suppose the difference is with the HMP **** then, are how the staff interact with

that person every day….I think it's that more willingness and openness to have a

conversation with someone, rather than….'I'll deal with that issue later, I'm dealing

with this at the moment'" (Gary, FG4)

The prison response towards self-harm can have a substantial impact on the care given to prisoners and therefore, the care received by prisoners. The prison environment itself, through fostering a culture, was perceived to have a substantial influence on enabling or disadvantaging officers and prisoners in the care process. Caregiving itself can be interpreted or acted upon differently by different officers and as such, participants described the difference between caring and doing their duty of care.

6.4.3.1. The impact of a positive environment and culture.

"It is not a forced proactivity, it's an institutional proactivity; it's putting those things in place

which makes people feel safe. That's pre-emptive rather than proactive. So, the environment,

the levels of activity, the time out of cell/out of their rooms. These things in themselves are

therapeutic" (Robbie, FG4)

As previously discussed, being in the prison environment can have a detrimental impact on prisoners wellbeing and for some prisoners, their engagement in self-harm; "they will say 'well you know, I've never self-harmed in my life and I have no intention, but I knew that that would stop. So that's why I've done it'" (John, FG1). Furthermore, participants have described the hinderance the prison environment can be to their caregiving.

The prison environments, however, vary and some were described to be more supportive for responding to and managing self-harm than others. In one establishment, for example, "There's no secure accommodation. They're free to come and go whenever they want. In any other prison you're locked behind a door and you're not getting out" (Skye, FG3) and prisoners, therefore, can make use of the "open surroundings where they can walk around. We all know that is good, that is beneficial for mental health" (Mark, FG4). Having certain freedoms was perceived to be beneficial to prisoners' wellbeing because "they can

easily pop over to the chaplain and see them if needs be…..Or they have friends that they can meet up and speak to in the grounds as well, as well as staff" (Jason, FG4) and this can encourage the use of coping strategies they may have utilised while in the community.

Developing a culture which is supportive and consistent was described by participants to have a substantial positive impact on their capacity to care and the prisoner engagement in care-receiving to "feel comfortable they can speak to staff" (Gerry, FG3). A supportive caring culture was described by one participant to be

> Everyone working together in the same direction, with the same aim at the end of the day and that includes the residents, the staff and the support staff and the visiting stakeholders that come in….We know….the level of care and support that we want to give (Robbie, FG4).

Embedding the "new 'OMiC' model where prisons are being identified with specific roles and should be resources accordingly" (Robbie, FG4) was believed to support this process. Consistency, with "staff working altogether" (Gary, FG4) was described as vital to a positive culture, because "one response that is felt to be unjustified, changes that prisoners response to think that that's all staff" (Gary, FG4).

Fostering a positive culture, however, involves the buy-in of everyone, including prisoners:

> Here, poor behaviour isn't really accepted by the vast majority of the population, so they are quite willing to challenge themselves on a low level and say 'what is that all about?'……They have got to have ownership, they have got to have a voice (Robbie, FG4).

A peer support culture was also encouraged in one prison, who felt prisoners were able to "voice their opinions in our protected characteristics groups. They can talk; we have got good peer support systems in place" (Robbie, FG4). Consistency, however, again was found to be

important in prisoners building trust and believing their voice does matter. Giving prisoners a voice was experienced as encouraging for prisoners to become engaged in their own care because "if we are giving people a voice, they can use it, they can come and talk to us, they are confident that they can go to the wing manager and say, 'I'm feeling a bit crap'" (Robbie, FG4) and therefore, "Getting them to get the responsibility back for themselves" (Howard, FG4). Prisoners increasing their ownership, responsibility and autonomy over their own care, in turn, was beneficial for officers, for example, "We are busy sometimes on the wing, so it's gives the emphasis for them to come down. Whereas that can't happen in a lot of other jails because we have to go to their cell door" (Howard, FG4). Participants found using the ACCT to "put on the CAREMAPs, 'you will go to the gym or you will approach activities when its open', to engage in that employment side, rather than someone coming to see you" (Gary, FG4) was useful in encouraging the prisoners to take responsibility.

Although having a more open environment and a culture which fosters trust and autonomy was experienced as substantially beneficial to supporting prisoners who self-harm, it was also recognised that "taking it forward to another establishment it's a quantum shift in what's going to have to happen elsewhere" (Robbie, FG4).

6.4.3.2. The difference between a duty of care and caring.

"I think there is a big difference between a duty of care and actually caring" (Freddie, FG1),

"Very big difference" (Brian, FG1)

Developing a positive culture fosters an environment which enables officers to better respond to and manage prisoners who self-harm, however, good care requires officers to be engaged in the care process. Although when asked more generally whether officers care for prisoners who self-harm participants stated "Absolutely! I've never worked in any establishment where you don't care about the person who is self-harming or the reasons for it" (Robbie, FG4), it was apparent, however, for the participants there are different types of

care displayed by officers which impact the meaningfulness of the care the prisoner receives. A distinction was made by participants between caring and fulfilling the requirements of a duty of care. One participant explains this in more detail:

> You've got some staff that come in and they know they've got a duty of care, and so for that 8 hours that they're in that establishment, they will provide care….And then you've got other individuals- again like myself, I'm not ashamed, that get referred to as care bears and things like that- because yes I've got a duty of care but that's because I actually do care, I actually do want to help (John, FG1).

It was the experience of some participants that fulfilling a duty of care alone is not enough to give meaningful support to prisoners. For example,

> You've got some staff who will do their job- so they will go and check, and like you were saying 'You alright?', 'Yeah', 'cool, right thanks' and that's it- but they will do their job. But it's not enough, it's not helping, it's not supporting, it's not identifying what that individual needs (John, FG1).

To the participants, caring seemed to refer to something more meaningful, individualistic and requires seeing the prisoner as a human with their own set of needs. Meaningful care, to the participants, was described to have many facets, including:

- "Care is…support, encouragement, giving someone a future" (Robbie, FG4).

- "Keeping them safe. It's keeping them in the best condition they can be and helping them to change their ways so that when they walk out of the door, they're in the best possible position to not come back" (Nicole, FG2).

- "Care is individualised isn't it? There is no one care model that fits anyone. It's very individual. It's about getting to know that person from a variety of sources to figure out what care is to the that person" (Gary, FG4).

- "….look back and see what the trigger points are, and you understand slightly where they're coming" (Ade, FG3).

- "Actually giving a damn" (Adam, FG1).

- "A bit of banter for them goes a long way because it makes them feel humanised normal" (Gerry, FG3).

It appeared, therefore, what caring provides, which a duty of care does not, is empathy, demonstrating curiosity and interest, seeing the human in the process, wanting more for prisoners than only to stay alive. It consists of the difference between the officer giving care as a provision or investing themselves into the care process.

Overall, working within a positive and healthy prison environment was believed to be highly beneficial for reducing self-harm. A positive environment can aid in developing a culture of support, autonomy and security for both prisoners and officers, which in turn was believed to aid in supporting those who self-harm. Despite fostering such culture, care still requires officers to actively engage in caregiving. The difference between caring and fulfilling a duty of care was recognisable to the participants and would seem to suggest that fulfilling a duty of care alone is not enough to provide meaningful care.

6.4.4. The impact that self-harm and the prison system response towards self-harm has on prison staff

"'Look you want to do it, then crack on. I'll tidy up afterwards'. It's not the right way to do it, but that's how you get." (Brian, FG1)

Officers are provided with basic training on self-harm and mental health prior to beginning their role. Some participants, however, described the training as inadequate, not preparing them for providing care for prisoners who self-harm. As such, although caregiving can be rewarding, the participants have experienced the emotional burden of responding to

217

and managing self-harm and the support they have received for this has not always been helpful.

6.4.4.1. The problems with officers' self-harm training.

"When I was training literally SASH and mental health was lumped together….In a day and a half, and that was it….And then you're thrust into the job and it's like 'look after this grown up'" (Adam, FG1)

The training given to officers for self-harm was experienced by participants to be not adequate to aid them in responding to and managing the complexity of self-harm. More specifically, "It's not so much the ones who have mental health, it's the severe psychological trauma….further back….you open that can of worms but aren't qualified……to then take it, take it further and then help and deal with it" (Freddie, FG1). In addition, others raised concerns about the lack of mental health training they are given in relation to its impact on self-harm. The standard of the ACCT training was questioned: "But how effective are the ACCT assessors? And do they ask the right questions? You know, my training for ACCT assessing was OK, but I wouldn't say it was great" (Nicole, FG2). A lack of time available to officers was believed to maybe impact the time available to properly train officers.

The training delivered was experienced by some as encouraging a culture of fear among officers. One participant explained this further,

> I think the problem is we try to positively use tactics to remind staff that you can go to Coroner's court, you can be charged with corporate manslaughter, it can be investigated, you can be arrested by the police. And we try to instil that into staff to make them more concerned, but then I think sometimes we panic them and….sometimes we go too far (John, FG1).

Putting this pressure on officers can result in them thinking "I don't want any of that, so I don't want the responsibility of putting my name to anything" (John, FG1) and hearing

218

"stories about people that have been to Coroner's court and people that have been arrested by the police and interviewed by the police and things like that" (John, FG1) can create "this fear that a lot of people have of closing an ACCT, putting your name to that closed document and saying 'well I closed that'" (John, FG1).

6.4.4.2. The emotional impact of caring.

"I always remember being on the POELT course and they said, 'you can be any kind of prison officer you choose to be'….'you can choose to be the person who creates stuff or breaks stuff, but also the person who makes tea after an incident'" (Roger, FG1)

Self-harm provokes a range of emotions in participants, for example:

- "Sad" (Adam, FG1)
- "Indifferent" (Nicole, FG2)
- "It's quite confusing as well I think, to try and figure out what is genuine and what is manipulation" (Melanie, FG2)
- "It depends on the person that is self-harming" (Gary, FG4)
- "I personally go into auto-mode" (Gerry, FG3)
- "It can be frustrating" (Robbie, FG4)

At times, witnessing self-harm was a traumatic experience for the participants; "the things we see, if it were to happen outside of prison it would be like catastrophic and everyone would be like 'oh my god'. But when it happens in here it's just like 'alright, add another one to the sheet'" (Skye, FG3). One participant gave an example, "some guy once had a bone just out sticking out, pulling at the flap of skin, the muscle everywhere, and just dangling around, and it's like a horror movie" (Emma, FG3). When caring for prisoners who self-harm, participants can feel "there is an emotional contact and commitment that you make to any individual that you are trying to help" (Robbie, FG4), but participants felt there was only so much they could give to prisoners: "the ones I've seen that are in a really bad place, I do

219

work my arse off to try and solve some of their issues and alleviate some of their stress….But you can't do that for everyone" (Nicole, FG2). It can be particularly frustrating for participants when they feel they have given the prisoner support, yet he continues to self-harm; "they've advised on him on what to do to cope and he's had enough input and you think 'go crack on'" (Nicole, FG2). This frustration was also experienced when self-harm appeared to not be sincere: "If it's because they're being a dick, it gets me really angry…. and I've got to go waste my time with someone who's stringing-up because they've not got a Vape capsule" (Freddie, FG1). These frustrations, however, can lead to prisoners potentially not receiving the care they need:

> ….because we deal with a lot of people that do that [non-genuine] behaviour, those that genuinely are self-harming- because they are not coping or struggling- are being missed because staff are like 'oh for God's sake'. You think, 'that one is cutting himself again' (John, FG1).

Other participants experienced a distancing from responsibility whereby they felt "at the end of the day it's their choice" (Rae, FG2) and in some cases "they don't want the help" (Brian, FG1), and therefore "some of the ownership has to be put on the men." (Freddie, FG1).

The experience of a sense of helplessness was described by other participants; "I've done an assessment; the man has no family, no job, no house. He's got absolutely nothing. And how you going to tell him….'yeah you've got plenty to live for'?" (Brian, FG1), therefore, feeling "limited with what you can do" (Freddie, FG1). Similarly, sometimes the cause of the prisoner's self-harm can be out of the control of officers, for example, "you do have people who do serious amounts of self-harm, but for things that you can't resolve; like for IPP" (Nicole, FG2).

Some participants reflected on the responsibility they felt over the care they have provided; "you always look inwards to see if there was anything you could have done and

I'm always frustrated that you miss things or you don't spot things earlier" (Robbie, FG4). In particular, self-inflicted deaths seemed to provoke feelings of self-blame; "You think 'I wanted to help….so, why didn't you come see me for help and why didn't you tell me how you were feeling?'" (John, FG1) and as with self-harm, officers can feel they lack control over preventing suicides; "He said from the moment he came into jail that 'as soon as I get sentenced Gov….I will do it' [suicide]" (Roger, FG1).

Continually managing and responding to self-harm was perceived to inevitably take its toll on the participants; the large workloads, low staffing number and emotive experiences all contributing to an emotional pressure on staff, as demonstrated by one participant "the last week I had 9 [ACCT assessments] in one day….you've got to go to every single individual one and then at the end of the day, go home and continue your own life without being about to think about it" (John, FG1). It was believed that such pressure can lead to burnout and when asked if burnout impacts the participant's ability to do their role, one participant replied, "yeah, my 'well of good cheer' runs dry. Also, my empathy, I think I got to the stage where….doing an ACCT assessment and thought 'oh just get on with it'" (Brian, FG1). Desensitisation was experienced by one participant who described "It is strange how normal it [self-harm] is here" (Emma, FG3), participants "becoming numb to people" (Roger, FG1) and getting "used to things you shouldn't get used to… after a few years you become immune to it" (Ade, FG3). As a means of self-preservation, participants described keeping an emotional distance between their feelings and the prisoners who self-harm; "If you got emotionally involved in every case of self-harm we had, we would be very miserable people" (Skye, FG3). This was perceived to be important for the participants to look after their own wellbeing; "You can care, but you still have to detach yourself. It's a different kind of care." (Gerry, FG3). Nevertheless, caring for prisoner could "feel rewarding if you explore those person's issues and you appear on the outside to be helping them or guiding them" (Gary,

FG4), as it "feels like we are actually doing something for them" (Jason, FG4). For some,

they aligned themselves more closely with "being more caring than knuckle dragging"

(Roger, FG1) and enjoyed the relational aspect of the role:

> Breaking down that 'black and whites' things…I will talk to them like I'm their
>
> mother and say to them 'what on earth do you think you are doing?' or I will take the
>
> mick out of them or you know, they have relationship dramas and I will have a
>
> laugh…. It's showing you're human (John, FG1).

In addition to the emotional toll self-harm can have, some participants described their

work with self-harming prisoners to be undervalued by the prison and other officers. It was

explained how "safer custody as well should be more specialised; it's just another stepping-

stone for people you know. It's people who are on a career path, wanting to get to Governor

level or above" (Nicole, FG2), yet there is also "no development from there either" (Freddie,

FG1) for participants wanting to progress within the specialism of self-harm and suicide.

"You are put into the organisation and hammered square pegs into round holes" (Brian, FG1)

was the perceptions of how officers are allocated to the departments in prison and therefore

"You don't have a best skill set for the, for the role" (Freddie, FG1). Furthermore, in the

process of becoming an ACCT assessor, the participants described how officers "volunteer to

do it and it's a second hat" (Brian, FG1), however, more consideration was believed to be

needed to be given about who should be offered the ACCT assessor roles. One participant

suggested,

> I think for ACCT assessors you need to do a specific interviewing skill or training
>
> course. You need to actually have a good understanding of probing in-depth questions
>
> which will get the answers out, even if they give you a -you know- put a brick wall in
>
> front of you. You need to have the patience and…..personally, I think people need to
>
> be psychologically profiled for the job as well, just like a negotiator is (Nicole, FG2).

Currently within prisons, "especially with a lot of young testosteroney filled lads in there.….who will deal with stuff in a certain way….being one of the caring ones isn't seen as cool" (Freddie, FG1) and there appeared to be a stigma around being a Safer custody officer; "we're the care bear of the establishment. The other staff see us as the 'oh, you're not man enough to be on the landings'" (Nicole, FG2). This stigma around caring could make participants feel like caring is undervalued; "I think the C&R advanced is 10 times easier than we do because……When I can be stuck in an ACCT assessment sometimes and it's like a hostage situation stuck in there for 2 and a half, 3 hours sometimes" (Roger, FG1).

6.4.4.3. The support offered to staff for managing self-harm.

"There is no other job where you could have a day-to-day interaction with somebody and then come to work the next day to find out they're killed themselves and then be expected to just carry on with your job" (John, FG1)

Participants had had experiences where they had felt unsafe in prison, both physically and psychologically. It was felt that "the service demands a lot of its staff. And probably too much at times" (Simone, FG2) which can lead to "the staff group doesn't feel appreciated" (Ade, FG3). Experiencing a lack of support from management within some prisons was voiced by participants; "there are some establishments where you haven't got….that confidence that they will be supported from above, because if something goes wrong you are on your own" (Robbie, FG4). Moreover, a perceived lack of care from management was felt to demonstrate that management do not care for the wellbeing of officers, one participant gave an example:

We had an officer that was nearly killed, it was touch and go for 24 hours, he [Chief Executive] never even wrote to him….never sent him a card, he never even got his secretary to send a card, never got a phone call, never had any contact with him whatsoever (Victoria, FG3).

The perceived lack of care for officers was believed to be the outcome of management's concerns over low staffing numbers; "I just think that this attitude of 'yeah, we just need you back straight away' from the management to any staff member….the reason for it is because there's just no staff" (Simone, FG2).

Provisions of support offered to officers includes a debrief following major incidents, however,

> The people we can debrief to, if you like are our colleagues, who with no disrespect to any of them they are no more experts than we are, so they can debrief as far as an officer doing that job, but they can't turn around and say they recognise that particular type of psychoses or whatever….. so, from that point of view the support is great we have a great care team but the support specific is difficult to get (Ade, FG3).

Additional support, like supervision or counselling is also available, but requires officers to recognise they need it and for one participant "I did 14 years with this issue….eventually picked up by my line manager, which was great, but it wasn't recognised early enough" (Gerry, FG3). Particularly with significant events like appearing at Coroner's court "despite the fact….I've got care team support from you guys and things like that- it does just completely engulf you" (John, FG1). For those who have not been to Coroner's court before, this can be a very difficult experience and "a lot of us we don't know how to deal with" (Brian, FG1), but "we don't really want counselling. We just want someone to talk to. We want a bit of advice and guidance" (Brian, FG1). Ultimately, it was felt that "I think you would get a lot more caring from staff in the present position, if staff felt cared for likewise" (Nicole, FG2).

Experiences of good support from management, however, were evident; "here it's a management experience thing, that people sat around this table here, that we feel confidence that if we do something and make a decision, we are quite happy to defend it regardless of

who questions us" (Gary, FG4). Feeling supported by management encouraged participants to feel "a bit of ownership" (Robbie, FG4) over managing processes of care. Feeling supported was important for feeling valued, for example, one participant explained, "Its empowerment and support for the staff on the ground dealing with the individuals. Staff should have the knowledge that whatever they try will be appreciated" (Robbie, FG4).

Overall, the lack of feeling physically and psychologically safe and supported by management, perceiving a disconnect between management of front-line staff aims and not feeling prepared to be equipped to care were contributing factors for the challenges participants face for providing care for prisoners who self-harm. Caring for self-harm, albeit rewarding, was also experienced to be frustrating and draining. Participants experienced becoming desensitised towards self-harm, feeling a sense of hopelessness or would blame themselves. For some, the emotional burden would lead to burnout. Others, to protect themselves from this would distance themselves from care and put the responsibility back onto the prisoner. Thus, the less support and care put into staff to aid their caregiving experiences, the less care and support participants felt officers would be able to give prisoners.

On concluding the themes raised by the participants within the focus groups, sharing positive anecdotal stories of the outcomes of care seemed productive in the aim to develop ideas for better caring for prisoners who self-harm:

> We had a homeless guy come in and his other half is.…learning disabilities…and all
> he wanted me to do was phone up his worker, because they're both homeless and to
> say she was homeless and 'this is where she is camping out' because the minute he's
> not with her, she gets housing straight away because of her….disability. And, so I
> made that phone call and we then got a message back saying that she got housed 3

hours later. Yeah and so that of course the next day he came off the ACCT because

that was his whole…" (Roger, FG1)….that was his big stress (John, FG1).

I had a mum try to hug me the other day to tell me how well we are doing at HMP

**** looking after her son. Where it is a relief for her that he is here because she said

he's been in a lot of different prisons and he has never been as good as he is now

(Howard, FG4).

When he first arrived here he had a horrendous history of self-harm…..twice I

stopped him and asked 'what's wrong' and 'come on in and discuss it' and he said to

one of the other staff members, he said 'staff members have called me and asked if

I'm alright and if I hadn't been asked I would have self-harmed' and I have checked

on him since and he has left here and gone to a D-cat and not once did he self-harm

with when he was here….and he said how proud he was that he never self-harmed

since after he moved here, because staff had the time to ask when he was down, when

he was upset and that he had time to talk to someone there is the big difference

(Gerry, FG3).

6.5. Discussion

The aim of this study was to explore officers' perspectives towards self-harm, the

prison system response and management towards self-harm and how they feel these impact

the prisoners. Additionally, the study aimed to contribute to the triangulation of the empirical

study's findings which led to the development of a care-ful model to reduce and protect

against self-harm in male prisoners. To address this, four focus groups were conducted with

custodial staff.

In summary, the participants demonstrated a breadth of knowledge about causes of

and motivations for self-harm, with a specific focus on the difference between what they

perceived to be sincere and non-sincere self-harm. The context of providing care within prison was experienced as extremely challenging by participants. The ACCT itself, low staffing and resources and inexperienced officers all exacerbated their difficulty to respond towards, and manage, self-harm. The prison environment was perceived to have a substantial impact on the prisoner, especially the care they receive and the care they engage in. Furthermore, there were perceived differences in the care given by officers themselves. The prison system response additionally impacted the participants themselves, especially the lack of training and support their felt they receive. This was particularly problematic when caring for self-harm because of the emotional impact self-harm can sometimes have on the participants.

6.5.1. What are prison officers' understandings and attitudes about the causes and motivations for male prisoners' self-harm?

Participants demonstrated a vast knowledge of the interpersonal, intrapersonal and situation factors influencing prisoner self-harm, which reflect the policy PSI 64/2011 descriptions of risk and triggers for self-harm (MoJ, 2012). Self-harm was described as being caused by a range of difficulties the prisoner might be experiencing internally, including difficulties which are in the present (for example, substance misuse problems) or in the past (for example, having experienced abuse in the past). Struggling to cope with these internal difficulties may result in prisoners using self-harm to regulate, redirect or cope with a range of emotions. Self-harm was also recognised as a tool to interact with others. In particular, this was discussed in relation to the use of self-harm to manipulate staff, however, other reasons, such as to communicate they were not feeling cared for, were also recognised. Participants' understandings of self-harm, however, appeared more extensive than what is reflected within the existing literature (see Marzano et al., 2015). Aligned with the existing

literature (Marzano et al., 2015; Short et al., 2009) were participants' preconceptions of the use of self-harm as a tool to sometimes manipulate staff or a learnt behaviour used to achieve a personal goal. Similar to the existing literature (Marzano et al., 2015; Ramluggun, 2013), these preconceptions had implications for the empathy the participants have and the care they give. Once some staff assigned this label of manipulation (or learnt behaviour), however, there appeared to be little further exploration by the participants of further narratives, including what distinguishes these prisoners from others or whether other motivations could influence self-harm concurrently. It seemed the label would become stuck and this was recognised within one of the focus groups as a potential problem. Although the lack of exploration about this prevents assumptions of causation to be made about why prison staff may respond this way, this approach towards self-harm does speak to existing critiques of care approaches. For example, the difficulty some individuals have for bearing others' emotional distress or accurately recognising the needs of others because of their own early life experiences of care, which can impede their capacity to care (Hollway, 2006). Thus, demonstrating the difficulty in expecting homogeneity in care responses. Difficulties with situational factors were also understood to impact prisoner self-harm, whether that be difficulties within the prison (for example, spending extended periods of time in cell) or external to the prison (for example, having family problems). However, little exploration was given to understanding how these different influencing factors in self-harm may relate to each other or form part of a larger systemic issue.

Whereas some existing literature looks upon officers' attitudes unfavourably, the participants within this study demonstrated an understanding of the complexity of the prisoner's inner and outer world and the substantial influence this can have on their self-harm. Similarly, where previous literature suggests differences between the views of male and female officers (Ireland & Quinn, 2006), this was not overtly notable within the focus

groups. Instead, differentiation was more apparent between caring officers and 'knuckle-draggers'.

6.5.2. What are the prison staff perceptions towards how the prison service responds and manages self-harm and how do they feel this impacts the prisoner?

A second area of interest for this study was to explore the participants' understanding of the prison service response towards, and management of, self-harm and understanding of how they feel this impacts the prisoner. The context of which officers are expected to provide care is one experienced by the participants as presenting them with many barriers and challenges for providing care. By nature, prisons were recognised as not being the most pleasant of environments and this was reflected by the participants in the difficulties prisoners have with access to support, fear and anxiety from being in prison, ontological insecurity and, similarly, participants' experiences of ontological insecurity, extensive workloads and the implementation of the ACCT, which was described by participants to be, at times, counterproductive to care.

The ACCT was often experienced as a useful tool for providing care for prisoner who self-harm. The ACCT process, however, was perceived to be open to abuse by prisoners and felt to potentially reinforce the counterproductivity. Likewise, this frustration was voiced within previous literature (see Marzano et al., 2015; Pike & George, 2019). Additionally, participants encountered problems with staff not utilising the ACCT properly or not completing the ACCT to the standard expected. A lack of time and resources were felt to exacerbate the already complex task of implementing the ACCT or time to train the officer to be able to utilise the ACCT well. The impact of the lack of time to engage with the ACCT, in particular, has been previously voiced (Walker et al., 2016). Yet, unlike the previous literature, other challenges of implementing the ACCT, such as challenges with multi-

disciplinary working or breakdown in information sharing, were not discussed by the participants. As mentioned, however, when employed in the right way, the ACCT can be a tool to engage prisoners, to build better working relationships and trust between officers and prisoners, and to allow a safe space for the prisoners to talk and gain support. Thus, as a response and management tool, the ACCT can be an enabling tool to caregiving. However, when not employed appropriately can become a burden for officers. The stance taken within the existing literature that a lack of understanding and a fear culture around the ACCT which ultimately results in too many ACCT being open (Ramluggun, 2013; Walker et al., 2016), was also evident from the findings in the focus groups. The participants, however, elaborated on this to discuss the fear of Coroner's court, which was described to often be reinforced through the training provided for the prison staff and therefore, often impacting the newer and younger officers. This fear encouraged too many ACCTs to be opened precautionarily. Two important factors were described to mitigated against this; firstly, with experience, officers learned to manage these expectations more, and secondly, those officers who felt supported by management also felt empowered and trusted to make decisions about the ACCT without so much fear of the consequences, therefore, trusting their own decision making.

More generally, the austerity experienced by the prison service was perceived to be a barrier to caregiving as it reduced participants' capacity to care. More specifically, benchmarking was perceived to be a catalyst to staffing cuts, resource cuts and outsourcing the service provisions, all of which were perceived by participants as having made it more difficult for officers to have control over the resources available to them, including service provision and staffing numbers. For the participants within this study, the decrease in resources and time available to staff was viewed as considerable burden on the officers. For example, not having service provisions or expertise to aid officers in care-giving, the increase

in officers having to take on additional responsibilities (mental healthcare responsibility), not having the officers available to get the prisoners out of the cells more or provide support, all result in further distress for prisoners. As expected, the impact of decrease in time and resources is also widely recognised within the existing literature (for example, see Howard League, 2017) and many of the participants' experiences mirror that of other officers' experiences more widely (for example, Walker et al., 2016; Ward & Bailey, 2013). Allow beneficial for increasing staffing numbers, the more recent recruitment drives were viewed by the participants to have resulted employing young and inexperienced officers. It was felt these profiles of officers were not equipped with the interpersonal and life skills required to know how best to manage prisoners in a crisis, as well as being able to cope with the pressure of managing and responding to self-harm. Their lack of confidence was believed to impact their decision making and left them vulnerable to being taken advantage of by those prisoners using self-harm to manipulate officers. However, participant perceived having more time available to work with prisoners to be beneficial as allows them to develop better relational security (for example, time spent with prisoners to build meaningful and trusting therapeutic relationships; see Kennedy, 2002) and they, therefore, are able to provide better and more meaningful support to prisoners. As suggested within the existing literature, a relational approach may be a beneficial way for officers to uphold their security-focused duties, but still ensure therapeutic relationships are built with prisoners (Crewe et al., 2014). Modernising prisons themselves (for example, to include in-cell phones) was expected to be supportive for officers by freeing up more time and resources for them.

Care provided to prisoners who self-harm requires officers to be engaged in the caregiving process (as highlighted by Tronto, 1993), and, to the participants, there was believed to be a difference between fulfilling a duty of care and caring. In comparison to the duty of care expected of officers, caring was described to be more meaningful, individualised,

supportive, understanding, progressive and humanising. Where within the existing literature some officers were found to reject care as part of their job role (Marzano et al., 2015) or some typologies of officers were suggested to be more caring than others (Tait, 2011), this did not appear to be the experience of the participants. Instead, there seemed to be the general acceptance of caregiving, however, it seems officers align themselves with different types of caregiving, either those who engage with their duty of care or those who engage with meaningful caring. Preconceptions about the sincerity of self-harm which influenced officers' empathy and existing stigma around being a 'Care bear' could possibly, however, be demonstrative of an indirect rejection of the officer care role.

As described, the prison context and regime create challenges and barriers for which officers' capabilities to provide care can be hindered. Similarly, this is recognised within the wider literature (for example, Marzano, et al., 2015; Short, et al., 2009). Little exploration, however, has focused on the impact of working within a more positive prison environment (beyond specific prisoner population targeted environments like TC) and what makes an environment positive for prisoners. This is particularly important when ascertaining principles of what works for responses towards self-harm, for example, in the development of a care-ful model, as per aim of this thesis. Reflecting on working within perceivably a more positive prison environment, participants described the substantial positive impact this can have on prisoner self-harm. When fostering a healthy and supportive culture, providing meaningful care for those who self-harm can become commonplace, a standard and an expectation of normal practice. At the centre of this, participants described fostering feelings for both prisoners' and officers' empowerment, feeling valued as a human, proactivity rather than responding reactively, relational security and therapeutic relationships. A positive and proactive environment and culture appeared to support prisoners to embody ownership over their own self-care and a feeling of inclusivity, which in turn was perceived to be beneficial

for officers as it alleviates pressure from their high workloads. Within a more positive environment, officers and prisoners were described to work together more closely to promote healthy behaviours and positive coping, embedded within a place of safety and trust (and, subsequently, ontological security). Important for developing this culture, was the buy-in from all, the prison system, officers, and prisoners. This speaks to the importance of developing an environment to foster ontological security for prisoners, whereby they can trust and predict their environment, routines and relationships in order to be able to better self-regulate their anxieties about risk (see Giddens, 1991). Again, as described in relation to TCs (Kennedy, 2002) and as suggested prior, the use of a relational approach (Crewe et al., 2014) in developing prisoner and prison officer relationships is likely integral for fostering supportive cultures for prisoners. As described by the participants, developing a relational and therapeutic approach enabled both the prisoners and the prison officers to trust and work with each other to develop a healthy environment for both prisoners and prison staff, which subsequently had a positive impact on self-harm.

An additional area of findings which presented itself from the data was the participants' discussions of the impact they feel self-harm has had upon the staff responding to and managing self-harm. It was evident that working with prisoners who self-harm could be emotive for the participants. Despite often finding caring rewarding, caring for self-harm could also impact the participants negatively. At times, participants experience sadness and distress from witnessing self-harm, frustration when they feel prisoner self-harm is not sincere, exasperation, hopelessness and helplessness from not being able to help, guilt or upset when prisoners do not come to them for help or from when their support has not been effective. The negative impact responding to self-harm can have on officer's mental health has been highlighted with existing literature (Marzano et al., 2015; Sweeney et al., 2018), as has the frustration experienced when prisoner self-harm is perceived to be manipulative

(Marzano et al., 2015; Short et al., 2009). Those participants who spend more time working within Safer Custody or work closer with the ACCT process described feeling undervalued at times, believing their role is not perceived to be worthwhile and experiencing stigma from other colleagues for being a 'Care bear'. Although one participant referred to young testosterone-filled male officers exacerbating stigma because of their perceptions towards care, which was also described within the existing literature (for example Crawley, 2004; Liebling et al., 2005), generally, stigma around caring appeared more complex than this. Young officers, for example, were judged to be inexperienced and anxious when responding to and managing self-harm. Therefore, it might be possible that stigma could result from a projection of their own insecurities within their job role, opposed to an alignment with 'masculine' roles and rejection of 'feminine' roles, especially as the role of caring was not described by participants to be gendered.

A lack of feeling physically and psychologically safe and supported by management was described by participants. The lack of support from management could lead to participants feeling unappreciated and undervalued, which was exacerbated by inadequate training leaving many participants feeling unequipped to care. In comparison to the existing literature, participants did not attribute the lack of training to officers' negative experiences of working with self-harm, or misguided or unhelpful perceptions towards self-harm (i.e., Marzano et al., 2015; Short et al., 2009), yet they did describe feeling underqualified to manage prisoners' psychological trauma. As evidenced from existing literature, a lack of mental health training can lead to a lack of confidence in addressing self-harm and can leave officers feeling helpless (Short et al., 2009; Marzano et al., 2015). This would likely contribute to the lack of confidence described by participants to be experienced by new and young officers. A fear of the legal responsibility over the ACCT, as demonstrated within the existing literature (Marzano et al., 2015; Pike & George, 2019), was also a concern for the

participants. This was, however, attributed by participants to the self-harm training and hearing the experiences of other officers. At times, participants felt the management goals and officer goals for care are misaligned, especially in relation to the value of the ACCT, and, subsequently, prisoner care suffers. Those, however, who had experienced positive support from management described the value of feeling empowered and had confidence in their autonomy when decision making. Despite support-giving procedures being available to the participants, for example counselling, participants perceived these to not always target their own care needs. The general lack of support and emotional impact from caring for prisoners who self-harm was described to sometimes result in the burnout of officers, whereby they would distance themselves from caring or become desensitised. Similar experiences have been described previously (Marzano et al., 2015; Ramluggun, 2013), yet seem to continue to be problematic. Ultimately, when participants felt unsupported and uncared for themselves, this was believed to impact their capability for caring for prisoners. Interestingly, these descriptions by participants of their own feelings mirrored that of the ontological security needs of prisoners they described, and the relational approach they described as beneficial for prisoners, they too needed from their colleagues for support. These needs not only reiterate the importance of ontological security and relational security more widely than only prisoner-focused, but also demonstrate just how systemic caring for prisoners who self-harm is. There seems to be a complex and interactional ongoing process between the prison officers, prisoners and prison system, which interplays with the prison officers' experiences, perceptions and feelings. Additionally, this reinforces the requirement for a care process to be inclusive of the needs of both the care-giver and care-receiver (as suggested by Tronto, 1993).

6.6. Limitations

Focus groups were choice of data collection method used to explore the perspectives and experiences of the custodial staff responding to and managing self-harm in prison. In general, this method worked well for maximising the amount of data able to be collected within the limited time available (releasing prison staff from their duties). Furthermore, as hoped (see chapter three, section 3.2.2.2.3.), the focus groups were able to capture the officers' collective identity, to be able to provide a more 'naturalistic' insight into how they impact care as a collective. Although sometimes a concern of using focus groups is the difficulty in gaining in-depth data or explore sensitive topics (Smith, 2011), this did not seem to be a problem within these focus groups. For example, participants were very forthcoming with disclosing personal experiences related to the topic and did not appear to shy away from sensitive questions. However, despite the benefits of using focus groups to collect this data, there were some limitations experienced.

Prior to commencing the data collection, the inclusion of a mix of different staffing groups had hoped to be recruited, therefore including healthcare staff in the focus groups. The ethical application created barriers for the inclusion of healthcare staff and therefore, they were not included in the study. This had an impact on the generalisability of the conclusions drawn about the multi-disciplinary approaches used in implementing the ACCT that were raised as a substantial concern amongst the existing literature (see Pike & George, 2019; PPO, 2017b; Ramluggun, 2013). Subsequently, assumptions could not be made about the dynamics and working relationship between the different groups of staff. However, although the voices of other disciplines were not represented within the focus groups, it can expected that many of the participants would have spent substantial periods of time working alongside different disciplines, especially as the participant sample had on average 10.89 years' experience within their current role and several had been previous employed under different roles within prison.

Following on from this limitation, it was evident that within the participant sample most worked within Safer Custody or were ACCT assessors, especially as the second Category C prison Two focus group only recruited Safer Community staff. Although this was beneficial for giving in-depth, insightful perspectives of the ACCT process, this meant there was a limited representation from, for example, officers who may disengage with caring from self-harm altogether. Having this counter-perspective would have provided additional insight into understanding why, as highlighted by the participants, there is a perceived stigma about working within Safer Custody or being an ACCT assessor.

The differences between Category B and Category C prison agendas and types of prisoners housed creates very different climates for the officers to be working within (see chapter three, section 3.3.2.). Perspectives raised, for example, may be prison-specific. Thus, when only one of the four focus groups were conducted with Category B prison staff, this would ultimately result in the findings being more representative of the experiences at Category C prisons. However, apart from the second focus group conducted at the Category C Prison Two, the focus group schedule did not specify which prisons the participants should reflect upon within the focus group. As such, participants often gave examples from working in different establishments or young offender institutes.

For the researcher's reflections on this research process, see chapter three, section 3.9.2.

6.7. Implications

Participants demonstrated a breadth of knowledge about self-harm in prisoners. This is encouraging given their centrality in the response and management of self-harm in prison. Yet, gaps of knowledge were apparent; participants highlighted the need for mental health knowledge and the need for further training on how to optimise the questions asked within

ACCT assessments. Furthermore, there was little elaboration within participants'

understandings, of how different causes of, and motivations for, self-harm change and

interrelate. The topic of non-sincere self-harm spanned many discussions which arose during

the focus groups. Although participants seemed to feel they understood behaviours like

manipulation, there was little understanding observed from the participants which looked

beyond this as a motivation, for example, is 'manipulation' related to, or cross over with, any

other causes and motivations for self-harm? It could be argued that if 'manipulation' becomes

a label for a behaviour which disengages officers from providing care, how useful is

conceptualising self-harm this way?

In addition, it appears officers engage in different conceptualisations of care: a duty of

care or more meaningful caring. More meaningful caring was valued as individualistic and

prisoner-need focused, which not only humanises the prisoners but is also empowering and

rewarding for the officer. Therefore, it is imperative that officers are empowered through

being provided with the means and training to understand these differences to be able to

maximise the care they provide. Providing meaningful care was also perceived to be more

achievable with prison environments which are positive and foster healthy cultures of

support. Although changing a prison environment may be unrealistic, as suggested within the

existing literature (Crewe et al., 2014; Kennedy, 2002), utilising a relational approach or

therapeutic approach to prisoner-prison staff relationships may mitigate against the negative

impact of power and control from the prison system, fostering meaningful relationships with

prisoners. Thus, having an implication for the theoretical approach to care in prison. More

specifically, some aspects of feminist approaches towards care, such as aligning a

bureaucratic agenda alongside the care-givers and care-receivers (Tronto, 1993), may not be

realistic in prison. However, positive caring environments can still be developed through

empowering both prisoners and prison staff, reinforcing supportive relationships through a

relational approach (see Crewe et al., 2014) and fostering prisoners and prison staff ontological security (see Giddens, 1991).

The implementation of the ACCT and provision of good care for prisoners was described to be hindered by a lack of time, resources and training. More generally, participants highlighted deficits in the support given to officers by management which impacted how they felt valued within their role. This was perceived to subsequently have an impact on the care given to prisoners by the officers. Thus, demonstrating the systemic problem with experiences of feeling valued and subsequent valuing of others. It seems that in simplistic terms, the more invested into officers and the environment, the more valued and empowered officers are to maximise the efficiency of the existing processes and, therefore, the care they give to prisoners.

6.8. Conclusion

This study focused on the perspectives, understandings and experiences of custodial staff when responding to and managing self-harm. These findings contributed to the triangulation of the findings from the empirical studies which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. This study built on the existing empirical literature to elaborate on officers' perceptions towards their care role, their attitudes and perspectives towards self-harm, the challenges presented by the prison environment and prison system response for caring and the impact prisoner self-harm can have on the officers. In addition, this study also demonstrated how some of these understandings and experiences may be systemically connected.

The principal findings and implications of this study suggest that for the most part, officers understand self-harm and want to care for prisoners who self-harm. The prison system environment, however, can substantially limit officers' capacity to care through the

environment being ill-equipped for caring; increased resources and time available for officer would allow the development of relational or therapeutic relationship, a proactive approach and would provide time for better ACCT training for officers. Further to this, a positive prison environment which foster trust, ontological security and empower prisoners and prison officers can have a substantial positive impact, developing a culture which is beneficial for both prisoners and prison officers and supports the reduction of self-harm. Caring for self-harm can have a negative impact on the prison officers. The officers felt there should be better support for them by the prison system, prisoners who were perceived to be motivated by manipulation were especially challenging for officers to manage and maintain caring. Means of caring for self-harm, however, was demonstrated to vary between those who provide a duty of care compared to caring, the caring approach of which was sometimes experienced to be stigmatised. Care was demonstrated to be a systemic process, the experiences and perceptions of the prison system, management, the officers, and prisoners intricately linked and influencing each other. How officers perceive being treated by management, other officers and prisoners can impact their self-value and their capabilities within the care process and, ultimately, impact the care they give. Caring for self-harm can be meaningful in prison, but all facets of the systemic process must be engaged meaningfully. Thus, for a model of care to be meaningful these facets need to be embedded within the care process.

CHAPTER 7

Study four: The perspectives and experiences of prisoners who self-harm

This chapter presents the empirical findings generated from the fourth study within this thesis. It seeks to explore the perspectives, understandings and experiences of prisoners who self-harm in prison.

7.1. Introduction

From December 2018-2019, self-harm in prisons in England and Wales increased by 13% in male establishments with, on average, 4.4 incidents being reported per prisoner who self-harms. More serious incidents requiring hospital admission also increased in male prisoners by 7% (MoJ, 2020a). Yet self-inflicted deaths in prison decreased (MoJ, 2020a), suggesting there is something unique to the needs of prisoners who self-harm. Empirical literature which focuses on the perspectives and experiences of prisoners who self-harm is sparse, yet, provides some understanding of prisoners' perspectives towards the prison system response and management of their self-harm and the impact they feel this has on their self-harm. Exploring these understandings and experiences further, as well as the impact the prison environment and those within prison has on self-harm, may provide more clarity for developing responses towards self-harm which are meaningful and caring.

7.1.1. Why do prisoners self-harm?

There are a vast number of contributing risks and triggers influencing self-harm in prison which are broadly recognised within the PSI 64/2011 policy, an instruction for staff managing prisoners at risk of harm to themselves (MoJ, 2012). The PSI 64/2011 recognises risks to include: demographic risks, background history, clinical history, psychological and

psychosocial factors, as well as, their current context (see chapter two, section 2.2.). There is little consensus, however, for a theoretical framework to explain self-harm in prison which but may be useful for providing the reasons why prisoners engage in self-harm (Nock, 2010). As such, existing theoretical positioning towards self-harm span a range of theories including behavioural and social theories, emotional regulation, physiology and mental health, integrated models, and attachment and trauma-focused models (see chapter one, section 1.3.). An attachment and trauma-focused approach, arguably applies a more inclusive and robust understanding self-harm in prison, incorporating the impact of psychological and neurological influences from early life attachment and trauma on subsequent behaviour later in life. In comparison to many other theories or models, an attachment and trauma-focused approach draws on both the intrapersonal, interpersonal and situation influences (see Lane, 2009) and can be applied as a multi-theoretical approach.

There is also a notable difficulty in defining self-harm with regard to whether self-harm is dichotomous and a different behaviour to that of suicidal behaviour, or whether self-harm exists as a continuum of behaviours which is inclusive of suicidal behaviour (see chapter one, section 1.2.1.). The prison policy states self-harm to be defined as inclusive of all motivations, including suicidal behaviours (PSI 64/2011; MoJ, 2012; Pope, 2018). However, investigations of previous self-harm incidents suggest there may be a tripartite schema of self-harm behaviour in prisoners which differentiates between self-harm, suicide and a mixed group (Smith et al., 2019).

7.1.2. Prisoners' perspectives of the prison system response towards, and management of, their self-harm and the impact their feel this has on their self-harm

In general, prisoners report finding the Assessment Care in Custody and Teamwork (ACCT) to be supportive for them when they are distressed, however, sometimes when

implementing the ACCT or monitoring prisoners, prisoners can feel officers are not engaging sincerely or that they are going through the motions (Marzano et al., 2012). Others do not fully understand what the ACCT document is, or they find the process impractical, inconsistent, or intimidating (Pike & George, 2019). In particular, the colour of the ACCT booklet draws attention towards prisoners who may not want attention and the observation checks can be intrusive and overt (Pike & George, 2019). When prisoners describe what they want from a caring relationship with officers, they prioritise the quality of relationships with staff, especially in wanting interactive and respectful relationships, to feel understood and listened to, be given reassurance and encouragement (Tait, 2011). For those male prisoners who self-harm, they describe valuing officers who take a proactive approach towards their needs, taking their self-harm seriously, which supports them to build trust in staff and feel they can open up (Marzano et al., 2012). More generally, a relational approach has been suggested as a useful means for officers to engage with prisoners as it allows officers to uphold the security and surveillance aspects of their role, but also foster elements of care described to be wanted by prisoners (Crewe et al., 2014).

To the prisoners, not feeling cared for, however, resembles unfairness, indifference and degradation (Tait, 2011) and for some of those male prisoners who self-harm they described having felt judgement by prison staff, a lack of care evident by officers not engaging in meaningful conversations with prisoners about why they self-harm (Marzano et al., 2012). Young male prisoners who self-harm are often able to distinguish between those staff they feel sincerely care and those who are perceived to be only fulfilling the requirements of their job role (Harvey, 2012). Such negative responses towards self-harm can make prisoners feel uncared for, feel misunderstood, bullied, neglected, persecuted or unsafe, and can result in the prisoners disengaging from the care process by closing themselves off or their self-harm could worsen (Marzano et al., 2012). From the prisoners'

243

perspectives, the prison system itself can act as a barrier to receiving care as they perceive officers to not be equipped with the resources they require to provide care (Marzano et al., 2012). Spending more time out of their cell, talking with other prisoners, engaging in purposeful activity and having help with their needs more generally, were all perceived to be important for providing better care (Marzano et al., 2012). It is recognised within the PSI 64/2011 that prisoners' current context can be a risk factor for self-harm, which is supported by some theoretical explanations of self-harm that highlight the prison environment to be a contributor towards self-harm (for example, see Ireland & York, 2012; Lane, 2009; Slade, et al., 2014). Further, it may be that the prison environment and regime can generate ontological insecurity in prisoners more generally (Crewe, 2011a), whereby unpredictable events and risk, anxiety and uncertainty can all destabilise the trust prisoners require from their surroundings and the people within it (Crewe, 2011a; Giddens, 1991). Subsequently, this will likely have a negative impact on prisoners' engagement with care-receiving. However, there is little empirical literature which gives voices to male prisoners' perspective about the impact of the prison environment on their self-harm and how, or if, the prison environment plays a systemic role in influencing their self-harm, for example, from creating distrust within prisoners more generally.

Prisoners receiving care, however, is not without its own complications. Where there might be an expectation that all prisoners can receive care when it is given to them, arguably care-receiving will likely be challenging for some. Tronto (1993) model of care, for example, seems to assume the capability of all individuals to care-receive when given the care they seemingly require. However, for those who have strong masculine beliefs or have developed an insecure attachment style they may be discouraged from help-seeking behaviour or have skewed concepts of care (for example, see Cheng et al., 2015; Featherstone et al., 2007; Fonseca et al., 2018; Moran, 2007; Shaffer et al., 2006; Vogel & Wei, 2005).

Additionally, those who lack self-compassion may find it uncomfortable and psychologically painful to receive help (Gilbert, 2009; Gilbert, 2015; Lee, 2012) (for more information see chapter two, section 2.8.4.). This perhaps demonstrates how much more understanding is needed about prisoners' experiences of care-receiving. For example, as seen from young male prisoners who self-harm, engaging in care-receiving is very complex and many different experiences with care-receiving, understanding of their own self-harm and perceptions of others can influence whether they engage in receiving care for their self-harm (Harvey, 2012). For a care process to be meaningful for prisoners, therefore, understanding what care means and how the process is understood by prisoners is important. Misunderstanding the care needs of the individual risks ostracising them from the care process and not achieving care-receiving (Tronto, 1993).

7.1.3. Summary of the literature

The existing literature which explores self-harm in male prisoners, although sparse, provides some understanding of what care means to prisoners. The ACCT can be a supportive tool for care, but aspects of the ACCT can be counterproductive to caring (Marzano et al., 2012; Pike & George, 2019). Building on the existing literature can generate a more comprehensive understanding about the experiences of care by male prisoners who self-harm, as well as, their experiences of engaging in care-receiving. Furthermore, understanding how male prisoners perceive their self-harm and how they perceive other prisoners and prison staff to view their self-harm, is relatively unexplored. Similarly, exploring the systemic nature of their self-harm care needs, for example the impact the prison environment and those within it has on caregiving and care-receiving, has received little focus within the existing literature.

7.2. Aims and research questions

The aim of this study was to explore prisoner's perspectives of the prison service, prison staff and other prisoner's attitudes and responses towards, and prison system management of, their self-harm. Additionally, how they feel the prison environment impacts their self-harm. Further, this study aimed to contribute to triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. Semi-structured interviews were utilised to address the following research questions:

1. How do prisoners perceive and understand the responses and management from the prison service, prison staff and other prisoners towards their self-harm? How do the prisoners' feel these impact their self-harm?

2. How do prisoners feel the prison environment impacts their self-harm?

Furthermore, this study seeks to explore how prisoners conceptualise their self-harm and how they feel their prison networks within their environment impact on their self-harm. Creative engagement was utilised to address the following research questions:

1. How to prisoners conceptualise self-harm?

2. How do prisoners feel the prison environment and their networks within the prison impact their self-harm?

7.3. Methodology

The following methodology was employed for this study. The methodology for the prisoner semi-structure interviews and creative engagement will be described separately.

7.3.1. Semi-structured interview design

This study employed a phenomenological design using semi-structured interviews to produce qualitative data.

7.3.2. Semi-structured interview recruitment

Male prisoners were recruited for semi-structured interviews from one Category B prison in southcentral England and two Category C prisons in South West England.

7.3.2.1. Category B prison. Prisoners were offered participation for an interview by indicating willingness to participate through a response form included with the survey from study two (chapter five). From the survey distribution, however, no respondents expressed their willingness to participate in interviews. Instead, the Safer Custody team approached prisoners under their care who fit the inclusion criteria (see chapter three, section 3.4.2) for the research. Each prisoner was informed about the research, given an information sheet and were asked to inform a member of the Safer Custody team should they wish to participate. The Safer Custody team gave the researcher a list of five prisoners who wanted to participate. By the time of data collection, one prisoner had left the prison and one was too mentally unwell to participate. For the remaining three prisoners, each were approached by the researcher, the aims of the research were explained. The prisoners were given time to ask questions or to reconsider participation. Each participant was assessed to fit the criteria by the researcher. The interviews were conducted on the same day.

7.3.2.2. Category C prison One. Prisoners were offered participation for the interviews by indicating willingness to participate through a response form included with the survey from study two. From the survey distribution one respondent expressed their willingness to participate an interview. The name of the prisoner was given to the gatekeeper within the Safer Custody team who assessed the prisoner to fit the criteria for the research. The Safer Custody team had agreed to approach additional prisoners under their care who fit

the inclusion criteria to offer participation, however, due to time constraints this did not happen. Instead, on the day of data collection, one of the Safer Custody team offered participation to two prisoners who were described as having shown interest in the research. When assessed by the researcher, neither prisoners fitted the inclusion criteria. One of these participants had been on an ACCT but this extended the time stated within the inclusion criteria, the other participant had never been on an ACCT. As the prisoners had already been informed about their participation prior to the researcher being informed, the researcher decided to proceed with the interviews. Informing these prisoners that they would not be allowed to attend could have had ethical consequences, such as exacerbating any existing difficulties and tensions between the prisoner and staff members.

7.3.2.3. Category C prison Two. Prisoners were offered participation for the interviews by indicating willingness to participate through a response form included with the survey from study two (chapter five). From the survey distribution a large number of respondents (roughly 35% of the returned surveys) expressed their willingness to participate in an interview. The names of the prisoners who expressed their willingness to participate were given to the gatekeeper within the Safer Communities team to assess their eligibility for inclusion. Four participants fitted the inclusion criteria and were approached by the researcher. They were given an information sheet, the aims of the research were explained and the prisoner was given time to ask questions. All four participants were informed that they would be contacted within the following weeks with a date and time for their interview. This prison was the first of the prisons to be approached for recruitment of the interviews, therefore, due to the researcher's concerns of high dropout, the Safer Community team were also asked to approach prisoners under their care who fitted the inclusion criteria for the research to offer them participation. Eight prisoners were approached by the Safer Community team, of which four indicated their willingness to participate. The interviews

were conducted over two days. By the time of data collection, two participants withdrew for unknown reasons. In all, six participants were interviewed from this prison.

7.3.3. Semi-structured interview participants

Interviews were conducted with 12 male prisoners. Of this sample, all were White British or Irish. Three of the sample were from the Category B Prison, three from the Category C Prison One and six from the Category C Prison Two (of these six, Mage= 42, range= 28-55).

7.3.4. Semi-structured interview materials

The interview questions were devised to guide the semi-structured interview (for more information on how generated and tested see chapter three, section 3.5.2). The schedule included 18 open-ended questions to address the research questions. The questions addressed four key areas:

- Participants' general experiences of prison.
- Participants' understanding of the prison service, prison staff and other prisoners' attitudes towards their self-harm.
- Participants' understanding of how the prison system response and management of self-harm impacts their self-harm.
- Participants' understanding of the impact the prison environment has on their self-harm.

7.3.5. Semi-structured interview procedure

Each of the interviews were held in a space dictated by the gatekeeper as most suitable for accessibility and privacy; for the two Category C prisons, this was an interview

room within the Safer Custody building and for the Category B prison, this was on the wings in interview rooms or within the prisoners' place of work. All interviews were conducted by the researcher, except for one interview at the Category C prison Two which was conducted by the research assistant because of time constraints. One of the interviews had to have a member of custodial staff present due to the perceived risk the prisoner posed to the researcher.

At the beginning of the interview, introductions were made and the aims of the interview and overall research explained. The information sheet was explained to the participant and they were given a copy to take away. Participants were asked to read and sign the consent form.   Two interviews had to be stopped before all questions on the interview schedule had been completed, due to time constraints with the prison regime. The interviews were voice-recorded verbatim. A debrief sheet was given to the participants following the interview and they were given the chance to ask questions. The researcher used this time to assess the emotional state of the participant and to offer information about support should they require it. A brief handover was given to the gatekeeper after each interview which focused on the emotional state of the participant and any concerns raised. Confidentiality was broken for one participant as the researcher felt the Safer Communities team should be informed of a distressing comment made. However, both the researcher and gatekeeper felt this did not warrant further action. The audio-recordings were transcribed into written format using pseudonyms.

7.3.6. Semi-structured interview analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse the semi-structured interview data (the procedure and rationale for this analysis can be seen in chapter three, section 3.6.2). This method of data analysis allowed the researcher to gain an

understanding of the prisoners' experiences and interpret these in a meaningful and phenomenological way within the context of prison, using a double hermeneutic.

7.3.7. Creative engagement design

This study employed a phenomenological design using creative engagement to produce pictorial and qualitative data.

7.3.8. Creative engagement recruitment

The creative engagement task was offered to the six participants from the Category C prison Two who were participating in the semi-structured interviews. Prior to beginning the interviews, the overall aims of the research were explained the participant, including the aims and objectives of the creative engagement. The participants were given the option to opt into the creative engagement task, which would be conducted following their interviews. Three of the six participants expressed their willingness to participate in the creative engagement. By the time of data collection, one participant withdrew for unknown reasons. Due to time constraints, the participants participating in the semi-structured interviews at the Category B prison and Category C prison One were not given the option to opt into the creative engagement task.

7.3.9. Creative engagement participants

Two male prisoners participated in a creative engagement task. Of this sample, both were White British and were part of the participant sample interviewed at the Category C Prison Two.

7.3.10. Creative engagement materials

Participants were provided with a wide range of different colouring and writing pens, highlighters, sticky notes stickers and paper (including different sizes, colours, plain or with boxes on). A prompt sheet with three directions written on were given to participants to aid them in addressing the research questions (for more information see chapter three, section 3.5.3). The directions were:

- Draw and describe yourself.

- Draw and describe the reasons and causes of your self-harm.

- Draw and describe how your self-harm is impacted/affected by your environment and your networks.

7.3.11. Creative engagement procedure

Both creative engagement tasks were held in an interview room within the Safer Community building of the Category C prison Two. This space was dictated by the gatekeeper as most suitable for accessibility and privacy. The aims of the creative engagement had been explained to the participant prior to their participation in the interview. Additionally, a description of creative engagement had been given. The participants were told their creative piece aimed to be a reflection of how they want to express their understanding of themselves, their self-harm, and the impact the prison environment, and their networks within, has on their self-harm. They were provided with the materials to support them to create a creative piece. There was no expectation for participants to have completed work prior to the session.

One participant's creative engagement task was scheduled for three hours following the participant's interview. At the beginning of the creative engagement task the aims of the creative engagement and overall research were re-explained. It was reiterated that the creative engagement task was an extra task they opted into as part of the information and

consent process for their semi-structured interview. Prior to commencing the creative engagement task, the participant requested that a poem, which he had previously written, to be included as part of his creative engagement. This request was granted by the researcher.

The second participant's creative engagement task was scheduled for one month following the participant's interview. At the beginning of the creative engagement task the aims of the creative engagement and overall research were re-explained. It was reiterated that the creative engagement task was an extra task they opted into as part of the information and consent process for their semi-structured interview. However, the information and consent process were revisited with this participant because of the researcher's concern that the time which had lapse between their interview and creative engagement may have resulted in the participant no longer remembering the information and consent given. Therefore, the information sheet was explained again, and they were offered a copy to take away. The participant was also asked to read and sign a consent form.

At the time of data collection, the procedure of the creative engagement was explained to both the participants, they were given a selection of materials (see chapter three, section 3.5.3) and a prompt sheet as a guide to creating their piece (see chapter three, section 3.5.3). The participants were instructed that the questions were only a guide, which they did not have to follow should they wish not to. The participants were encouraged to provide explanations of their creative engagement where possible. Each participant was left alone to work on their creative engagement and the researcher would reengage with them intermittently to answer any questions and develop reflections with the participant (for how this process was developed and incorporated, see chapter three, section 3.2.2.2.2. and 3.6.4.).

The participants were given an hour to complete their piece. Following the hour, one participant requested to return in the afternoon to complete his. This was granted. On returning in the afternoon, the participant requested that a piece of art he had previously

created be included within his creative engagement. This request was granted by the researcher. Both participants, therefore, had included pre-existing work as part of their creative engagement. These pre-existing pieces had been completed in the prisoner's cell prior to knowledge of, or participation in, study four. Therefore, no materials from the creative engagement task had been offered to them to complete these pieces. Both were asked to describe where possible the relevance, purpose and meaning for their creative engagement pieces. One participant did this by attaching notes to his pieces and from having verbal discussions with the researcher. The other did this through verbal discussions with the researcher.

As both participants had opted into the creative engagement as part of the interview process and, therefore, they had both previously received a debrief sheet. A verbal debrief was given. The participants were given time with the researcher to ask any questions they had. The researcher used this time to assess the emotional state of the participant and to offer information about support, should they require it. No concerns were raised by the researcher or participants. The creative engagement pieces were kept by the researcher for analysis and the participants were given different pseudonyms from their interview pseudonym to protect their identity.

7.3.12. Creative engagement analysis

The method of analysis and rationale for the analysis of the creative engagement can be seen in chapter three, section 3.6.4. Interpretative Phenomenological Analysis (IPA) was used to analyse the creative engagement qualitative written data. The procedure and rational for the use of IPA can be seen in chapter three, section 3.6.2.

The creative engagement pieces were analysed separately to the semi-structured interviews, but the data was used to provide a deeper and more meaningful understanding of

the themes derived from the semi-structured interviews to support a phenomenological design. The procedure of the creative engagement supported this approach by informing the participants that the prompts were only a guide and did not have to be followed, thus, encouraging participants to provide explanations for their creative engagement pieces. Subsequently, both participants chose to include pieces of work they had created prior to the creative engagement task, in addition to creating new pieces for the purpose of the task. Furthermore, a phenomenological design was supported by including reflections generated by the researcher and the participant during the creation process.

7.4. Semi-structured interview findings

The Interpretative Phenomenological Analysis of the 12 semi-structured interviews revealed three themes. A summary of the superordinate and subordinate themes can be seen in Table 7.1.

Table 7.1.

A summary of the superordinate and subordinate themes derived from the prisoner interviews

Superordinate	Subordinate	Subordinate
The visible and invisible care responses towards self-harm	System procedures on their own are not effective; a relational security element is needed to make processes meaningful	
	Prisoners can be an invisible system of care	
The impact the prison system response towards self-harm has on the prisoners' sense of self	The lack of trust in staff can form a barrier for prisoners to access care	
	Misconceptions and negative attitudes towards prisoner self-harm	
	Indicators of care	Communication is key
		Demonstrating compassion, going beyond the duty of care
		Trusting relationships

The prison environment influence on the experiencing of a lack of safety and trust	A culture that lacks safety	
	Implicit and explicit experiences of punishment	
	Invisible prison reality	A culture of secrecy
		Self-harm and mental health are not a priority to the prison system

7.4.1. The visible and invisible care responses towards self-harm

"I think the ACCT thing is just a smear on the window really" (Greg)

The prison system response towards self-harm is generally thought of in relation to the procedures, policies and processes, however, to the participants response towards self-harm is multi-faceted, some forms of care visible, others invisible.

7.4.1.1. System procedures on their own are not effective; a relational security element is needed to make processes meaningful.

"I've been on an ACCT, and they just left me alone. Popped in to see me once a week and that was it. Nothing else. That's it. Asked me a few questions and then on your way you go." (Greg)

Procedural responses towards self-harm, for example the ACCT, are meant to be both process-driven and relational. For the participants, however, many of their experiences of the prison system responses towards self-harm was exempt from relational security. The lack of a human element in their care was demonstrative of where procedures alone can fail to be a care provision. Although procedures were recognised as a necessity, there were tensions around receiving procedural responses to care where a relational element was missing. Ben's experience of being on an ACCT demonstrates this:

Until I went on an ACCT, that's where you get the understanding of how many times these people are going to come up and check on you…..you go to sleep and within an hour….15 minutes and they're knocking you up just to make sure you're alright. And

I can understand what they're going through….But there's got to be a better way

to….as in not disturbing the person too much (Ben).

Described mainly as a reactive measure, focused upon risk, the prison system response towards self-harm was often completely devoid of compassion; "because they don't have the time or the space to give you that kind of care, a lot of it is managed with…..upping my dosage of anti-depressants or moving me onto another type of antidepressants that was more powerful" (Jack). Furthermore, a risk-focused response towards protecting against self-harm was described as not enough on its own to keep prisoners safe. Harry describes how easy it is to breach a risk-focused response towards self-harm; "They can take away your razors….we can go to people we associate with to get what we need to self-harm, so they're doing their best but they're not doing good enough" (Harry). As described by Isaac, prevention of risk requires compliance by prisoners: "Some people they cut themselves, they float, throw it down the toilet. I'm honest; 'I cut myself and the razor's in the milk carton. Take it if you want'" (Isaac). In the case of Carl, his awareness of this meant he was able to use this to "play the system. I had to tell them what they wanted to hear to get myself out of that scenario. I knew that I would attempt again, but I had to tell them I wouldn't" (Carl).

The ACCT, in particular, was recognised primarily as a procedural response, being described as a tool to monitor, check, assess prisoner risk. Many participants described the ACCT as a 'tick-box' process, whereby officers completed it to protect themselves and to be seen to be responding towards self-harm, and subsequently, participants "just felt like a number" (Ben). Without an element of relational security, the ACCT itself becomes meaningless, for example "You just sit there, and you think its…you just think it's just a book!" (Isaac), and is demonstrative of a lack of understanding of what participants felt they needed in response towards their self-harm. Andrew describes this;

I think I've had ten or 12 ACCT documents opened….it's almost at a stage where the

ACCT document doesn't really help because it doesn't really fix any of the problems

for me. So, it does require a little bit more of the personal element of the senior

officers taking a little more care of the prisoners (Andrew).

Experiences of care which lacked the prisoners' individualised needs could provoke

mirrored responses in some participants, who refused to engage in the care process

themselves, for example, refusing to talk to staff, as described by Jack:

Putting people on an ACCT to me is counter-productive because it will just stop them

talking….I wanted to get off it to get my medication back….you just want your life to

get back to normal. It is difficult enough in prison without having people swarming all

over you every five minutes. And it's nice that they are there, but it feels like they are

doing it for their purposes….it doesn't seem like it is done for your benefit (Jack).

This breakdown between the prisoner and the prison system response, therefore, can

exacerbate the risks around self-harm.

When used in conjunction with relational element of care, the ACCT can become

more than a "tick-boxing exercise" (Jack), instead,

When the officers at the better prison do get to know you a little it is managed less on

the paperwork level and more on a case-by-case, by person….I have had officers

come up to me and ask me if I'm doing ok and whether my health is ok (Andrew).

For the participants, feeling seen and heard and as though the officers really care about them

were fundamental to making the ACCT meaningful, which subsequently encouraged

participants to engage proactively in the care process; "I now actually speak to them staff and

have a little bit more of a better rapport with them, do feel I can go to them if I do have any

problems and can speak to them about it" (Andrew). For some, when this process was

meaningful the ACCT could be a positive form of care and supportive tool "If you just need that little support, always ask to go on an ACCT, it's a great bit of tool." (Harry).

7.4.1.2. Prisoners can be an invisible system of care.

"They feel more at ease men do speaking to their peers rather than the officers" (Martin)

Care, to the participants, was often described as multifaceted, involving multiple actors. Although prison procedure provides a visible response towards self-harm, participants discussed utilising different invisible systems of care and support.

Although the Listeners form part of a visible prison system response, their position as a care provision was described by participants to hold many meanings which seemingly goes unrecognised. The Listeners provide a meaningful support system for many prisoners which bridges different forms of support (for example, support from friends, support from experts). Jack describes the different elements of care he receives from his Listener support network;

> I have three Listeners on my wing who are also sort of friends now….they are people who I talk to on a regular basis and we can sort of laugh and joke about my mental health now and how miserable I am and how it is affecting me, but it is good because it is my way of sort of talking about it and getting it out in the open (Jack).

Participants described how because Listeners have "committed a crime same as you, so it's the same wavelength. And you can just talk to them and not worry about repercussions and what you're going to say. There's trust there already" (Greg). It seemed Listeners sometimes become the prison's first protective measure of safeguard; "if the Listener feelings the prisoner is in any immediate danger of harming themselves or someone else, then they speak to the staff to alert them" (Andrew). Additionally, they were sometimes felt to be an overused resource by the prison, leaving the Listeners to feel "pushed into quite a lot of things. They're pushed into like a babysitting programme" (Ben). However, "they can't give advice or really have a conversation with prisoners" (Andrew) and therefore the Listeners

should not be used as a replacement for officers. Furthermore, the Listeners are "still prisoners themselves with their own burdens and people don't throw other burdens on other prisoners as it's not fair, they've got their own burdens" (Harry) and thus, reinforcing the inappropriate use of the Listeners as a replacement for officers.

Prisoners, more generally, also provide care and support of prisoners who self-harm. Although several participants had experienced negative responses by other prisoners towards their self-harm, positive experiences from other prisoners empathising were the result from them "going through it as well as you so, they sort of understand it a bit more" (Derek). Instead, "if I don't go to them they feel like they've let me down" (Harry). Sometimes, prisoners act as a safeguard for those who self-harm, for example; "I had a friend, a pad mate who was supportive. I mean, one day he saw me going to reach for a razor and called the officers" (Isaac). However, this support could place an unfair burden upon fellow prisoners whereby "I almost became another prisoner's problem" (Andrew). Additionally, as with the Listeners, participants felt this prisoner support should not replace the care given by staff, who can bring expertise and experience that prisoners perhaps cannot, but when the prison system support failed the participants, prisoners would form organised support: "at the other prison where the staff were horrible, it would fall onto a small core group of prisoners who would actually go to the people actually struggling to speak with them to check that they were ok" (Andrew).

7.4.2. The impact the prison system response towards self-harm has on the prisoners' sense of self

"How can people change…if no one believes in them and just go and label them? They're not going to change; they're just going to hide their nature" (Carl)

The prison system response towards self-harm received substantial focus within the discussions of response towards self-harm. These responses had the ability to have a profound impact on the prisoner's sense of self and conceptualisations of their experiences within prison. Participants discussed the negative experiences of feeling misunderstood, as well as feelings of being degraded, shamed, dehumanised and feeling powerless. Where trust in the prison system response broke down, barriers to accessing care were experienced. Yet, when a relational element to care was applied, participants were able to recognise the indicators they felt signified genuine care.

7.4.2.1. The lack of trust in staff can form a barrier for prisoners to access care.

"I didn't want to talk to the officers, I didn't trust the officers" (Carl)

For many of the participants, a lack of trust in the provision of care, for example, the provision of expertise, and in the staff themselves meant the participants would disengage from the care process, sometimes mirroring the negative responses they perceived to have received. Trust participants put in staff can sometimes be fragile, for example, "You begin to trust ya, then they just throw back in your face" (Isaac). Time can be helpful for reinforcing trust; "Some officers….I trust them and I talk to them….I've known them for 15 for 16 years but they do help you" (Isaac). Having had negative experiences while previously accessing help exacerbates the difficulty participants have in trusting the system to care for them. Carl, especially, had encounter numerous situations in which his safety had been compromised because of what he believed to be the fault of the system and the staff that operated it. This led him to feel that "they always seem to let me down" (Carl). Similarly, Harry describes how he had been "bullied by officers…. I've wrapped shoelaces round my neck (be)cause of prison officers, slashed my arms up (be)cause of officers. I was fighting against them" (Harry). Experiences of officers seemingly distancing themselves or ignoring the care needs of the participants who self-harm, not listening to the participants when in distress and

officers seemingly choosing not to care were common experiences of the participants. These kinds of experiences could encourage participants to feel trusting in staff could be harmful for them.

A lack of trust in staff expertise and their training in mental health and self-harm could lead participants to perceive that "I have to deal with my problems with myself really or with professional help. Not with some amateur help or people telling me to 'man-up' or these things can lead you down a dark path" (Carl), therefore, "if people are not trained properly or do not really understand then I would rather they say nothing at all because they're going to say the wrong thing" (Carl). Despite, the support from a full MDT team, some participants described how "they still don't know what- where's going wrong." (Harry). Self-harm was perceived to complex, and for participants like Carl, they were unable to understand their own self-harm without professional support.

The impact of these concerns around trust in the system response and the staff within the system not only led to "a lot of prisoners won't engage with any of the services but even though are actually really badly struggling" (Andrew), but also a sense of being let down by the system or abandoned. Finn and Greg both had experiences of being promised help, but "They'll just come out with a few little things like they 'want to help ya' and then they just leave you in the cell to rot" (Greg).

7.4.2.2. Misconceptions and negative attitudes towards prisoner self-harm.

"If no one understands you then no one can help you. If no one can help you, then why

bother" (Carl)

The misconceptions around self-harm, its causes and motivations, were consistently raised as a precursor to negative feelings the participants experience about themselves and towards others. Participants regularly referenced unhelpful misconceptions or negative perceptions such as attention seeking, manipulation, playing the victim, being weak, to get

262

something they want, and self-harm as a learnt behaviour. As can be noted from the description of Martin, making presumptions of motive based on how the behaviour appears can result in unhelpful responses;

> I think other prisoners…..they think 'that's a shame'. They don't favour too much when people do it for attention because that sort of puts a little mark against the genuine ones that are doing it because they are not well. But you know they [laughs] the ones who do it for attention normally get told in no uncertain terms 'you're not having it, give it up' you know. 'get on with your bird. Stop winging' [laughs]. (Martin).

Some misconceptions, to the participants, was believed "it's partly to do with the fact we have very inexperienced officers who never come across things like this before" (Martin) and therefore, sometimes these inexperienced officers "they tend to go distance themselves from it rather than be hands….they are frightened of the situation and that fear is through lack of experience and lack of knowledge" (Martin). Additionally, due to low staffing, some participants felt staff perceive self-harm "just an added irritation. It's something that causes them to have to open ACCTs and do more paperwork, which they don't have the time to do because they are short staffed etc." (Jack) and this could leave prisoners feeling unheard: "[officer] just go 'You need to talk to the officers more'. You tried it but they…they don't want to listen to you, they think 'oh we just got better jobs to do'" (Isaac). Similarly, the ACCT review meeting could also be experienced as disempowering. Resulting in the prisoners feeling unheard:

> You're in an office with three other officers and they're all listening to what this one officer is talking to you about and then they all have their say. But they don't really listen to what you're trying to say (Ben).

Those who demonstrated negative attitudes towards self-harm provoked perceptions like "[officers] just like want to get the money and go home" (Isaac), leaving participants feeling like "they don't care" (Isaac) and had been "palmed off and sort of ignored….almost being treated like subhuman" (Andrew). Yet, "how people treat you in prison can affect our mood massively" (Jack) and as such, misconceptions about their self-harm resulted in many participants feeling misunderstood, like staff "tar you with the same brush" (Jack) or "other people make you feel as though you might as well walk around with a big sign on your head for the rest of your life" (Jack). These experiences "It frustrates you. It frustrates the hell out of you. And the next minute they turn around and tell you you're angry, well, frustration is not necessarily the same thing as anger" (Carl). These responses could encourage feelings of degradation, shame, dehumanisation and feeling powerless in the prisoners. Ben describes how feeling embarrassed by staff reactions can encourage prisoners to engage in more risky self-harm behaviour;

> Some of the staff they go to will either take the mick or they can't trust them…...And that's why you find that people who self-harm they cut too deep sometimes and of course because they don't want to be made to look an idiot (Ben).

Thus, both the officer's individual responses and the prison system response to self-harm, when inappropriate can have a detrimental impact on how the prisoner feels about themselves and how they feel about the staff.

Self-harm, however, was confusing for even those who were self-harming and participants, such as Carl, described not really understanding his own self-harm. For those who could provide conceptualisations, self-harm was understood broadly as coping (for example, emotionally or with mental health difficulties), to escape, or as a substitute for behaviours (for example, to express anger or to communicate their need for help) they feel

they have no other way of addressing. Nevertheless, self-harm was described as complex, as demonstrated:

> I see self-harm as letting light in. Picture yourself in a cardboard box, all sealed up, pitch black, all you've got is a Stanley blade. How do you let light in? You slash a box. Every slash you do let's a bit of light in (Harry).

> Sometimes I want to do it, sometimes I don't but…I just want to take the pain away. I just want to hurt myself. Some people say I want to kill myself. It's not that, it's just like a pain relief (Isaac).

> My experience of it would be just to release frustration and tension almost like a thermometer that's about to just….you have got to do something before you finally explode….It was almost like letting the steam out of the pressure cooker, once I had cut, I could feel that the steam coming out of me a little bit. I used to just concentrate on cutting in straight lines which used to sooth me, or making them really neat [laughs] cuts and just looking at how neat the cuts were and seeing the blood flow used to just release the tension for me completely.….on other occasions it would be because I felt that I deserved it as well, I deserved the pain. And other times it is purely because you are going through so much emotional pain you would rather be in physical pain rather than feel the emotional pain (Jack).

> I don't wake up and think I'm going to self-harm. I think it's a lot of things building up and mainly it's your environment as well…..It's also the label you…we've all got as well….a lot of its my childhood as well. It's a lot. It's become very complicated. (Carl).

7.4.2.3. Indicators of care.

"I would like them to be genuine and compassionate….I would like to see them like that all the time, not just when moments of madness or moments of chaos" (Carl)

The participants described different layers to the prison system response to self-harm. A predominant distinction seemed to be between responses which were procedural and responses which were relational. It was apparent, by the conceptualisations of the participants, that relational security brought about an element of humanised care which many felt they benefited from. Unpicking that further gives an important insight into the indicators of care which participants valued most. Those most commonly discussed indicators of care included experiencing compassionate and empathetic staff, being able to trust staff and feeling they can talk to staff.

7.4.2.3.1. Communication is key.

"Talking, talking, talking. It's so important" (Liam)

When asked about what participants found most supportive in prison or with the prison system response to self-harm, feeling able to talk to staff was regularly cited. For Derek, being able to talk to staff had been integral to improving his wellbeing and feelings of being supported. Derek described how talking can be a release for him, where otherwise he might self-harm; "knowing there's people there I can talk to. Just not do it on your own. Talking's the main thing that gets you through it in here", later going on to say "I think not having that is just [pause] just keep everything in and then make you self-harm to make it all go away really" (Derek).

Feeling that staff were willing to listen and show an interest helped Isaac to "feel better. You know you can talk to them, trust them" (Isaac). Where Isaac often mentioned feeling like others misjudged him for his self-harm, he felt staff should "listen to people a bit more, come talk to you. Just listen. Get an understanding of what's going on through peoples head" (Isaac). Within his current prison, Isaac had had positive experiences of care from staff; part of this resulted from him feeling that "if you need to talk to them, they let you talk" (Isaac).

Jack had had difficult childhood experiences that he relates to his self-harm behaviour and for him, talking "that tension can go away" (Jack). Additionally, being able to talk meant "now I understand more about why I want to self-harm and how things have progressed and why I feel certain ways at certain times and that's helped me deal with it a lot better" (Jack). These positive experiences had a broader impact on Jack as helped "make you want to be a better person because you can put your finger on where or what has been causing you to do these things" (Jack).

Talking was a tool which enabled proactive engagement by staff to access the participant's mood and state of mind, opposed to reacting once they had self-harmed. Jack gives an example; "Today one of the staff said 'how are you feeling?', well in fact two or three asked me how I was feeling today, but one in particular asked how I was feeling, to come down and have a chat" (Jack). He went on to say, "do feel valued as a person, as a living being and not just someone who has done- you know" (Jack). In comparison to this, Jack felt that when prisoners were unable to talk to staff, prisoners may use self-harm as a means to be heard; "but sometimes it's the only way they get to talk to someone is if they take some drastic action like that" (Jack).

7.4.2.3.2. Demonstrating compassion, going beyond the duty of care.

"What if it was their son that was self-harming….how do you think they would feel?.... just a bit more respect and a bit more effort. It could help a long long way, help with cutting self-harm a lot down" (Greg)

The sincerity of staff when talking to participants was important to its effectiveness. Part of perceiving responses as genuine was the visible effort participants observed staff putting into providing them with care. Carl describes this, when at a time he felt the system was working against him;

I like my key worker because he's shown to me that he got a slap on the wrist for showing this 10-12-page document to OMU and he got a good telling off by the CM…..And because of that I trust him more…..He had to break the rules to do the right thing. And that's what gives me confidence (Carl).

Similarly, Harry and Andrew saw compassion as the demonstration of making an effort beyond fulfilling the prescribed processes and "doing it off their own backs" (Harry), for example:

The staff taking a lot of care and interacting with me outside of the ACCT document as well to make sure I am doing OK and actually going out of their way to care for a prisoner and making sure their well-being is a lot better (Andrew).

Displaying empathy was important for participants to "that someone cares about you helps" (Liam), rather than "pull me down and keep me in prison for longer, then it's so much easier to engage with someone like that" (Liam) and this can "makes you feel like you do have some worth in the world" (Jack). For many of the participants "those individuals who have compassion and generally care about you or believe in you" (Carl) can have a big impact on supporting reducing self-harm. Taking this time to show compassion and encouragement encouraged participants to "realise that there are other ways around it. You end up not wanting to self-harm…. There is a lot to said for being able to talk to somebody" (Jack).

7.4.2.3.3. Trusting relationships.

"You know you can talk to them, trust them" (Isaac)

Both engaging in communication and demonstrating compassion, empathy and effort had one common impact on the participants; it nurtured the trust that participants were able to build for the staff. Although already discussed briefly, trust was an integral part of participants conceptualisation of staff responses and the participants' own engagement in the care process.

Key working was a common point of interaction between staff and participants which seemed to provide a safe space for building trusting relationships and bringing together different areas of caregiving. For Finn in particular, his trusting and meaningful relationship he had with his key worker was a powerful part of his support system. Finn describes this relationship; "I like to speak to her about anything that's going on because she knows me, she knows what to say to me and helps me calm down" (Finn). Feeling understood, for Finn, was especially important as he felt it difficult to reach out to ask for help and talk to staff. His key worker provided him with a safe space to trust her- "she asked me what was up? And I told her personally, because she had that like positive feeling that I could speak to them" (Finn)- and in turn engage in a supportive relationship. For Isaac, who finds trusting staff hard, this was a novel experience because "You're telling him things that you wouldn't tell an officer before" (Isaac). The indicators of care- empathy, compassion, talking and trust- were all linked for participants. The participants talked about care as multifaceted, involving multiple actors and fulfilling multiple needs; care, therefore, was a systemic process.

7.4.3. The prison environment influence on the experiencing of a lack of safety and trust

"If you don't get along, some bad things will happen" (Finn)

The impact of the prison environment, as described by the participants, the long hours in a cell- sometimes with a "idiot pad mate" (Greg); lack of education or work, exposure to illicit drugs, self-harm and mental health, violence and bullying were amongst some of the main influential factors in the challenges of prison life. In general, the environment can be overwhelming for prisoners; "at night you'd realise where you were because cell bells going off, people shouting banging cell doors constantly" (Derek)". Being in prison, generally, can make participants feel "little bit hopeless" (Liam), which "if you lose hope then that can manifest in all sorts of different ways like anger, violence, umm like all those kinds of

269

things…I started using Spice to cope" (Liam). It is an environment "where you sink or swim" (Martin). For some "Accepting that this is my life makes it easier to deal with" (Liam), but for others, "some people can't adapt" (Greg). This prison environment was a reciprocating and influential factor in the exacerbation of mental health and self-harm, this was evident from the numerous negative references the participants made towards this.

Prison was described by participants as being very limiting for their access to support and appropriate coping methods. A lack of available means to gain support can make it "so difficult to get to talk to somebody in prison" (Jack) and "mental health is exacerbated so much in these situations where you are just locked behind a door" (Jack). For participants this could feel "like banging your head against a brick wall sometimes and you have nowhere to turn" (Jack) when trying to express themselves. Andrew describes his experiences of this:

> I think probably the prison environment is one of the biggest factors to cause self-harm. It's such a factor for causing frustration, of then prisoners…don't really have any release for that frustration. …..When you feel like almost everything is working against you and you have no hope at all and you've got no reasonable way to almost vent your frustration, because anything you do in here impacts something else. So even if you smashed something in your cell out of anger or frustration or anything or even sadness; then you've got to pay for that so….the only thing you can do is hurt yourself because it's the only thing that isn't really going to impact on your time in prison or your relations with any other prisoners or prison staff members….So, you're better to vent your frustrations on yourself. (Andrew).

Similarly, Jack describes how a lack of access to support could result in more drastic action; "to press your cell buzzer and wait and wait and hope that somebody turns up. Which is again, is why some people take the drastic action of cutting up because nobody is coming on the buzzer" (Jack). When Carl felt he was living within a prison which was "complete

chaos" (Carl), this limited him from being able to "do any real individual looking into myself or looking into my past or anything like" (Carl).

Some prison environments are more restrictive than others, but for those participants who were within one of the prisons which was less restrictive physically, the positive impact of this was described; "we're out all day, prisoners have chill spots…..So, if I feel low, I go to a peace haven and chill out" (Harry). This environment helped by "making it easier for my mental health, than a normal establishment where you're banged up all day" (Harry) and participants had better access to appropriate coping strategies of which they could take control of themselves; "You can walk out and go see the chaplaincy if you need to or go see an officer on another wing if you need to have a chat with them so, that does definitely help" (Derek). This, therefore, gave participants "options to deal with your frustrations" (Jack) and aided in distracted them from the challenges of prison life. Ultimately, a more open environment was described by participants as having a profound impact on the participants' sense of self;

> Upon arriving here you can just feel the difference in the way the place is run and you've got that little bit more freedom and you feel more human in somewhere like this because you can open your door when you want to and you've got proper windows and no bars. (Jack).

7.4.3.1. A culture that lacks safety.

"You can get prisoners who take advantage of other prisoners who are in sort of this very dark place" (Andrew)

It is unsurprising that many participants expressed feeling a lack of safety in prison, both physically and psychologically. Some participants they have been exploited by other prisoners because "I'm vulnerable in the sense of my mind" (Carl) and at times, staff

appeared to allow this to happen; "In here they laugh about it….Even the officers joke about it" (Carl).

Understanding the impact of these experiences provides a backdrop for which responses and the provisions of support for self-harm are delivered and the implicit barriers to care which are part of prison culture. Finn appeared to link his safety concerns with the exacerbation of stress and lack of coping strategies, and thus, his self-harm. He explained,

> You're trapped with other offenders and then what if like a fight breaks out and….you see it and it just makes you think that 'ah that's going to happen to me someday, I don't want that to happen to me'. And I think prison just builds up all negative thoughts….and they will start to think about self-harming and ending their life (Finn).

This culture of a lack of safety meant that some participants felt they "almost have to put on a mask every time you walk outside the door" (Andrew) to protect themselves from the risks of being vulnerable. In addition to needing protection from others, sometimes participants needed protecting from themselves, for example, "when I self-harm I get really worried because I tend to wrap shoelaces round my throat" (Harry), describing his self-harm as prolific and unpredictable.

7.4.3.2. Implicit and explicit experiences of punishment.

 "I just felt like a number and you're on an ACCT and it was your fault" (Ben)

When asked about the aims of the prison service, many of the participants believed one aim of the prison to be "pure and utter punishment" (Jack), "pay back society….what you've done" (Liam), "ultimate suffering" (Carl), "In a lot of places they literally do just want certain people behind their doors and to be quiet" (Jack). When looking beyond the explicit experiences of punishment, experiences of feeling punished seemed to be embedded into many different facets of participant's prison life. Greg, for example, described his interactions with staff as "You know…who they can trust. You know. Who can actually be

honest and speak their mind and you know, don't have that worry about getting into trouble or getting on report or something else" (Greg), alluding to the threat of punishment when misplacing trust. For Harry and Isaac, they experienced feeling staff taking advantage of their power or bullying them; "All they seem to think about is if they've got strike, they've got a crown on their shoulder. They can do what they like, when they like. They can boss you around, they can bully you" (Harry). Similarly, Isaac stated that "officers just like winding up prisoners" (Isaac).

Sometimes, participants felt punished for their self-harm through threats of punishment or being "blackmailed" (Harry), for example, Harry had previously been told "if you carry on cutting up, you'll be shipping out of this establishment" (Harry). Additionally, Isaac described having been threatened with being put on the ACCT, for example, "'I'm having thoughts I want to self-harm'. 'oh, don't otherwise we'll have to put you on an ACCT'" (Isaac) and following having self-harmed and telling officers were the razor he self-harm with was, this led to being treated in a risk-adverse way which was punitive; "The only thing is- the hardest one- is when you want to shave, you've got to have an officer standing up with you to have a shave….It looks like you're a baby, trying to have a shave" (Isaac).

Punitive language was often used by participants when describing the ACCT process; "ACCT just to keep a record on who's cutting themselves up or whose been bad" (Kevin), "heavily monitored" (Andrew) and "the officer will have to report it onto a book" (Ben). The processes of the ACCT that were designed to reduce risk, could sometimes feel punitive, such as the regular observations which "wake you up and I try to get up in the morning and that's it, you haven't got no sleep" (Isaac). These observations had additional punitive outcomes as

> [Other prisoners] don't want a screw coming up every single 15 minutes, 5 minutes
>
> checking on them. If people are in bed, they're in bed. But if you get an officer
>
> comes up then that's it your names in dirt all day because you kept them up (Isaac).

273

These more implicit embedded feelings of punishment were likely influential in what seemed to be participants' low expectations of care-receiving. Although participants described feeling 'cared for', often the descriptions of care were not suggestive of staff responding beyond a duty of care. These subtle definitions could be seen in the language used to describe their experiences of care, for example "I'm not suffering overly bad" (Andrew) and "I guess this is actually the first year in my sentence where I have no tried to kill myself" (Andrew). Others made more explicit statement of their low expectations, such as "I don't expect anything" (Carl).

7.4.3.3. Invisible prison reality.

"You are still in an establishment surrounded by a big fence. And it affects different people in different ways" (Martin)

Invisible realities of the prison system played a substantial role in the care participants received and their engagement in the care process. These invisible realities included a culture of secrecy and self-harm and mental health not being experienced as a priority to the prison system.

7.4.3.3.1. A culture of secrecy.

"Not a lot of prisoners would feel comfortable discussing their weaknesses….with the officers" (Martin)

A culture of secrecy, especially around self-harm, was described by participants whereby some prisoners "won't come out and openly say to you 'I self-harm'…. And it's not until- say they have had a bad accident- and then it's discovered they've been self-harming" (Ben). Sometimes "they do it do it their room because they find some of the staff they go to will either take the mick or they can't trust them" (Ben) or staff will "spread rumours around about you" (Isaac) and "it is used against them" (Jack). Additionally, fears of having control taken away from the prisoner can deter them from talking;

A lot of guys are frightened to ask for help as well because they think they are dealing with the system and they think all of the other agencies will get involved and before they know it they are not even saying what is going on and others are making decisions for them and so they do tend to back off (Martin).

The ACCT process and the use of Listeners were described by some participants to put them at risk of vulnerability within the prison and towards other prisoners due to making their self-harm known to others. "You see the thing with the red book is it's it's a sort of colour that tells everyone that you're vulnerable" (Ben). Ben describes, "everyone knows what that book is all about" (Ben). Ben questions "Why can't it be black? With nothing on the front?.....Because if it was a black book or in a hard, or in a folder, no one would know, they would just think it was a folder" (Ben). The ACCT document was highlighted by some participants as a shining beacon for displaying their self-harm. Similarly, Jack demonstrates an example of this;

When you've got to come out this door waving my ACCT around which is meant to be confidential saying 'look I've got to take you back to your wing' in front of everybody that was there, so [laughs] dealing with things like that is different as well (Jack).

These experiences discouraged participants from coming forward and telling staff they are self-harming; "they're not going to say nothing, because as soon as they say something it's going to be put up like a banner; 'he's on an ACCT'" (Ben). Similarly, with the Listener scheme "you don't want to call someone and say, 'can I have a Listener?' because everyone is listening to you" (Ben).

7.4.3.3.2. Self-harm and mental health are not a priority to the prison system.

275

"I think it's another dirty word for them that if they could, they would brush under the carpet

again" (Kevin)

Based on the experiences of the participants, there was felt to be a general disregard

for self-harm and mental health by the prison system and instead the prison "tend to hope it's

going to go away" (Jack). Jack's described how

> I was quite freely allowed to do it at HMP ***. They knew that I self-harmed and
>
> they weren't too fussed about it…. I wanted to desperately wanted to stop self-
>
> harming and feeling the way that I was, but then the support at the HMP *** was non-
>
> existent (Jack).

Problematically, "it's almost like it's just become part of normal day-to-day things that goes

on in prison. It's so prevalent, it happens all over the place" (Liam). It seemed that for some,

they felt because self-harm was not a management issue, it was not taken seriously by staff;

"He said, 'you can string yourself up for all I care'. He goes 'as long as you're not planning

to escape'" (Carl). Therefore, extreme lengths seemed to have been gone to by prisoners to

try and be taken seriously, for example one prisoner was described to try "motivate other

people to commit suicide so that they make changes. And this is how desperate" (Carl).

7.5. Creative engagement findings

Two participants created creative engagement pieces, and these were interpreted using

compositional interpretation (Rose, 2001) (see chapter three, section 3.6.4.).

7.5.1. Tom's creative engagement

Tom presented four pieces of work, three which he had created during the creative

engagement session and another which he brought with him. The interpretations are

presented in the chronological order in which Tom engaged with them (A copy of each can also be found in the Appendix (23-26):

- Creative piece one: 'draw and describe yourself'.

- Creative piece two: pre-existing piece. Tom brought this pictorial piece with him following his break. During the allocated creative engagement time he wrote explanatory notes to be attached to the piece in response to the prompts.

- Creative piece three: 'Draw and describe the reasons and causes of your self-harm'.

- Creative engagement four: My Environment/life.

Any notes attached to the creative work were written by the participant.

7.5.1.1. Creative piece one: 'Draw and describe yourself'. Tom created a creative piece which he labelled as 'draw and describe yourself', which aligned with the prompt sheet (see chapter three, section 3.5.3). This creation was completed in the creative engagement session.

7.5.1.1.1. Description of creative work. A photograph of the creative piece can be seen in Figure 7.1.

Figure 7.1.

A photograph of Tom's creative piece one 'Draw and describe yourself'
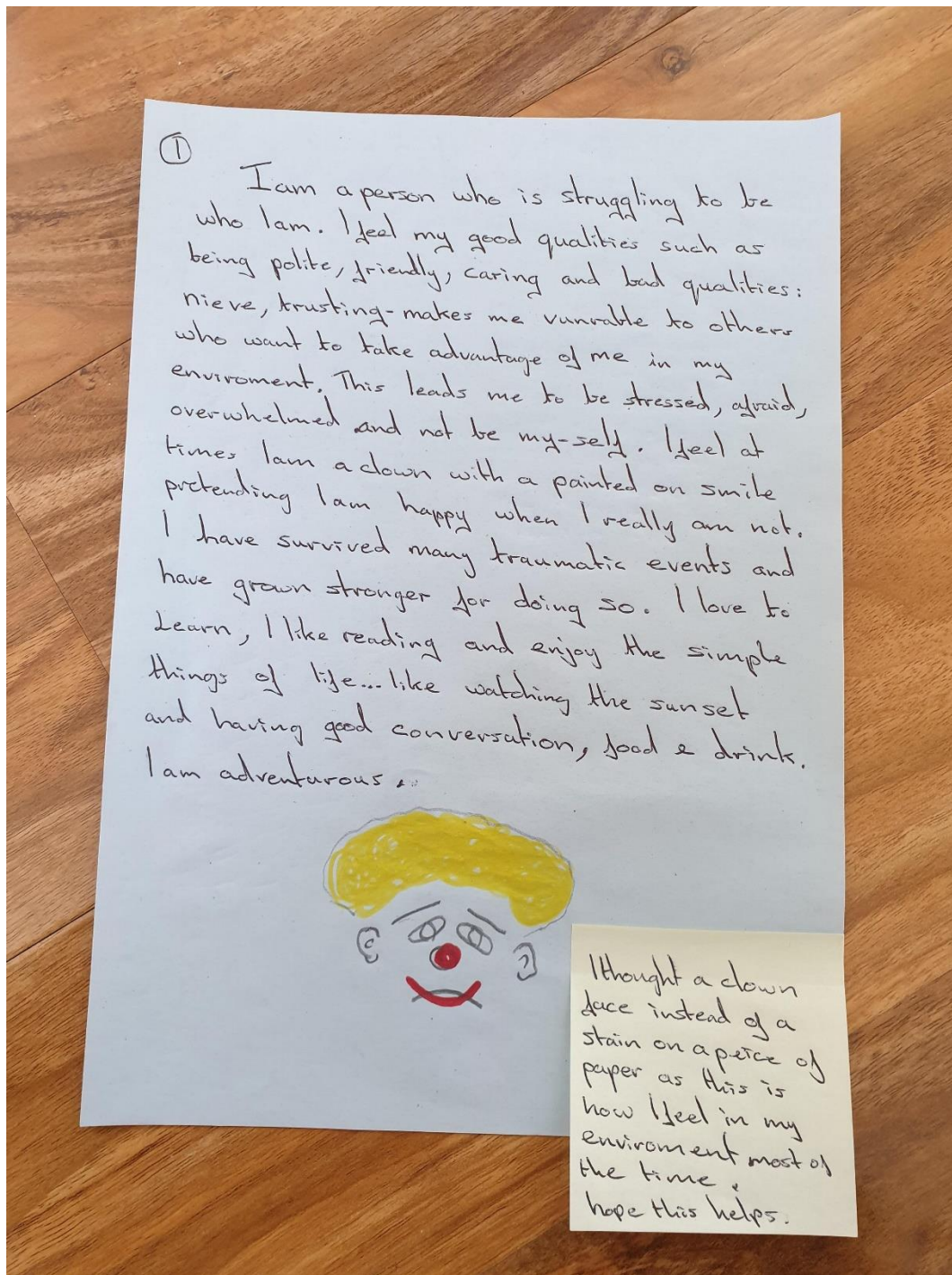
This piece consisted mostly of writing which was presented on a piece of paper in portrait formation. The writing was:

I am a person who is struggling to be who I am. I feel my good qualities such as being polite, friendly, caring and bad qualities: nieve, trusting- makes me vulnerable to others who want to take advantage of me in my environment. This leads me to be stressed, afraid, overwhelmed and not be my-self. I feel at times I am a clown with a

painted on smile pretending I am happy when I really am not. I have survived many
traumatic events and have grown stronger for doing so. I love to learn, I like reading
and enjoy the simple things of life….like watching the sunset and having good
conversation, food and drink. I am adventurous (Tom).

At the bottom of the page was a picture Tom had drawn of a clown. The clown has big
yellow hair. The eyes and eyebrows slant downwards on the outside, as though sad. The
clown has ears, a round nose and an upside-down smile. The clown's nose is coloured in red,
but this has gone over the edges of the nose. A red smile has also been drawn over the
downward smile. Tom attached a post-it note to the piece which on it was written: "I
thought a clown face instead of a stain on a piece of paper as this is how I feel in my
environment most of the time. Hope this helps."

7.5.1.1.2. Composition: colour. The writing is all in black, reinforcing this being
directive and a response. The clown has minimal colour, the hair, nose and one of the smiles.
The yellow hair, red smile and red nose present the clown to be something quite comical,
perhaps representative of a more traditional idea of a clown. Similarly, the red smile, which
has been drawn over the black upside-down smile looks as though it is painted over the top of
the black smile. The rest of the face is drawn in black, therefore the colour give the sense of
having been painted over the top of the clowns actual face. This is supported by the written
words of Tom "painted on smile, pretending to be happy when I really am not".

7.5.1.1.3. Composition: spatial orientation. The majority of the piece is taken up by
the writing. However, the clown, although taking up significantly less space and at the
bottom of the piece, is the focal point of the piece.

7.5.1.1.4. Expressive content. The words of Tom are very explicit in presenting him
feeling as though he has to wear a foolish mask to pretend to be happy, in order to protect
himself. Wearing the face of a clown protects him from being vulnerable from others, which

is in contrast to him stating "I have survived many traumatic events and have grown stronger for doing so". The strength that Tom describes does not seem to be a protection for him in prison, unless in fact this strength has come in the form of putting on the clown face. When contextualising the writing of Tom against the clown, it is evident Tom feels a lot of confusion between what he feels is his identity, what he presents as and is received as by others and who he feels he is meant to be (i.e., trying to please others "hope this helps"). This is supported by the verbal reflections he told the researcher. Despite the happy face of the clown and how he presents himself to others, Tom quite clearly expresses in his words and by the black upside-down smile and downward slanting eyes that he is sad underneath.

Tom spent a long time over making the decision to represent how he feels as a clown; Tom did not start drawing this piece for roughly one hour. He spoke about this difficulty to the researcher and described this to be a really important discussion to him. This is echoed in the written words on the post-it "I thought a clown face instead of a stain on a piece of paper". Interestingly, this would suggest that Tom struggled to define what represents his identity as either this clown, or the stain which suggests a representation of something dirty, worthless and meaningless. Both the clown and the stain give the impression that Tom has a low self-worth, feeling a contradiction between who he wants to be and how he currently is.

7.5.1.2. Creative piece two. Tom created a creative piece which included a picture he had drawn prior to the research and explanatory notes which he had written during the creative engagement session. Tom informed the researcher that he had wanted to include the pre-existing drawing in his creative engagement because he had drawn it at time when he had been self-harming in prison and he felt it best represented how he felt about being in prison at the time when he was self-harming.

7.5.1.2.1. Description of creative work. A photograph of the creative piece can be seen in Figure 7.2.

Figure 7.2.

A photograph of Tom's creative piece two: pre-existing piece

Struggle

My first go at producing a picture of hope,
I am reaching out to the light but prevented by obstacles which have seduced
me & controlled me. I want to be Free, Free as a person and free from
labels & control.

How much can I take?
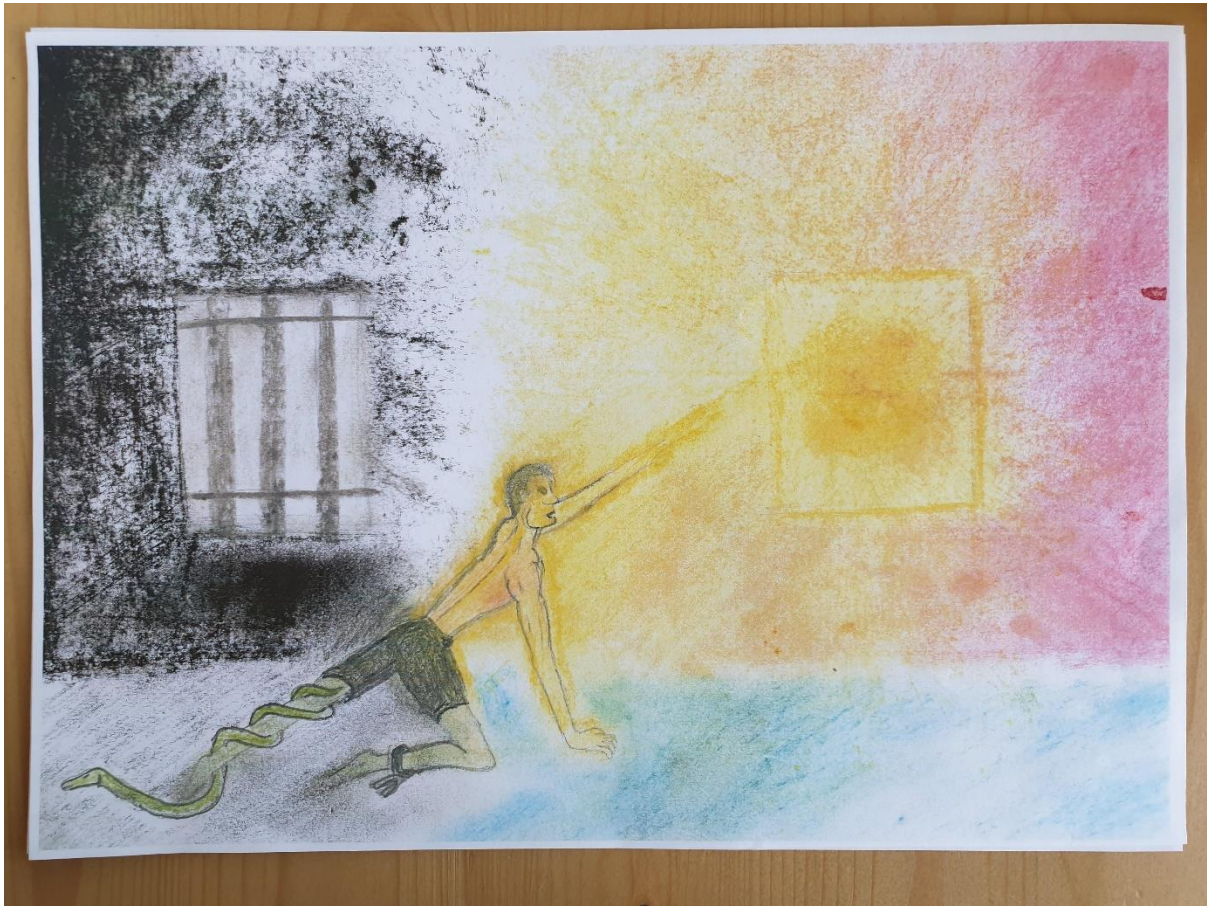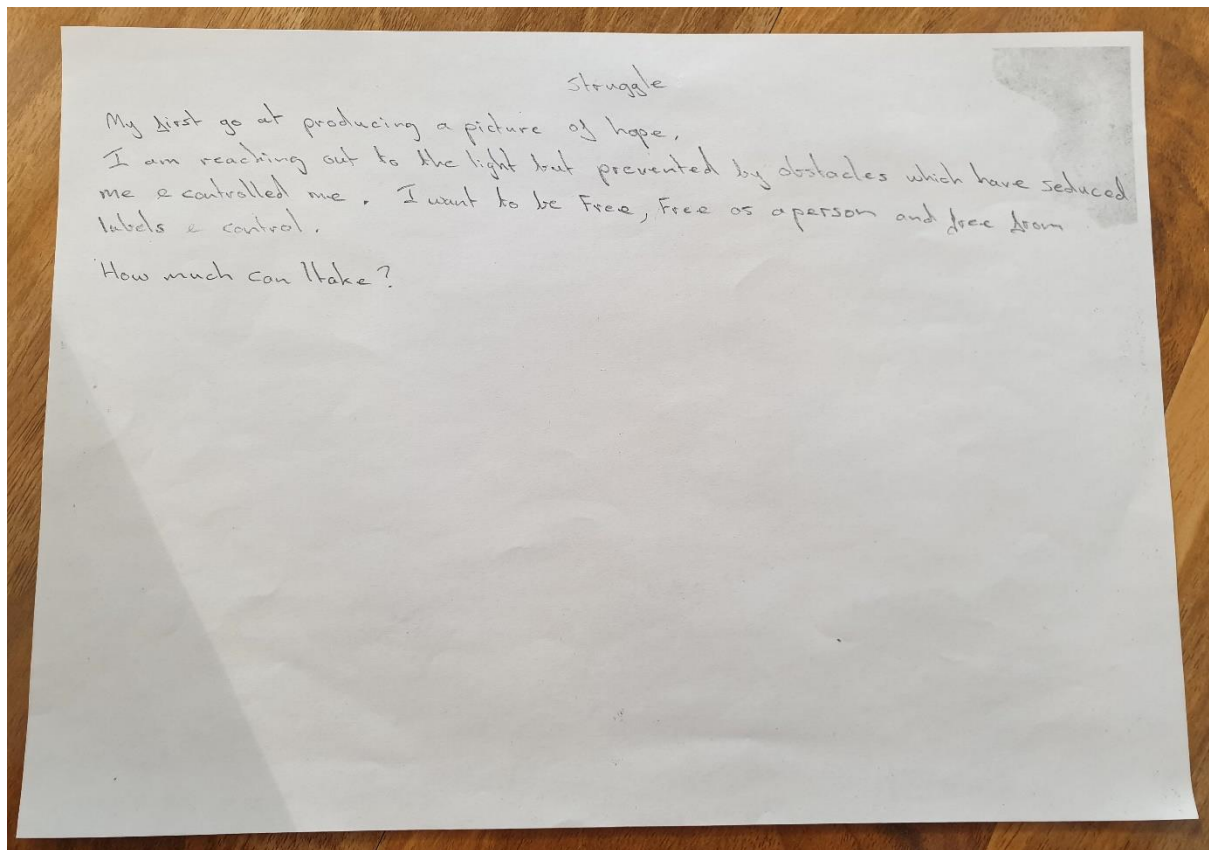
This piece is a colour drawing on paper in a landscape formation. He had used black, grey, green, yellow, pink and blue crayons and pencil. The drawing is of a man shackled in what appears to be a cell with bars. The man is on his hands and knees and reaching for what appears to be sun light coming through a (non-barred) window. The man is drawn side on. There is a snake entwinned around his one shackle free leg and is facing away from the direction the man is reaching towards. The man is only clothed in black shorts and has defined muscles on the top parts of his body. What appears to be sunlight is coming through the window and is encasing the top half of the man's body. The left side of the drawing, which includes the lower part of the man's body and the barred cell window is coloured in black, grey, and green is used to colour the lower part of the man's body and snake. The right side of the drawing, which includes the upper part of the man's body and the window, are coloured in yellow, pink, blue and green.

7.5.1.2.2. Composition: colour. On the one side of the drawing are lighter colours, which seem to signify the reaching through the window, potentially into hope or freedom. The floor on the lighter side is blue and green, perhaps representing nature, the outside. The left side of the drawing is darker and seems to signify the shackling and being trapped, pulled into the darkness by a snake.

7.5.1.2.3. Composition: spatial orientation. The focal point of the drawing is the man, more specifically the action of the man reaching towards the light, but being shackled into the dark, pulled further from the light by the snake. The drawing seems to be divided into two halves, the light and the dark.

7.5.1.2.4. Expressive content. In the reflections that the researcher made about this piece during time spent with Tom, Tom made it clear that he felt that the snake did not have biblical representation. Instead, he described a snake as something that is sly, deceitful and harmful. Tom provided a written piece to accompany the drawing which he titled "Struggle". Tom wrote:

> My first go at producing a picture of hope. I am reaching out to the light but
>
> prevented by obstacles which have seduced me and controlled me. I want to be Free,
>
> Free as a person and free from labels & control. How much can I take? (Tom).

Tom explicitly described the drawing as representing his want for hope and freedom, as pictorially drawn by the reaching for the light. He described obstacles stopping him from getting there, as can be seen by the shackles (a physical barrier) and the snake (perhaps more of a psychological barrier which sneaks up on him). The positioning of the man in the drawing almost looks to represent desperation, a deep want for the light which is out of reach and he is physically and psychologically unable to get to. There seems to be a sense of being trapped, the bars on the window and the shackle would suggest this. In the context of the research question, this would suggest it represents prison as a physical trap. However, the

snake, which Tom had described to the researcher to be "something negative", would be suggestive of Tom's own internal struggle within himself, as he explains "obstacles which have seduced and controlled me". His own "struggle" is pulling him in a direction away from freedom and hope. Arguably, much of this drawing is as much about his internal barriers as it is the physical barriers of prison. As highlighted by the last sentence of the writing "how much can I take?" really reinforces the desperation and lack of control he feels he has. This drawing seems to represent the two oppositional forces in his life; the light he is trying to get to (the open window) and the darkness which is holding him in place and trying to seduce him further in to (the barred window).

7.5.1.3. Creative piece three: 'Draw and describe the reasons and causes of your self-harm'. Tom created a creative piece which he labelled as 'draw and describe the reasons and causes of your self-harm', which aligned with the prompt sheet (see chapter three, section 3.5.3). This creation was completed in the creative engagement session.

7.5.1.3.1. Description of creative work. A photograph of the creative piece can be seen in Figure 7.3.

Figure 7.3.

A photograph of Tom's creative piece three Draw and describe the reasons and causes of your self-harm'

The handwritten text within the image reads:

②

A dream I have where I think it's me in a glass box. I can see my-self shouting & pleading for me, but I can't hear him & choose to look away.

I am/he is banging on the glass box desperately for my attention. No matter how hard I want to get closer to him or listen I ~~choose to~~ walk away.

I don't know why but I know it's me & I want to help my-self in some way.

I feel I am not understood and I feel I don't always understand my-self either, in how I feel. I guess I get frustrated and want the pain I feel inside to go away.

This piece is drawn in landscape formation. This piece consisted of a picture of a 3D box. Inside the box is a shadow-like person with indistinguishable feature (no hair, hollow eyes and hollow mouth), but defined muscular body. The person is looking towards the viewer with hands raised, yet the bottom half of the body appears to be sitting facing the opposite direction (as though the person has turned to look at the viewer). The drawing has two pieces of writing accompanying it and two post-it notes with writing on were stuck to the piece. One of the writings is in the top right corner of the piece and writes: "A dream I have where I think it's me in a glass box. I can see myself shouting and pleading for me, but I can't hear him and choose to look away".

The second writing on the piece is situated at the bottom of the piece, covering the whole length of the paper and writes: "I feel I am not understood and I feel I don't always understand my-self either, in how I feel. I guess I get frustrated and want the pain I feel inside to go away."

The two post-it notes write: "I am/he is banging on the glass box desperately for my attention. No matter how hard I want to get closer to him or listen I ~~choose to~~ walk away." and "I don't know why but I know it's me and I want to help my-self in some way".

7.5.1.3.2. Composition: colour. All of the writing is in black and the drawing is also in shades of black and grey. Shading has been used to define the drawing. The darkness of the drawing likely signifies the 'nightmarish' description Tom uses and demonstrates how it is devoid of any positivity.

7.5.1.3.3. Composition: spatial orientation. The focal point of the drawing is the box with the person in, which is in the centre of the piece, and by means of the person looking towards the viewer, drawers the viewer's eyes towards the person. The positioning of the writing signifies that they are separate, one which seems to be descriptive of the "dream" and is focused on the 'he', the other more reflective about how Tom feels as the 'I'.

7.5.1.3.4. Expressive content. It is apparent, as explained by Tom, that the person in the box is him. The physical appearance of the person in the box is almost ghost like, not fully formed as a human, perhaps presenting a shadow of Tom. However, he distances himself from the 'he', suggesting he feels a confliction between the 'he' and 'I'. He writes about wanting to help the 'he' but is unable to, yet does not state why. He crosses through the "choose to" when describing the walking away from the 'he', which suggests he feels it is not a conscious choice, or at least one he wants to make. This description of him walking away suggests he is giving up on himself, which might link to this idea of "I don't always understand myself either, in how I feel" and "I guess I get frustrated". He goes on to write "….and want the pain I feel inside to go away". It may be that this "pain" may refer to the confusion he is portraying about his identity between the 'I' and 'he'. It is evident, however, that this person inside of him is crying out for help, appearing almost desperate in the way his

facial expressions are haunted (hollowed out eyes and mouth) and arms are raised as if pleading.

When contextualised against the piece against the direction of "draw and describe the reasons and causes of your self-harm", it is evident that identity plays a significant role in his self-harm. Tom feels a confusion and frustration around not understanding parts of himself and feeling others also do not understand him. He describes this as pain and it is possible this image represents pain he does not want to acknowledge; he recognises that turning away is not the strong response, but addressing that pain is difficult for him. It also seems there is an element to Tom feeling not heard, as the 'he' cries out for help and even Tom himself turns away; Tom is trapped.

7.5.1.4. Creative piece four: My Environment/life. Tom created a creative piece which he entitled as 'My Environment/life', and labelled as 'Draw and describe how your self-harm is impacted/affected by your environment', which aligned with the prompt sheet (see chapter three, section 3.5.3). This creation was completed in the creative engagement session.

7.5.1.4.1. Description of the creation, entitled "My environment/life". A photograph of the creative pieces can be seen in Figure 7.4.

Figure 7.4.

A photograph of Tom's creative piece four 'My Environment/life'

My Enviroment/life

I feel I have my own energy/force field which the enviroment is trying to consume, or penertrate or even want some to feel better. It's tirering for me and wanting to escape.

Snake - slyness, decet e harm

Balle chain - Prison, my wife, doing things I don't want to do,

P.S I am not Religious.

This piece is drawn in landscape formation, however, Tom created a drawing on one side and on the reverse he wrote: "I feel I have my own energy/force field which the environment is trying to consume, penetrate or even want to some to feel better. It's tiring for me and wanting to escape". He included a post-it note on the piece on which he wrote: "Snake-slyness, deceit and harm. Ball & chain- Prison, my wife, doing things I don't want to do. P.s I am not religious"

The drawing is of a person (without any distinguishable characteristics) walking towards what looks like could be a hole in the darkness which has connecting light between him and the hole. The person has a red, yellow and orange oval 'flame-like' shaped object in the centre of its body. The person is encased by a yellow barrier (possibly the "force field" Tom describes). The yellow encasing forms a barrier between the dark shadowing in the picture, and also two objects (claw like) which seem to be trying to grab the person. One has broken when contacted with the yellow barrier. There is a shackle and ball which hangs off what looks like a post. The person seems to be walking past it. A green and black snake and wolf/dog with sharp teeth look to be approaching the person. A hand is reaching out from the ground between the wolf and snake as though, similarly threatful.

7.5.1.4.2. Composition: colour. The majority of the drawing is in shades of grey, this is apart from the yellow encasing around the person, the oval 'flame-like' shape at the centre of the person, the snake and ball and shackle, and the eyes of the wolf/dog. The colours would seem to have been picked to signify the focal points of safety and danger/ good and bad. The yellow encasing dominates any colour on the drawing, which is meaningful to the context which Tom describes about his own "energy" which the "environment is trying to consume".

7.5.1.4.3. Composition: spatial orientation. Similarly, as above, the colours draw the focal points of the drawing and provide meaning to what the viewer should focus upon and what is most important to the drawing.

7.5.1.4.4. Expressive content. Where in previous drawings Tom presented feeling hopeless and all-consumed, in this drawing the person seemed to have hope, have strength and the yellow looks as though it is rebounding things which could cause harm. This drawing seemed to represent resilience, yet Tom's description did not seem to replicate this. Whereas Tom described feeling "it's tiring" and "wanting to escape", the drawing did not appear to show a struggle or a fight, the person in the drawing seemed to have the power. This could suggest that, as with the clown drawing and person in the box, how Tom presents and how Tom feels are sometimes conflicted. Alternatively, this could mean Tom is unable to recognise his own strength and resilience that he demonstrates. Tom also describes the wanting of the environment to try "consume, penetrate or even want some to feel better", which suggests that Tom sees this energy as a positive energy that his environment around him tries to take from him; the sly, deceitful and harmful snake trying to steal his energy is tiring for Tom.

The title of the piece suggests that Tom sees his life and his environment as one, which is also replicated by the writing Tom presents where is describes the ball and chain as representing different significant negative things for him.

In the context of the directions given "draw and describe how your self-harm is impacted/affected by your environment and your networks", this would suggest that for Tom his self-harm is related to an endless battle of him trying to escape environments which are hurtful to him, trying to take parts of himself away from him. Similar to previous drawing, this gives a sense that Tom's self-harm is related to his identity and sense of being trapped.

7.5.2. Max's creative piece

Max presented two pieces of work, one which he had created during the creative engagement session and a poem which he brought with him. The poem was presented to the researcher prior to beginning the work created within the creative engagement session.

Max informed the researcher that he had wanted to include the pre-existing poem in his creative engagement because he had written it at time when he had been self-harming in prison and he felt it best represented his feelings at the time. He informed the researcher he felt he would find it difficult to think about how to explain the piece he was going to create during the session and instead wanted the poem to be used to provide an explanation. The two pieces of work, therefore, have been interpreted together, rather than separately (please see appendix 27).

7.5.2.1. Description of creative work. A photograph of the creative pieces can be seen in Figure 7.5.

Figure 7.5.

A photograph of Max's creative piece

Q1. Soule's box is how I feel inside witch keeps bleeding.

Q2. Cut My self as I don't want to die

kill live love people

Q2. hear's voices to kill My self and another voice to live, love, people so I cut up.

Q3. I don't realy know at this Moment in time and I am sorry.

Q2 Self harm as I don't know what to do....

kill your self you are worth-less

live Peace Love Faith

3a. It depand's as some people take it diffrent some Siport you some don't I tend to push people away and I don't Mean to. I all so do pain's to express My Self...

292

friend   17/10/2019

Finding, My way throw the dark shadow
that hont's Me

Reaching for a blade one cut there one cut
here it's the only way to coap

I am afrade of asking for help and
I am afrade of talking about My deamen's
that hont's Me

Ending, all pain I've stord for so long,
is harder then I ever amagend and I dont
know where to go

Now I feel so low that I failed some
amazing friends that I May not see again

Done, with it all I can not take any More pain
So I might as well stay a lone then no
one can hurt Me any More

[black redaction box]
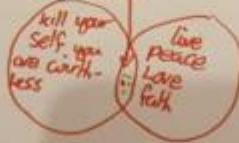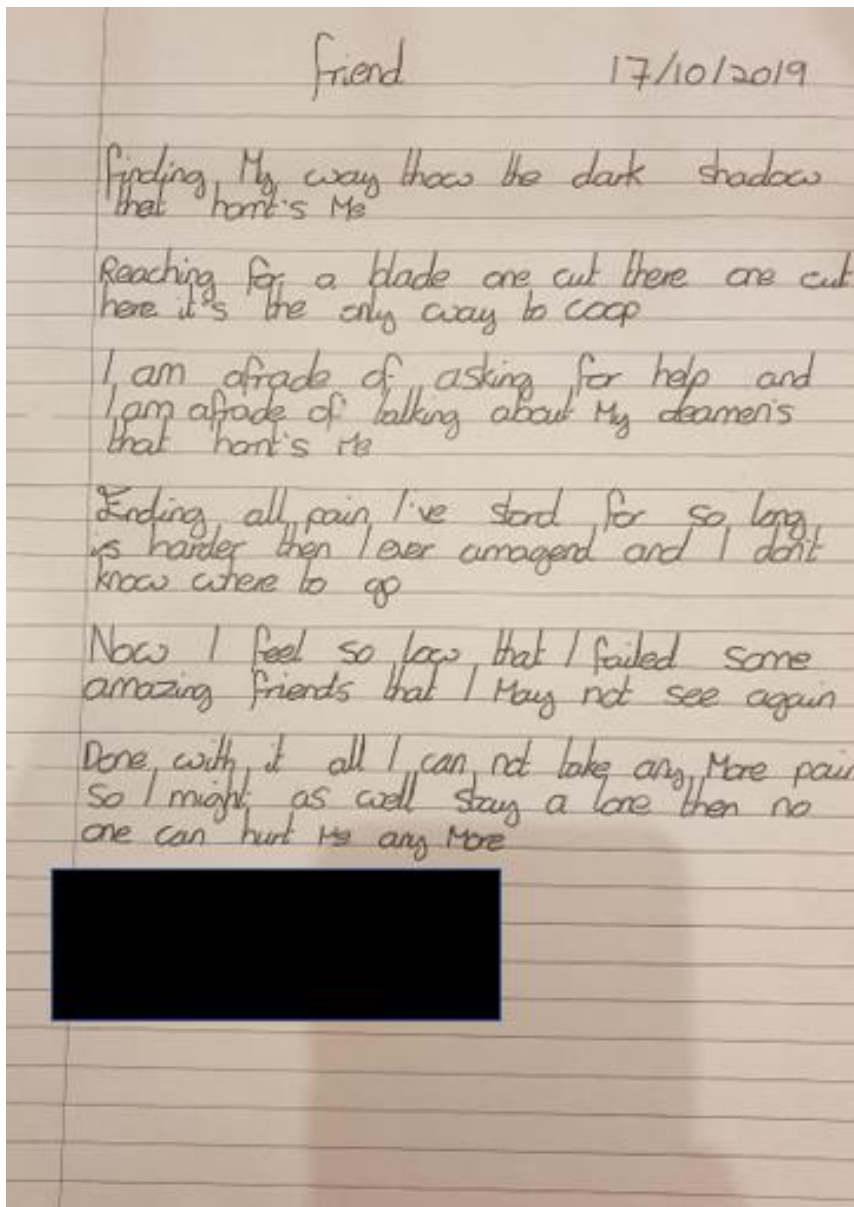
Max used a A4 piece of paper, in landscape formation, with pre-drawn boxes on as his creative modality. Max has utilised in five out of the six boxes and each were labelled which aligned with the prompt directions given to him (see chapter three, section 3.5.3). He used black, red and green felt tipped pens.

The box labelled Q1 ('Draw and describe yourself' from the prompt sheet see chapter three, section 3.5.3) had a drawn picture of a 3D box with holes in, with red splodges in an around the holes, appearing to be blood. The black writing within this box was: "Soule's box is how I feel inside witch keeps bleeding"

The box labelled Q2 ('Draw and describe the reasons and causes of your self-harm' from the prompt sheet) had a drawn picture of a man's face, plain expression and ordinary looking, apart from two ovals drawn on the forehead. The left oval had the words "kill yourself" and a stick figure of a devil to the left. The right oval had the words in black writing "live, love, peace" and a stick angel drawn to the right. The two ovals are touching. Max has drawn a line from the centre of the ovals to the words written in black saying "Cut my self as I don't want to die". To the right of the face is the writing: "Q2. Hear's voices to kill my self and another voice to live, love, peace so I cut up"

The box labelled Q3 ('Draw and describe how your self-harm is impacted/affected by your environment' from the prompt sheet) had the words written in black: "I don't really know at this moment in time and I am sorry."

A second box labelled Q2 ('Draw and describe the reasons and causes of your self-harm' from the prompt sheet) has two red circles inside which overlap with four green dots and one red dot inside the overlap. In the left circle written in red is "kill your self. You are wirth less". In the right circle written in red is "live peace love faith". A red arrow has been drawn from writing above the two circles down to the overlap between the circles. The writing says "self harm as I don't know what to do….."

The second box labelled 3Q ('Draw and describe how your self-harm is impacted/affected by your environment') had the words written in green: "It depends as some people take it different some support you some don't I tend to push people away and I don't mean to. I all so do pam's to express myself…."

The poem which accompanied the piece was written on lined paper, dated 17/10/2019, titled "Friend". The poem was written in black pen. The words to the poem were:

finding My way thow the dark shadow that hornt's me

Reaching for a blade one cut there one cut here it's the only way to coop

I am afraid of asking for help and I am afrade of talking about My deamen's that

hornt's me

Ending all pain I've stord for so long is harder then I ever amagend and I don't know

where to go

Now I feel so low that I failed some amazing friends that I may not see again

Done with it all I can not take any More pain so I might as well stay a lone then no

one can hurt me any More

7.5.2.2. Composition: colour. In the box labelled Q1 ('draw and describe yourself'), it is likely the red pen symbolises blood and stands out due to its comparison next to the black pen used to draw the box and holes.

In second box labelled Q2 ('Draw and describe the reasons and causes of your self-harm') with the two overlapping circles. The dots in the overlap are two colours: red and green. As the words which accompany this drawing refer to confusion, it is likely using two different colours is also representative of the confusion, perhaps between stop and go.

7.5.2.3. Composition: spatial orientation. Max specifically stated he wanted to use the paper with the pre-constructed boxes on as he stated it helped him to structure his answers. It was apparent that Max had difficulties of knowing where to begin with the creative engagement. The only box to not have a picture drawn to accompany it was both the Q3 ('Draw and describe how your self-harm is impacted/affected by your environment') boxes, which meant these boxes do not generate as much attention as the three other boxes.

7.5.2.4. Expressive content. It seemed that Max uses self-harm as a means to prevent suicide, but also to cope with negative feelings and "demons". It seems that for Max self-harm is as sitting between the two options of killing himself and living with peace, love and faith. This halfway point has inside four green dots and one red, perhaps suggesting that

go, or live, is more predominant within him than stop, or kill himself. Yet, it was evident that Max felt conflicted between these two extremes, one which tells him to kill himself and one that tells him to live, love and be peaceful. Max draws the box which he called Soule's box (soul?) and states that it keeps bleeding; there are holes in the box which blood comes out of, as if damaged. The poem which accompanied the creative engagement is suggestive of Max's difficulties in managing and challenging his feelings "only way to cope", "I am afraid", "harder than I ever imagined" and self-harm is a means to help him through this. However, to Max it seems that his means of surviving and coping (to self-harm) damages him in a different way as "now I feel so low that I failed some amazing friends" and lead to further self-punishment "done with it all I cannot take any more pain, so I might as well stay alone, then no one can hurt me anymore". It seems that Max is lonely and in part he is safer for being lonely because that way he does not have to disappoint others by self-harming. Yet, too afraid to ask for help, Max is unable to think of a better alternative.

7.6. Discussion

This study aimed to explore prisoners' perspectives of the prison service, prison staff and other prisoner's attitudes and responses towards, and prison service management of, their self-harm in prison, and how they feel the prison environment impacts their self-harm. Further, the study sought to contribute to triangulation of the empirical study's findings which led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. Semi-structured interviews were conducted with 12 male prisoners who self-harm and a follow-up creative engagement task was conducted with two of those interviewees.

In summary, participants described experiencing both visible and invisible care responses towards their self-harm, of which prisoners provide an additional support system

for those in distress. These care responses, however, must be embedded within relational security for them to be meaningful, procedure on its own is not enough. The prison system response towards self-harm, in particular the prison staff attitudes, can have a substantial impact on the prisoners' sense of self. Understanding self-harm, however, could be challenging, especially when participants demonstrated the difficulty in understanding their own self-harm, or in the case of the creative engagement, participants may struggle revealing their true identity and feelings. A lack of trust in the prison staff can create a barrier for prisoners to access care and misconceptions of prisoner self-harm can lead to experiences of degradation, shame, dehumanisation and feeling powerless. The creative engagement would suggest the exacerbation of already existing low self-worth experienced by some participants. Indicators of good care, however, include good communication, staff demonstrating compassion and being able to build trusting relationships with staff. The prison environment itself sometimes acts as a barrier to care through negatively impacting feelings of safety and trust and is limiting for prisoners trying to access healthy coping strategies. A low expectation for care and negative experiences can be generated from a punitive culture towards self-harm, whereby self-harm is not prioritised. Similarly, the creative engagement suggests the prison environment is a substantial contributor to the prisoner's sense of self, creating barriers against hope and freedom, and ultimately, wearing prisoners down so that they feel they can no longer cope. The creative engagement would suggest, at times, self-harm becomes intricately linked with these experiences, whereby self-harm is demonstrative of trying to escape that culture and the feelings it provokes.

7.6.1. How do prisoners understand and perceive the attitudes and responses of the prison service, prison staff and other prisoners towards their self-harm?

The participants mostly understood the prison system responses to be a procedural response, process-driven, focused on reducing risk and managing the outcomes of self-harm. Similarly, it has previously been noted that younger male prisoners seem able to recognise when care is driven by bureaucratic demands (Harvey, 2012), especially in relation to the ACCT (Pike & George, 2019). The prison self-harm processes, such as the ACCT, were often viewed to be devoid of a human element of care, seen as a tick-box, serving to adhere to the needs of the prison, not the individual, which has also be recognised within the existing literature (Marzano et al., 2012). Interestingly, although the quality of the prisoner-officer relationship has previously been demonstrated to be important for caregiving (Marzano et al., 2012; Tait, 201), the current findings elaborate on what is important about this relationship. Elements of relational security were described by the participants as integral in making the ACCT process become a sincere and meaningful response towards self-harm. These elements included communication, compassion and trust. Thus, supporting suggestions within existing literature that a relational approach towards the prisoner and prison staff relationship may be a positive way for prison officers to uphold their security role, but also provide a therapeutic relationship to prisoners (Crewe et al., 2014). Additionally, the current findings were suggestive of the benefits of using relational security more broadly, to mitigate against a culture which lacks safety and encourages punishment. The elements of relational security as described by the participants demonstrated this could be used to aid in building a foundation for care which is proactive, fosters trust which reduces risk, where prisoners mirror positive rather than negative interactions, encouraging prisoners to play an active role in their care. Thus, utilising a relational approach not only influences a better relationship between prisoner and officer, but has a much broader and meaningful impact. Ultimately, experiences of relational security in response to self-harm resulted in much more positive experience of care, arguably through developing prisoners' ontological security (see Crewe,

2011a; Giddens, 1991). In contrast, a lack of trust and communication between prisoners and prison staff, and lack of understanding about self-harm of behalf of the officers, often exacerbated risk and, being perceived to be negative, this can often reinforce the participants disengagement from the care process. Negative reactions by prisoners in responses to prison staff negative attitudes towards self-harm, similarly, have been demonstrated within the existing literature (Marzano et al., 2012).

The care received by the participants not only consisted of the visible prison system response, but there was also a network of invisible responses towards care which participants utilised. These included the Listeners and other prisoners. These could be useful and meaningful forms of support for prisoners, as suggested was needed within existing literature (Marzano et al., 2012). Concerns, however, built on the existing literature to highlight participants' concerns about relying on these forms of support, putting a burden onto fellow prisoners, and not wanting these support networks to replace the care they should receive from prison staff. It was evident, therefore, that care responses towards participants' self-harm needs in prison are multi-faceted and include multiple actors. In addition, they require the participants and prison staff to be actively and meaningfully engaged in the care process for care to be experienced as positive. This active engagement and interaction have been suggested as important for meaningful caregiving and care-receiving to be achieved (Tronto, 1993).

7.6.2. How do the prisoners conceptualise the impact of these responses on their self-harm?

The prison system responses towards self-harm, depending on how they are applied, had the capability to have either a positive or a negative impact on the prisoners, both within their sense of self and their conceptualisation of their care experiences. At times, participants

appeared to feel let down by the system as it demonstrated it was unable to provide them with the care they needed. These breakdowns in trust in the system have also previously been highlighted as a barrier to help-seeking behaviours (Harvey, 2012). When participants had received negative interactions or responses by prison staff, this often resulted in a breakdown of trust from the participant for staff. In addition to these negative responses, participants also described not trusting elements of the prison provision of care, including the ability of the staff to provide the required care. Participants felt officers were often not well trained in how to care for prisoners and do not have the right kinds of expertise. As evident from the existing literature, prisoners have previously described the prison as a barrier to equipping officers to care (Marzano et al., 2012). Where trust had broken down, some participants described their disengagement from the care process, or projecting and mirroring the negative responses they experienced, which elaborates on the reactions described within existing literature (see Marzano et al., 2012). Again, these participants' perceptions speak to the experiencing of ontological insecurity, whereby individuals feel they cannot trust or predict risk within their surroundings, thus, can become defensive towards others, over-analysing their actions or interpreting them as a threat (see Crewe, 2011a).

The misconceptions around the motivations and reasons for self-harm were discussed by participants to have a damaging impact on them. When misconceptions were formed, participants often were left feeling misunderstood and frustrated or have more serious consequences. As demonstrated by the interviews and the creative engagement, self-harm for some participants can be confusing and not fully understood by themselves. In particular, the creative engagement was demonstrative of the internal struggles some participants face when trying to understand their self-harm and how to manage the feelings which arise from self-harm. Additionally, as highlighted from the creative engagement, confused or hidden identities might add an extra facet to prisoners being misunderstood by others. The negative

300

consequences of prisoners feeling misunderstood or having experienced negative responses towards their self-harm has also been demonstrated within the existing literature (Marzano et al., 2012), yet the current findings expand on this to describe the participants' negative feelings of degradation, shame, being dehumanised and powerless. It was evident how much weight was behind the way in which the staff, the prison system and the other prisoners influence the participants' feelings towards themselves. As described by Tronto (1993), in order for individuals to be purposefully and positively engaged in care-receiving, they must feel their voice is heard and has meaning. With this in mind, for those prisoners who feel misunderstood or are made to feeling negative emotions because of their self-harm, it would perhaps be unlikely to expect their care-receiving to be engaged in by prisoners in the way which Tronto (1993) requires.

Relatively little existing literature explores the positive impact of positive experiences of care for male prisoners. However, within the current findings many positive experiences of care were described. More broadly, these experiences seemed to include a human element to the care they received, as already described, where elements of relational security had been applied to the prison system response. As suggested within the existing literature, prisoners have previously described similarly qualities, such as respect and being heard, as important qualities for officers to have as carers (Tait, 2011). Participants conceptualised the benefits of indicators for care in different ways, yet mostly these seemed to describe a feeling of being seen and valued as a human and being cared for. Trust seemed to be indicative of aiding good care and was a common narrative which seemed to sit in the background of many foreground discussions. The working relationship between key worker and prisoners was often described as a trusting relationship. It seemed, the key worker role is in a unique position to provide a safe space for prisoners to talk and engage in compassionate support. Although understanding what unsupportive care is perceived to be by prisoners, as

demonstrated within the existing literature (Marzano et al., 2012), equally understanding what works for good care experiences is important if a care processes is to be made more meaningful.

The participants spoke of care as a systemic process; it is multifaceted, involving multiple actors and contexts, fulfilling multiple needs, within an undertone from the prison culture. As evident from the positive experiences of care, care as a systemic process can be applied to the prison system response towards self-harm. This requires, however, for care to be relational, with the prisoner and their individual needs at the centre of the process and these understood within a broader context of prison culture. These care needs were described to be complex and confusing, which supports the importance of understanding the phenomenological experiences of prisoners who self-harm as argued within the literature review in this thesis (see chapter two, section 2.8.4.3.). Thus, for care-receiving to be achieved, the needs of the individual must be fully understood (Tronto, 1993) and misunderstanding the prisoners' needs can lead to disengagement from the care process (Marzano et al., 2012). Additionally, feeling cared for was described to be beneficial beyond a response towards self-harm, instead working towards wider prison agendas, such as rehabilitation and reform, as exemplified by a participant stating he wanted to better himself when he felt cared for. The understandings developed about impact that the prison system response towards self-harm had on the prisoners expands substantially on the existing literature and provides a more phenomenological understanding of participants' experiences of care, including their interpretations of the wider impact of culture, the environment, interpersonal interactions and their own conceptualisations about themselves and their experiences.

7.6.3. How do prisoners understand and perceive the prison environment to impact their self-harm?

The participants descriptions of their self-harm behaviour included several different causes and motivation. In line with the theoretical literature, intrapersonal, interpersonal and contextual understanding of self-harm, such as the attachment and trauma-focused approach or integrated models of self-harm (see chapter one, section 1.3.5.), can provide a more comprehensive theoretical grounding for understanding the complexity of self-harm. However, to the participants, self-harm was intricately influenced by their experiences within their environment, the culture of the environment which provides the foundation for care, how the participant conceptualises their interpersonal experiences and intrapersonal experience. Thus, demonstrating a more systemic and phenomenological conceptualisation of self-harm is needed which is perhaps more complex than the impact of the environment as understood within existing theoretical conceptualisations (for example, see Ireland & York, 2012; Lane, 2009; Slade et al., 2014).

Relatively little existing research has explored prisoners' perceptions of the impact of the prison environment on male prisoner self-harm. The prison environment, however, was not one described by participants to foster a supportive environment for aiding the reduction of self-harm. The prison environment was described by many of the participants to be one unable to provide them with safety and containment from other prisoners and from themselves. The restrictive environment meant prisoners did not have easy access to appropriate coping strategies and means of expressing and feeling emotions, thus, not nurturing a safe environment for which care could be better delivered. This could be exacerbated by the feelings of being trapped physically and psychologically, as exhibited within the creative engagement. Equally, with younger prisoners in particular, existing literature has recognised prisoners who self-harm to feel significantly less safe in prison than

those who do not self-harm (Harvey, 2012, p. 146). In this study, this feeling of a lack of

safety seemed to be an entrenched schema of prison life for many participants and therefore,

part of self-harm as a systemic problem and mirroring previous reflections about ontological

insecurity created within prison.

The prison environment was described as encouraging a culture of punishment.

Punishment could be both physical and psychological, and as demonstrated from the creative

engagement, for some, they experience having to fight against their surroundings to not be

forced to lose part of themselves or become someone they do not want to become.

Participants' feelings of insecurities, discrepancies and confusion around identity were

evident from the creative engagement, these were likely to be exacerbated when

misconceptions and dehumanising processes are applied to self-harm. Not only did

participants feel punished more generally, but increasingly so for being a self-harmer and

despite previous literature highlighting the experiences of punitive perceptions of officers

towards self-harm (Marzano et al., 2012), existing recent literature has not seemed to

understand this within a broader culture of punishment. More specific examples of punitive

responses, including the ACCT process, demonstrated that despite aiming to reduce risk, for

some participants experiencing this as punishment, their risk was increased as they were

discouraged from engaging in the care process. Existing literature has demonstrated the

prisoners' challenges with engaging in ACCT process (Pike & George, 2019), although little

existing literature has explored the impact of these challenges on the prisoner's

conceptualisation of their care and wider implications for risk. The unspoken realities of

prison life highlighted by the participants, such as the culture of secrecy and tolerance

towards self-harm, feelings of the lack of safety, and the explicit and implicit experiences of

punishment form the backdrop, all of which, as evident from the creative engagement, are

inescapable.

As with the culture of punishment, the systemic impact of a culture of secrecy was described by participants. Secrecy could make the participants feel vulnerable or create tensions between them and other prisoners. Previous negative experiences had deterred some participants from speaking out about their self-harm to prison staff or help-seeking. Consequently, as previously highlighted, disengaging from the care process can exacerbate the participants' risks around self-harm. Participants described what seemed to be the low expectations for the care they felt they should receive and despite stating they felt cared for, their language reflected responses by staff which did not provide more than was already expected from their duty of care. This was particularly relevant to their feelings of the prison system not prioritising the care of their self-harm and mental health, in which there seemed to be a general disregard for self-harm evident from many staff responses and attitudes towards self-harm. Arguably, this could be understood to demonstrate low self-compassion by the participants, which, as previously described, has been suggested could be a barrier to individuals accepting care and, thus, engaging in care receiving (Gilbert, 2009; Gilbert, 2015; Lee, 2012; for more information see chapter two, section 2.8.4.). If so, models of care, such as Tronto (1993), which seems to have the expectation that all individuals have the capacity to care-receive may be contested and deemed unrealistic. Thus, demonstrating the importance of fostering supportive cultures as part of the systemic approach to care.

This backdrop, in particular, has received little exploration within the existing literature, yet could be detrimental to understanding the foundations for which the prison system responses towards self-harm are delivered, and thus, the multitude of challenges these responses face. Awareness of phenomenological experiences of prisoners and how they are systemically influential can aid in providing a better understanding about what care really means to prisoners and how it can be achieved.

7.7. Limitations

The use of semi-structured interviews was a good choice of method for developing in-depth and rich data. This was complemented by the more exploratory data produced from the creative engagement. There were, however, limitations which could be found within this study.

The participant sample was recruited with the assistance of the Safer Custody teams. Although engagement was optional for the prisoners, they may have felt pressure to engage. However, the use of the information sheet and verbal instructions given by the researcher to the Safer Custody teams aided in ensuring voluntary participation. Furthermore, a selection bias could have been established through utilising the help of Safer Custody. However, due to time constraints and difficulties in engaging participation, the aid of the Safer Custody team was a necessity for recruiting participants. Subsequent issues were raised from the over-recruitment of participants from Category C prison Two which resulted representing 50% of the overall sample for the interviews. This raises concerns about the generalisability of the data, especially as Category C prison Two has a very specific cohort of prisoners (Men Convicted of Sexual Offenses) which is not representative of the majority of the prison population nationally.

Difficulties and miscommunication within the recruitment process meant that two of the participants did not fulfil the inclusion criteria. Having already been informed by staff of their attendance, the interviews went ahead. Incorporating the perspectives of a prisoner who has had no personal experience of self-harming or having been on an ACCT (recently) meant that the information provided by these participants in their interview had to be done with caution and reflection. The participants were, however, able to provide substantial input into many other areas of interest, such as prison culture and the prison environment.

A concern when developing the interview schedule was that the questions were too similar to those already asked of prisoners within the ACCT process and therefore, this may produce commonly used prison narratives in the absence of not having the emotional language to fully describe their experiences. Arguably, however, this was not the case as participants demonstrated originality and complexity in their responses. Nevertheless, it is likely participants' responses would be, to some extent, influenced by a possible lack of trust in the agenda of the research or the researcher, a fear of information being passed onto the staff or perhaps wanting staff to be made aware of certain opinions.

For the researcher's reflections on this research process, see chapter three, section 3.9.2.

7.8. Implications

The prison system response towards self-harm has the power to be a positive and meaningful care experience for prisoners. Applying relational approach (see Crewe, et al., 2014) seems integral to this happening. Demonstrating compassion, empathy and showing an interest in hearing the voice of the prisoner was important to the participants. Care must be more than simply carrying out the procedure which can be experienced as dehumanising and impersonal and removes the prisoner from the process. Care is required to be individualised and robust, responding to the changing needs of the prisoner and the complexity of their self-harm. Furthermore, the care process requires the prisoner to be an active participant and engage in the process. Where prisoners feel misunderstood, wrongly judged and devalued by previous experiences, they might be discouraged from engaging in care-receiving and trusting in the staff. A trusting relationship between the prisoner and the staff, one that nurtures prisoners' ontological security (see Giddens, 1991), will likely be the required foundation for a good working relationship, of which a positive care process can be built upon. More visible

indicators for support, such as care-specific roles, may make care more accessible for prisoners. The ACCT and the key workers are well placed to be able to fulfil this. Although policy already dictates their role in caring, the participants and the existing literature demonstrate negative experiences from the ACCT process and with individual staff responses, therefore, devaluing the ACCTs role in caring. Building an awareness amongst staff about how the ACCT and their relationships with prisoners can act as barrier to care, may aid in preventing some of the more avoidable challenges, such as maintaining the privacy of those prisoners on the ACCT.

The prison environment is difficult to change; yet it was apparent that some cultural norms of prison exacerbated negative feelings regarding self-harm, discouraged participants from seeking support and reinforced negative experiences of care. However, elements of these cultural norms can be challenged, such as secrecy, punishment and the normalisation of self-harm. As suggested by a participant, safe spaces (for example, support groups) could be established to challenge secrecy around self-harm. To discourage self-harm being normalised, focusing on relational security may demonstrate to prisoners that they are being heard and that staff care about their wellbeing. The move away from discrimination and punishment should encouraged and instead, a move towards focusing on engaging protective factors for the prisoners, empowering the prisoners with skills and feelings which nurture support, help-seeking behaviour and appropriate coping strategies, including engaging in their own care. Thus, becoming proactive, rather than reactive.

7.9. Conclusion

This study focused on the perspectives, understandings and experiences of prisoners who self-harm to contribute to the triangulation of the empirical study's findings which led to the development a care-ful model reduce and protect against self-harm in male prisoners.

This study built on the existing empirical literature to elaborate on why prisoners self-harm, how they conceptualise care and the impact of the prison system response towards their self-harm. In addition, this study developed an understanding of the systemic impact of the prison environment and culture and how this fundamentally influences prisoners' conceptualisations of care and their engagement within the care process.

The principal findings and implications of this study suggest an understanding by participants of what impacts their positive and negative experiences of care and the impact these have on their self of sense and engagement within the care process. Both visible, for example the ACCT, and invisible forms of support, for example other prisoners, were available to the prisoners who self-harm. The ACCT process, however, benefits from a relational approach between prisoners and officers for it to be meaningful; the process itself, when devoid of humanisation, is not enough to be caring. The prison system response towards caring for self-harm had mixed responses, but indicators of care were described by prisoners to be being able to trust and talk to officers and in turn feel heard, experiencing compassion and empathy and feeling valued. For some prisoners this was described within their relationship with their key worker. Experiences of uncaring responses, however, often resulted from a lack of trust for officers which forms a barrier to accessing care and negative misconceptions of their self-harm. The participants were able to understand these experiences within the context of their relationships within prison, as well as within the context of the prison itself, for example, what helps and what hinders their care and support. It was evident, however, that participants often felt their self-harm was not understood, yet, at times they did not understand it themselves, making understanding care needs challenging. The prison environment and the culture within the prison had a substantial negative impact upon the participants which, in turn, negatively impacted their self-harm. Participants experienced feelings of a lack of safety and containment but were often unable to access

support when needed. Experiences of being punished were both overt and implicit and further, they experienced a culture of secrecy, particularly around self-harm which was perceived to not be a priority of the prison system. Prisoners' phenomenological conceptualisation and experiences of the care they receive is systemically impacted by many facets of prison life, as well as their interpersonal and intrapersonal interactions with others. To develop a care-ful model which is meaningful for the prisoner, the systemic nature of their individualised care experiences needs to be embedded at the centre of the model.

CHAPTER 8

Discussion

The aim of this thesis was to explore prisoners' and prison staff understandings and their experiences of the response towards, and management of, self-harm in male prisoners and how they felt these impact self-harm. Furthermore, the perceived impact of the prison environment upon self-harm was explored. In addition to prisoners' and ex-prisoners' experiences of care, wider care experiences of vulnerable individuals were also drawn upon. These findings were triangulated to examine any disconnect between the provision of care for male prisoners who self-harm and the meaningful delivery of a care. The triangulation of these findings, therefore, led to the development of a care-ful model to reduce and protect against self-harm in male prisoners. To address these aims, four studies were conducted:

- Study one aimed to explore care recipients' conceptualisations and requirement of organisations to provide good care, including structural responses towards care and the impact of the environment on care. To do this, ex-prisoners and vulnerable individuals' experiences of care were explored. A focus group and creative engagement were conducted with ex-prisoners and a mother of a current prisoner. Additionally, a consultation group and semi-structured interview were conducted with vulnerable individuals and a member of staff from a housing charity. The findings from the vulnerable individuals' experiences of care provided a context for understanding the retrospective experiences of ex-prisoners from prison. This included the influence of culture, organisations' agendas towards care and the impact of power. The finding from the housing charity, of whom both the organisation and the vulnerable individuals felt care centred around the individuals needs of the care-receivers, illustrated how ex-prisoners' experiences demonstrate disempowerment. Subsequently, ex-prisoners described feeling they did not have a voice within prison

and their individualised needs went uncared for. The prison system culture influenced experiences of fear and ontological insecurity in ex-prisoners which makes cultivating care unlikely.

- Study two aimed to explore differences between prison staff and prisoners' perceptions towards the competence of the prison system response towards, and management, of self-harm. Surveys were utilised to generate both quantitative and qualitative feedback. The findings demonstrated there were significant differences between prisoner and prison staff perceptions towards overall effectiveness and competence of the prison service procedure for responding to self-harm, whereby prison staff were more likely to agree the prison system response is effective and competent, and prisoners more likely to disagree. Barriers towards prisoners sharing information about their self-harm included fear for their safety and security or being punished, concerns of being judged, lack of trust for prison staff, difficult prisoner-officer dynamics or an inability to explain their self-harm. Prison staff felt limited in their capacity to care for prisoner who self-harm because of discrepancies between the prison system and their own agenda towards care, lack of training and provisions or the Assessment Care in Custody and Teamwork (ACCT) not being appropriate for a care provision. The belief that some prisoners self-harm is motivated by manipulation had implications for the care prison staff give, yet some felt these attitudes unhelpful, having a negative impact on prisoners.

- Study three aimed to explore prison officers' perspectives of self-harm, perspectives towards the prison system response towards self-harm and the impact they feel this response has on the prisoners who self-harm. Four focus groups were conducted with three prisons. The findings demonstrated prison officers mostly had a good understanding of self-harm and motivation towards caring, although found self-

harming prisoner perceived to be motivated by manipulation challenging to care for.

The prison environment was not always perceived to be equipped for care, including

a lack of informative training, resources, experienced officer and support for officers,

and thus, had implications for the use of the ACCT and caring engagement with

prisoners. Caring could have an emotional toll on officers, exacerbated by a culture

of fear around self-harm, but there were also differences between caring and

upholding a duty of care. The care process was experienced as a systemic process by

the prison officers, whereby the engagement of the prisoner, prison staff and the

prison system were all linked.

- Study four aimed to explore prisoner's experiences of the prison system, other

   prisoners and prison staff attitudes and responses towards, and prison system

   management of their self-harm. Further, the impact they perceive the prison

   environment to have on their self-harm and their own conceptualisations of their self-

   harm were explored. Semi-structured interviews and creative engagement were

   conducted with prisoners who self-harm. The findings demonstrated that the

   prisoners often felt their self-harm to be misunderstood, additionally they sometimes

   found conceptualising their own self-harm to be challenging and confusing. Both

   visible and invisible forms of support were available to the prisoners, yet, for the

   visible prison system response towards self-harm a relational dynamic between

   prisoners and officers was required to make the process meaningful. The prison

   system response towards caring for self-harm had mixed responses, but experiences

   of uncaring responses often resulted from the prisoners a lack of trust for officer

   which forms a barrier to accessing care, and misconceptions of their self-harm which

   could lead to feelings negative feelings. Whereas indicators of care were perceived

   to be the building of trust in staff, being able to talk and feel heard and valued and

experiencing compassion and empathy. The prison environment and culture within

had a substantial negative impact on the prisoner which had implications for their

self-harm.

8.1. Developing a care-ful model to reduce and protect against self-harm in male prisoners

The findings from the empirical studies were triangulated to develop a care-ful model

to reduce and protect against self-harm in male prisoners. This model aims to have both

theoretical and practical value for future prison system response and management of self-

harm in male prisoners. A pictorial presentation of the model can be seen in Figure 8.1,

followed by an explanation of the model components.

Figure 8.1.

A care-ful model to reduce and protect against self-harm in male prisoners
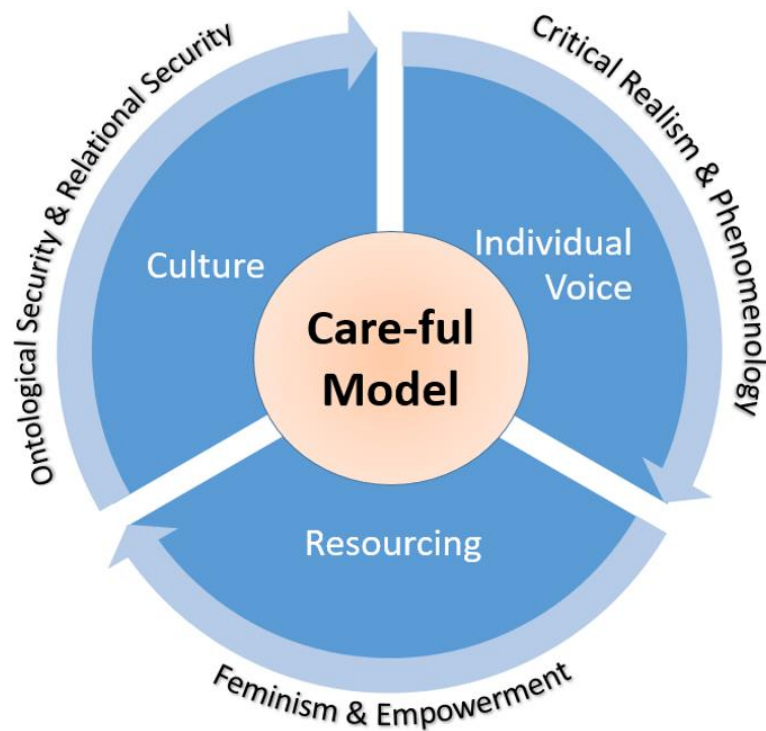
All parts of the model are systemic, thus, all aspects of the prison environment and culture, prison staff and prisoners understanding, perspectives, support and experiences are all intricately linked. Therefore, it is important the phenomenological experiences of prison staff and prisoners are heard in order to understand how each part and actor within the care process impacts the care process. Furthermore, resourcing is required to a reinforce a supportive and caring culture and a provide a space for individual voices to be heard and incorporated. The model, therefore, is separated into three main components: culture, individual voice and resourcing.

8.1.1. Culture

The basic needs for feelings of safety and ontological security should be fostered in order to enable care-giving from prison staff and care-receiving by prisoners. As described by the prisoner participants, a prison culture which is punitive towards prisoners more

generally, but additionally towards self-harm, and reinforces secrecy around self-harm can negatively impact prisoners' engagement in care-receiving. However, there are facets to the prison environment and culture which will not, or are unlikely to, change to support this, for example security structural components like being locked in a cell. Where possible, prison environments, therefore, should foster prisoners' (and prison staff) ontological security (as described by Gidden, 1991) which can better support the development of trust in the regime, their environment and in others. Developing ontological security can better aid prisoners' management of risk and anxiety which can come from not being able to predict risk (Giddens, 1991). For example, as described by the prison officer and prisoner participants, a prison environment which has more freedom (physically, but also psychologically through safe spaces) can enable ontological security, but also empower the prisoners to be actively and meaningfully engaged in care. This can reduce demand on prison staff resources and support developing a more rehabilitative culture.

Changing the prison environment or spaces within the environment may not always be possible, and, therefore, creating a psychological space which reinforces ontological security should be focused upon. For example, as described by the prisoner and prison officer participants, taking a relational security approach towards the prisoner-officer relationship can foster a safe and meaningful space for prisoners which can additionally allow them to feel heard and understood. Utilising implementations like the key worker scheme can be a readily available space to achieve this. A relational approach, as highlighted within the existing literature (see Crewe et al., 2014), can be a productive means of bridging prison officers' security roles with more meaningful engagement. For the prisoners and prison staff, and also described by Tronto (1993), for caregiving and care-receiving to be achieved, this process must be interactional, meaningful and actors be actively engaged. This was particularly relevant to prisoner participants' descriptions of the difference prison officers

providing a duty of care or providing meaningful care had the feeling of being cared for. For

the prison culture to support caring, prison staff have to engage in meaningful interactions

with prisoners. As part of this, and intertwined with prisoners having a voice, is the

importance in encouraging a cultural shift away from negative preconceptions or assumptions

about why prisoners self-harm. Self-harm was complex and, at times, confusing for both

prisoners and prison staff participants, equally existing theoretical and definitional literature

does not follow a consensus. Therefore, prison staff adhering to narrowed or rigid

perceptions of self-harm is counterintuitive to developing a safe psychological space for

prisoners to be able to understand, explain to others or work through their own self-harm

narratives.

8.1.2. Individual voice

Engaging the individual voice of all actors within the care process adopts a critical

realist approach towards care; understanding how individual experiences and perceptions can

influence their understanding of the existing realities of the prison world which surrounds

them (for example, see Maxwell & Mittapalli, 2010). What is more, applying a

phenomenological approach to these understandings, which gives voice to how the prisoners

and prison staff interpret the care process and their and others' engagement, can support more

meaningful engagement in the care process. For the prisoners, especially, care must be

individualised. As evident from the experiences of the prisoners who self-harm, having a

voice is complex and being provided a space to talk (for example, within ACCT reviews) is

not always enough to be fully heard and understood. As identified, prisoners' experience a

fear of talking about self-harm, have a low expectation for the care they should receive, lack

trust in the prison staff and the process or lack the time required with the prison staff to build

trusting relationships. These experiences can be institutionally driven, for example through

317

prison culture. However, as suggested within the literature review of this thesis, low expectations of care can also come from having low self-compassion which, subsequently, can discourage individuals from help-seeking behaviour (for example, see Gilbert, 2009; Kelly & Dupasquier, 2016; Lee, 2012). Additionally, it could be perhaps that challenging early life experiences makes it difficult for prisoners to become attached to prison staff and, therefore, trust them to care for them (Harvey, 2012). Whatever the cause for these potential barriers, they need to be understood for prisoners to be meaningfully and effectively engaged in care-receiving. Therefore, incorporating the prisoners' phenomenological understandings and perceptions towards their care needs and their engagement in care-receiving can aid in individualising care and giving voice to the prisoner. When care is approached this way, it also supports an attachment and trauma-informed approach towards understanding self-harm (see Lane, 2009), which was compatible with the findings in this thesis. This approach incorporates the complexity of the interpersonal, intrapersonal and situational influences for self-harm as noted from the empirical findings with prisoners who self-harm. Practical implementations like a sufficiently resourced key worker scheme can invest time in building more meaningful and trusting relationships between prisoners and prison staff, again, through relational security, which can better support giving the prisoners a voice and, thus, individualising care.

The individual experiences and perceptions of the prison staff also need to be heard. As demonstrated from the prisoner, prison staff and officer and ex-prisoner participants, engagements between prison staff and prisoners can vary considerably. Homogeneity within the care-giving role may be unlikely, as suggested from theoretical understandings of the challenges which can be present with having the capacity to care or accurate recognition of care needs (see Hollway, 2006), but understanding the individual perceptions and experiences of prison staff may give more insight into how individual staff members can be better

supported in their care-giving role. For example, prison officer and prison staff participants described not receiving the support their felt they needed post witnessing incidents within prison, felt fear around the consequences of self-inflicted deaths and felt a disconnect between prison management agendas for caring for prisoners and their own. Prison staff, therefore, need to have a space to have their own voice heard, understood, responded to and their ontological security reinforced, if there is to be a realistic expectation of them care-giving meaningfully.

8.1.3. Resourcing

Resourcing can provide a means of empowerment for both prison staff and prisoners when engaging with care. The process and procedure for care has to be supported and equipped. Prison staff participants described finding it challenging to care if they are not supported, invested in and cared for themselves. This not only includes providing the physical means to care, but also providing psychological support and training which develops understanding of self-harm, understanding of caring and empowers prison staff with the skills and confidence to be able to care for self-harm. Increasing prison officer numbers to support resourcing is not always possible, instead working more systemically and collaboratively can aid in better utilising the resources. Support should also be given to prisoners to equipped them to, where possible, care for themselves and at times others. Examples were given by prison officer participants of where prisoners were empowered and supported to engage in self-care through providing safe spaces, such as within community meetings where they can raise requests, or prisoners were provided with more physical freedom around prison which allowed them to seek out support themselves, leaving prison officer free to attend to other tasks. Furthermore, to support the development of relational security, as required for fostering supportive cultures, sufficient resourcing is required to aid preventing processes,

like the key worker scheme, from becoming a tick-box exercise when meaningful

engagement is unrealistic within time frames and resources provided.

Resourcing both prisoners and prison staff in this way adheres to a critical-

emancipatory agenda, aligning with a feminist perspective towards empowering those who

experience powerlessness and giving a voice to those who often feel unheard (see

Gunnarsson et al., 2016).

8.2. Theoretical and practice contributions

The findings from this thesis contributed to the existing understandings and

experiences described within the existing literature.

8.2.1. Applying a care approach to prison

Feminist approaches to care, such as that of Tronto (1993), have focused upon the

need for institutional care to move away from employing traditional private sphere

perceptions of care, towards care which is inclusive to all actors within the process, thus, all

actors becoming powerful, purposeful and particular (Tronto, 2010). For care to achieve this,

it must become a systemic process, integrating the complexity of the individual and the

environment (Fisher & Tronto, 1990, as cited in Tronto, 1993). A whole-prison approach

towards prisoners' health and wellbeing, as stated by the World Health Organisation,

provides a means for healthy and supportive prison environments to be created through

engaging all levels of prison life and all facets of the prison system (House of Commons,

2018). The ACCT and PSI 64/2011 attends to elements of this form of care through seeking

to engage a Multi-disciplinary team approach and provide care targets which are informed by

the needs of the prisoner (see MoJ, 2012). However, problems with the effectiveness of the

implementation (see chapter two, section 2.4.), and that of the effectiveness of the

implementation of care more widely remains an issue in prison (Glorney et al., 2020). As suggested within the literature review, contradiction between care and justice (see Hollway, 2006) inevitably hinders the application of a feminist perspective towards care. Similarly, this was evident from the descriptions of the prison system's power and control described by ex-prisoners and prisoner participants with this thesis and the contradictions between prison staff and the prison system agendas for care, as described by prison staff. Where Tronto (1993) suggested these differing agendas need to be aligned in order for care-giving to be achieved, it is suggested from this thesis that this is perhaps not possible within a prison system. Instead, other means of mitigating against differing agendas should be adopted, for example the use of relational security by prison staff. The use of relational security aids in prison staff developing trusting relationships with prisoners, yet upholding their security agendas (Crewe et al., 2014). In addition, for a care approach to be more systemic, the prison environment, as suggested through the whole-prisons approach needs to be addressed to become more accommodating for care. The findings of this thesis demonstrate the influence of the prison culture of punishment, insecurity, lack of safety and sense of self, on hindering a caring culture. Thus, this thesis suggests supporting the development of prison staff and prisoners' ontological security (see Giddens, 1991), empowerment and self-value can better aid the development of a caring culture. As a practical response, a top-down approach to fostering a caring culture can be reinforced through the providing the appropriate support, training and resources required for prison staff. Additionally, providing safe spaces for prisoners to have a voice and take responsibility for their own care can support the development of a more caring culture.

When contextualising the Tronto (1993) model of care more specifically, it was evident from the narratives of the findings that ran throughout this thesis that care-receiving was far more complex than anticipated from Tronto's (1993) model of care. For example, the

prisoner participants demonstrated, as was the criticism raised within the literature review of the Tronto (1993) model, that meaningful care-receiving at times required more than prisoners' needs being known and access and opportunity for care. At times, prisoner participants themselves did not understand their self-harm, and thus, their needs, which again reinforces the importance of developing phenomenological understandings of prisoners' experiences in order to be able to better understand how the prisoners' past and current experiences (for example, prison culture, relationships with other prisoners and prison staff) influence their self-harm and their own conceptualisations of their self-harm.

8.2.2. Problems with implementing the ACCT and PSI 64/2011

The stance within the existing literature focuses on problems which impede the effectiveness of the ACCT to include problems with Multi-disciplinary working and a lack in support required to effectively implement the ACCT (see chapter two, section 2.4.), in addition to negative use of the ACCT from prisoners who manipulate the system (Marzano et al., 2015; Pike & George, 2019; Ramluggun, 2013), and a culture of fear which results in too many ACCTs being open (Ramluggun, 2013; Walker et al., 2016). With the exception of the challenges with MDT working, which was not raised by the participants, the findings supported these problems previously highlighted. Moreover, the findings from this thesis elaborate on the substantial influence of interpersonal interactions on the effectiveness of the ACCTs implementation. Prisoners, officers and prison staff all perceived important contributors from facets of interpersonal engagement to include the trust built between prisoners and officers, elements of relational security, prisoners' concerns of the consequences of disclosing self-harm information, including being punishment or judged, as well as, a decrease in their safety. These facets influence prisoners sharing information about their self-harm which would be required within the ACCT and their meaningful engagement

322

in the ACCT itself. Additional concerns were raised by prisoners and prison staff about the capacity of prisoners to be able to verbally request self-help information, such as those with mental health problems, which was demonstrated in the interviews and creative engagement. Equally, the significant differences in prison staff and prisoners' perception towards the amount and quality of information shared about self-harm, and the effectiveness of the support given is a likely indicator that what the prison staff perceive to be working well for the prisoner, is not necessarily reciprocated within the prisoners' perceptions. These concerns speak to the importance of rapports built with officers and being able to give the prisoners the time they need to be able to work through their own understanding. As highlighted with prisoners and officers, the OMiC model which supports the use of protected time for key working, is a good opportunity for rapport building. Further concerns were raised by prisoners about the overt nature of the ACCT, for example its colour, the intrusive observations and the ACCT following them around the prison, which was found to undermine their privacy and made them vulnerable, thus potentially deterring them from perceiving the ACCT as a tool for support. Ultimately, the ACCT can be a really useful tool to provide support, but the officers require support from the prison system to implement it. Furthermore, this tool can only be meaningful if it is utilised meaningfully by staff.

8.2.3. Attitudes and perspectives towards caring for self-harm

The findings generated from this thesis partially supported the existing literature on the attitudes and perspectives towards self-harm. The existence of negative perceptions about self-harm, for example self-harm is manipulative (Marzano et al., 2015; Ramluggun, 2013) were still voiced amongst the prison staff and experiences of the prisoners, which had a similar damaging impact as identified amongst the existing literature (Marzano et al., 2012). It was the belief of prison staff and prisoners that officers can be too quick to judge self-harm

and thus, as suggested within the existing literature, these judgements can impact their response (Ramluggun, 2013). Agreeing with the wider literature about typologies of prison officer carers (Tait, 2011), the approach and attitudes towards care the officers adopt, impacts how the prisoners are made to feel about themselves and whether they felt cared for. Where the existing literature demonstrated that young male prisoners were able to differentiate between genuine and non-genuine responses towards their self-harm (Harvey, 2012), equally this was recognised from the prisoner samples within this thesis. Yet, on the whole, negative attitudes did not seem to extend to the extent of which the existing literature would suggest, such as self-harm is a waste of officer time or officers are devoid of emotions (Marzano et al., 2015; Ramluggun, 2013; Sweeney et al., 2018). The findings in this thesis, however, brought to attention several important conceptualisations around the attitudes and perspectives towards self-harm which remains relatively unexplored.

Firstly, there appeared to be a change in narrative from conceptualising officers as not caring or having negative attitude versus caring and having positive attitudes, instead, towards describing the difference between officers who only provide a duty of care and those who are caring. Thus, suggesting a difference between providing a bureaucratic response towards self-harm, such as ticking a box required of procedural caring, and having compassion and empathy, officers investing themselves into the process and putting the needs of prisoners first. Prisoners described similar differences. They found caring to be officers demonstrating compassion and encouragement, doing what is best for the prisoner. In addition to these, they found caring to include staff who did more than what their job role required of them, for example interacting with prisoners outside of the ACCT or standing up for them. Caring is something that is felt by the prisoners, sometimes by feeling the officer might relate with some of their challenges. Prisoners also described this same difference between procedural care and caring in relation to the ACCT; without a relational facet, the

ACCT is just a process. This, for prisoners was the difference between feeling humanised and seen or being seen as a number which ultimately exacerbated their risk of self-harm. As a result, this process becomes counterproductive to the aims of the ACCT. Equally, this difference has been noted within the different typologies of officer carers (Tait, 2011), but more importantly, this difference is demonstrative of underlying differences between bureaucratic and meaningful approach to care as noted by Tronto (1993, cited in Hollway, 2006, p. 14) "care draws out of compassion, justice out of rationality".

Secondly, prison wide, there appeared to be a deep embedded culture of the prison system undervaluing and dehumanising prisoners, and sometimes officers. For officers, this was noted by the stigma of caring, the lack of support officers feel the prison system provides them in relation to resources, but also when they are subject to incidences. From a prisoner perspective, the ex-prisoners also described being subjected to prison procedures which were dehumanising for them, which echoes existing literature which explores the impact which bureaucratic control and power can have on prisoners (see chapter two, section 2.8.2.). However, within this, caring for self-harm become a microcosm. Despite the existing literature which demonstrates that healthcare staff sometimes feel security roles are prioritised over caring for self-harm (Marzano et al., 2015; Ramluggun, 2013) or prison staff not agreeing with the Safer Custody's over accommodating approach towards self-harm (Ramluggun, 2013), the findings from this thesis demonstrated the impact of underprioritizing self-harm to be a lot more profound and far reaching. Indeed, Safer custody were often the first to lose officers when staffing numbers were low, and indeed, there is stigma towards being a 'care bear' (although, generally there appears to be an acceptance that some officers are better suited towards the caring roles than "knuckle dragging" as one participant described). The problem, instead, seemed to be more situated within prisoners and prison staff experiences of the devaluing of self-harm more broadly, from both the prison

system agenda towards self-harm and a culture of secrecy around self-harm and this was echoed within the experiences of the prisoners. Prisoners described how secrecy was reinforced through fear of punishment, being mocked or judged and telling someone about their self-harm could result in them losing control over their life as the processes take over. Equally, this was described as a barrier to help-seeking for self-harm, within the existing literature (Harvey, 2012). The masculinities of prisoners were described within the existing literature as a deterrent for accepting care (see chapter two, section 2.8.4.1.) and although prisoners did describe feelings of shame around others knowing about their self-harm, the shame was conceptualised more as the burden in which their self-harm will place upon others.

The prison system agenda was described by both prison staff and prisoners as not prioritising self-harm, instead the aim of the prison system responses towards self-harm was self-protection, focusing on statistics and not attending to the needs of prisoners. Furthermore, it seems likely prisoners feel more strongly than prison staff towards feeling the prison system does not value care and does not do all it can to help prisoners who self-harm, as evident from the large significant differences in their perceptions towards this within the surveys. The weight of responsibility of responding to and caring for self-harm was noticeable, not only as would be expected from the Listeners, but also make-shift support groups which were described to be formed from prisoners more generally. Once, however, prisoners are put on the ACCT, this seemed to become counterintuitive against their secrecy as its bright colour, the ACCT following them from work to the wing and the intrusive observations, puts a spotlight onto them for all other prisoners to see, which ultimately makes them vulnerable. Yet, as recognised from both the descriptions of care by the vulnerable individuals and within the work of Tronto (1993), the needs of the individual have to be at the centre of the care process in order for care to be meaningful and care-receiving to be

achieved. A prison culture which devalues prisoners, and their self-harm is unlikely to provide a foundation required for meaningful individualised care. However, more positive prison environments, whereby participants felt valued, empowered and heard, were capable to providing such care.

8.2.4. Definition and theoretical understandings of self-harm

Critiques of both the existing definitions of self-harm and theoretical conceptualisations of self-harm were highlighted within this thesis. Self-harm was found to be a lot more complex than represented within the existing literature on definitions and theoretical understandings of self-harm. For the prisoners who self-harm, for example, often they were confused or unsure on why they self-harm and how it was related to motivating influences. Additionally, understanding self-harm needs to be more inclusive of the impact of environmental factors on self-harm, for example, as denoted from the systemic impact of prison culture on prisoners' feelings of ontological security, safety, secrecy and punishment. Thus, as suggested within this thesis, the prisoners' phenomenological understandings and interpretations of their experiences, both past and present, are in integral to understanding their self-harm.

In line with the NICE guidance and prison definition of self-harm (NICE, 2013; Pope, 2018), for some prisoners who self-harm, the inclusion of suicidal intention within the definition of self-harm was appropriate, as evident from the experiences of the prison officers and descriptions by the prisoners who self-harm. However, this inclusion was not appropriate for many prisoners, more commonly self-harm being described to be caused by non-suicidal motivators. Therefore, the findings from this thesis aligned more closely to the finding from Smith et al. (2019) who found prisoners' self-harm behaviour can be grouped into three different categories: non-suicidal self-harm, suicidal behaviour and a mixed group.

Within this thesis, the findings study two, three and four described self-harm to be motivated or caused by:

- Intrapersonal factors, such as to deal with frustration, to cope with emotional or mental health difficulties, a means of "letting light in", to means to take away pain, to punish themselves, to prevent suicide.

- Interpersonal factors, such as manipulation, as a form of communication or in retaliation for prison staff not taking their self-harm seriously. Additionally, interpersonal factors like the perceptions and attitudes of the prison officers indirectly impacted self-harm through influencing prisoners' sense of self-worth.

- Situational factors, such as to escape the feelings of being in prison, to substitute for other behaviours (express anger or to communicate their need for help) when they feel they have no other way to address these behaviours. Additionally, situational factors like the prison environment and culture were perceived to influence their feelings of safety, ontological security and worthiness.

These understandings of self-harm most strongly align with the integrated models of self-harm (Ireland & York, 2012; Slade et al., 2014) and attachment and trauma-focused model (Lane, 2009) which are inclusive of interpersonal, intrapersonal and situational influences for self-harm. The scope of the findings within this thesis, however, are unable to expand on examining these theoretical conceptualisations further as more exploration would be required. For example, to support integrated models, such as the Cry of Pain model, more explanation would be required into the thought processes and decision-making process behind their self-harm. To support an attachment and trauma-focused understanding, as suggested within chapter one of this thesis, an understanding of prisoners' past experiences, particularly early life experiences, would be needed.

8.3. Implications for future practise

Suggestion for the principles which are embedded into a model of care for the reduction and protection against prisoners who self-harm can be seen in the conclusion section of this chapter. More specific suggestions for future practise, however, include:

- A lack of resources, staffing and training undermined prison staff capabilities to care for prisoner who self-harm within the implement the ACCT, but also in the prevention of self-harm. It was evident from the experiences of prisoners and officers that when given the time they are able to use the ACCT as a supportive tool for prisoners or more generally are be able to build relationships which are protective. Thus, investing in prison staff to empower and enable them the care must be a priority.

- The physicality of the ACCT was described to be compromising for the physical safety and security of the prisoners and mental wellbeing of the prisoners, which ultimately compromises the care given to them. A more discrete means of transporting the ACCT or presenting the ACCT would be advisable. One prisoner suggested the ACCT were kept in black folders so it does not stand out from any other folder officers might be carrying around.

- There was a disconnect between prison staff and prisoners perceived usefulness of the ACCT and perceived quality and amount of information shared around self-harm, whereby prisoners felt more negatively towards these. Bettering prisoners understanding of the ACCT and its benefits may aid in more positive perspectives towards the ACCT and, therefore, better engagement. In one of the prisons within this thesis, an information sheet was given to prisoners who were put on an ACCT to explain more about the purpose, procedure and benefit of the ACCT to aid the prisoners understanding of their role in the engagement.

- The provision of a duty of care alone was not always meaningful for prisoners. Prison staff training, therefore, may benefit from exploring conceptualisations around care, the impact they can have and encourage skills for more meaningful engagement. In line with this, key indicators for care described by prisoners included good communication, staff demonstrating compassion beyond procedural care and being able to build trusting relationships with staff. Relational security is a suggested tool for more meaningful, trusting and proactive engagement with prisoners. However, to build relational security requires time, which often the prison staff do not have. Thus, supporting the implementation of the OMiC model, in particular, the protected time for key working may aid the wider use of relational security.

- For many prisons, the environment and culture cannot be or is unlikely to change, for some however, small implementations can aid developing a supportive community and prisoner empowerment. One of the prison sites within this thesis, for example, introduced community meetings onto the units within their estate to give a voice and feeling of empowerment to the prisoners. The prison staff attendance meant they were able to develop a better understanding of the needs of the community and were able to address key issues.

- The CAREMAP provides a great opportunity to address the individualised needs of the prisoner. Yet the layout of the CAREMAP (issues- problems resources, risk; actions required; by whom and when; status of action; action completed) does not encourage a systemic approach to understanding the needs of prisoners, which therefore, risks the CAREMAP becoming problem and solution orientated, focusing on risk. As described within the findings of this thesis, prisoner self-harm is often very complex and impacted by many facets of their life within prison. Thus, this means their self-harm cannot be reduced to problems and solutions, and to do so sets

unrealistic expectations for prison staff to be able to stop the prisoners' self-harm. It might be useful therefore, if the CAREMAP takes a more case formulation approach which explores how these different facets impact self-harm, thus, developing a more realistic perspective for prison staff. In one of the prisons within this thesis, a Safer Community manager informally spoke to the researcher about having adopted this approach along with the psychology team for a prisoner who engaged in prolific and long-term self-harm. The approach was perceived to be effective in the reduction of the prisoner's self-harm and also was beneficial the prison staff understanding and engagement with the prisoner.

8.4. Methodological limitations of the sample

Limitations of the sample used within this thesis can be noted:

- The overall aim: Evidently, the overall focus on male prisoners limits the generalisability to female prisoners or individuals who self-harm who are not in prison. Female prisoners display different trends in their self-harming behaviour (see MoJ, 2020a) which means that a more thorough exploration of the perceptions towards self-harm and caring for self-harm could be done when focusing on male prisoners only. The decision to focus on males and not female was inherently influenced by the experiences of the researcher from working in a male prison and the impact of these experiences on the researcher's feminist perspectives and subsequent critical realist alignment with an emancipatory agenda. Despite the little that is known about male prisoners who self-harm (Marzano, 2007), male prisoners make up a substantial contribution towards the overall prison population and their self-harm continues to increase in both frequency and the number of male prisoners engaging in self-harm (MoJ, 2020a). Generalising the findings to those who self-harm but are not

prisoners also poses a challenge. As highlighted from the findings, the prison

environment and the relationship prisoners have with prison staff was substantially

influential in the prisoners' self-harm. Exploring self-harm in the community, be that

those who had or hadn't previously been in prison, was not within the scope of this

thesis. Conducting a follow-up study with ex-self-harming prisoners in the

community to assess the changes in self-harm behaviour between prison and the

community, however, may provide more insight into the impact of the prison

environment on self-harm.

- The representativeness of the three prison sites: The three prison sites utilised for data

  collection within this thesis included one Category B prison and two Category Cs.

  The three prison sites were all very different, the one Category B was in its own

  category of security and was a lot bigger than the other two, and one of the Category

  Cs was a prison for Men Convicted of Sexual Offenses. This creates limitations for

  the merging the findings from the three prisons as they will all have different daily

  routines and experiences more generally. Although the Category B and one of the

  Category Cs appear fairly typical of these category prisons more generally (as noted

  from the descriptions in chapter three section 3.3.2.) the majority of the prisoner-

  focused data was predominantly collected from the Category C prison for MCOSO:

  surveys (78.3%), interviews (50%), creative engagement (100%). As noted from the

  description of the prison it typically holds older prisoners and a specific cohort of

  prisoners, which will limit the representative of their findings to prisoners more

  broadly. There is not a substantial amount of literature available which compares the

  experiences older male prisoners self-harm to younger male prisoners self-harm to

  inform the generalisability of using an older sample, however, that which is available

  demonstrates that older prisoners and younger prisoners are likely to experiences

similar levels of psychological distress (Baidawi & Trotter, 2016). Yet, older

prisoners are likely to have higher reported levels of illness, including psychiatric

(Fazel, Hope, O'Donnell, Piper & Jacoby, 2001) and are more likely to experience

vulnerability and victimization than younger prisoners (Davoren, Fitzpatrick,

Caddow, Caddow, O'Neill, O'Neill & Kennedy, 2015). Thus, the generalisability of

this sample would warrant further investigation. The impact of generalising the

findings from prisoners within a prison targeted towards MCOSO was mitigated

somewhat, however, due to many of the prisoners within their interviews choosing to

discuss experiences from prisons they had been held in prior, or previous

incarcerations in different prisons. Therefore, not always reflecting on experiences

from the Category C MCOSO prison alone. When exploring the generalisability of

the prison officer sample, 50% of the focus groups were conducted within the

Category C MCOSO prison. Once again, this impacts on the generalisability of the

findings generate, but alike the prisoners, the officers often referred to experiences in

other prisons. This was with the exception of the one of the focus groups at the

Category C MCOSO prison which aimed to focus on the experiences within that

prison alone. Although the researcher was mindful of this when merging the data

from the four prisons, it may have contributed to the determining more themes around

'what works' or the impact of positive environments, more so than it would have done

otherwise.

- A lack of MDT representation: Representation of the wider multi-disciplinary team

  was largely absent for both the surveys and completely from the focus groups, thus,

  limiting their representativeness for the wider MDT. Unfortunately, for the focus

  group the healthcare staff were omitted for ethical reasons. Furthermore, the surveys

  were only offered to healthcare staff (or anyone without a gsi.gov email address) in

one of the prisons. This puts a limitation on the validity of conceptualising the prison systems processes generally as may mostly only reflect the experiences of custodial staff. In saying this, a lack of representation of MDT in ACCT reviews is a persistent concern within the existing literature, and therefore, perhaps not having healthcare represented within the findings may not be as detrimental as it would seem at first.

8.5. Methodological limitations of the methods

Limitation within the methods of this thesis can be noted:

- Time constraints: time constraints substantially impacted on the researcher's capacity to data collect for this thesis, more specially, more data was required from the community site, and with more time the prison-based research data-collection could have been spread more evenly over the three sites. As described within the methodological limitations of the sample, the uneven spread of data collected over the prisons impeded on being able to generate a generalisable data set. Time restrictions meant the researcher gathered most of the data from one prison, which was most consistently engaged with supporting the research, practically was the easiest to data collect at and was the most accommodating for data collection. Despite their motivations to engage in the research, difficulties with the approach to data collection and problems with changes with the gatekeepers created several setbacks for the other two prisons which left limited time left to collect data.

- Time constraints and physical constraints from the prison regime: as well as time constraints more generally, the lack of available time within the prison regime meant that some of the prisoner interviews had to end before the whole interview schedule had been addressed. Where the researcher had pre-empted this likely to happen, the order of the questions was changed to prioritise those most relevant to the research

questions but on other occasions without pre-emption the interview was cut short. The use of a semi-structured interview schedules did not aid in preventing this, as this more flexible method of asking questions meant the researcher had less little control over the time taken to answer questions. Ultimately, any change in the interview schedule could impact the validity of the findings, because the researcher would not necessarily be given a full understanding of the participants experiences or some constructs within the schedule may be addressed less than others. The regime also impacted on the researcher's ability to be able to locate prisoners and a lot of time was spent searching around the prison to try and find the prisoners. At times, prisoners' cell location had moved, or they were at appointments, which added to the time constraints put upon the data collection and required more time of the officers to help the researcher. With what became a rush to begin the interviews following the information and consent process, the background information surveys were not completed, which meant the researcher had to request this information of the gatekeepers at a later date. Although this did not raise ethical concerns of privacy, as prisoner's information sheet stated demographic information would be used, only one of the gatekeepers was able provide this information. This limits the generalisability of the data as without demographic information it is not possible to ensure the sample was representative. Although there is minimal control the researcher can have over the regime, with more time generally, the interviews could have been better scheduled, or the researcher could re-arrange interviews when the regime was limiting time to engage.

- Exploring sensitive topics: arguably when exploring sensitive topics participants may be deterred from fully engaging in discussing the topic, especially with exploratory methods like interviews and focus groups. Thus, this can impact on the validity of the

findings as participants may not project a true reflection of how the participants feels. The procedure for recruitment in this thesis tried to mitigate against this through trying to maintain the autonomy for those who chose to participate, but particularly for the interviews this was challenging due to having to rely on prison staff to aid recruitment. A further mitigation was that both prisoners and prison staff would be familiar with discussing the topic of self-harm, thus, hopefully not deterring them from discussing it honestly. The depth of the data and the engagement in research was suggestive that participants were sincere in their contribution.

- Self-reported data: the reliance on the self-reported data throughout the whole of this thesis limits the reliability and validity of the data because it cannot be verified. Especially when discussing emotive topics like self-harm their memories maybe bias or they may externalise or internalise parts of their experience because of how it made them feel, or further, they may exaggerate their experiences. Thus, this has to be taken into account when interpreting the findings and making suggestions for the implications for practise and research. The self-reported approach to collecting data was important to the critical realist paradigm of this thesis which included exploring human problems through giving a voice to those who the problem involves.

- Creative engagement was used in two of the studies. As a method of data collection there is a limited amount of existing literature which can provide a robust reliable and valid means of analysing the data. As such, this was why it was important to triangulate the interpretations of the creative engagement with other methods which could rely upon more reliable and valid means of analysing their data. Additionally, the interpretations of the creative engagement benefited from the inter-rater reliability of both supervisors of the thesis who can bring a wealth of knowledge and experience from working with prisoners, and for one of them, their use of a similar data

collection approach. Furthermore, the piloting of the creative engagement task in study one demonstrated that creative engagement could provide rich and meaningful data, drawing out additional or building on vocalised points from the focus group. For the prisoners in study four, the use of creative engagement appeared particularly meaningful as both had previously engagement in similar methods of expression and thus, to them this method provided a means to better express themselves in ways they perhaps are unable to do so otherwise. Using such method to generate meaning supports a critical realist approach to promoting the understanding of the individual's perceptions of their lived world.

- Focus groups were used in both study one and study three but had a mixed response in its effectiveness as a data collection method. For the officers, the participants responded well to use of a focus group as a platform for discussion, demonstrating flowing discussion, interactive debate, 'piggybacking' of each other's perspectives, interactive and full engagement of participants, despite the differences in staff rank between the participants. There were some differences in the confidence of participants to speak up and some participants spoke with more authority than others which may have impacted other participants responses. However, as reinforced within the ground rules explained to the participants prior to beginning the focus groups, all participants were encouraged to be respectful and allow each other to have the space to talk and this seemed to have been adhered to. Alternatively, this wasn't the experience of the focus group with the ex-prisoners. As demonstrated within chapter three, section 3.9.1, one participant monopolised the discussion, giving the others very little space to speak, thus, compromising the reliability and representativeness of the findings. As such, suggesting that focus groups are potentially better suited to some participant groups more than others. Potentially,

conducting semi-structured interviews with the ex-prisoners, alike the prisoners, may

have provided a better platform for them to be able to have a voice.

8.6. Future research

The scope of this thesis was unable to fully explore the theoretical understandings of

self-harm and the definitions of self-harm. It might be useful to explore this further with

prisoners to get a better understanding of what self-harm means to them, and why they chose

to self-harm in particular. Once understanding this, it would be interesting to compare these

understandings to how the ACCT process gains this information, for example, in the

questions asked throughout the ACCT process and what this means for the CAREMAP, or

what the ACCT process does with this information. Furthermore, although the findings of

this thesis were able to demonstrate that self-harm and caring for self-harm both are a

systemic issue, there was little scope to explore fully how the different facets link.

The scope of this thesis was unable to explore the experiences of individuals who self-

harm but are not in prison or do a follow-up in the community with ex-prisoners who self-

harmed in prison. This could give important insight into the impact that the prison culture

and environment, relationships between prison staff and prisoners, and between prisoners

with prisoners has on prisoners, which increases their likelihood of self-harming.

The data in this thesis was limited its reach to prison staff who are not custodial staff.

The existing literature demonstrated the breakdown in information sharing and multi-

disciplinary work to substantially impact the effectiveness of the ACCT process (see chapter

two, section 2.4.1.). In order to get a better understanding of the effectiveness and challenges

of the ACCT process, more exploration is needed from them disciplines who contribute to the

ACCT process, such as healthcare staff, chaplaincy and psychology.

8.7. Conclusion

A whole-prison approach is recommended to be embedded into prison and the prison response towards self-harm is aimed to be individualised, as demonstrated within the literature review of this thesis. Yet, as demonstrated within the existing literature, there are several barriers to the effective implementation of the prison system response towards self-harm, and moreover, when a feminist model of care is contextualised to prison, it is suggested that a care process is unlikely to be effective because of the many different barriers which can occur as result of the main actors in the care process, the prison system, prisoner and prison staff. The findings from this thesis reiterated many existing barriers to the effectiveness implementation of the prison system response and management towards self-harm. However, going beyond the existing literature, this thesis demonstrated caring for self-harm in prison is far more complex than the proposed challenges highlighted within the literature review. The findings from this thesis added to the existing literature to demonstrate the systemic deficits in several areas of the response and management from the prison system towards self-harm in male prisoners:

- The prison system is not always perceived to value or support the process of caring for prisoners who self-harm. Both prisoners and prison staff can feel devalued and unheard, especially in relation to self-harm or caring for self-harm.

- The prison environment fails to address the basic needs of prisoners and prison staff safety and security which would be fundamental as a foundation for caring for self-harm. There were cultural barriers described which prevent prisoners care-receiving.

- There were differences in the prisoners and prison staff perspective towards the effectiveness of the prison system response towards self-harm, whereby prison staff feel more positively towards this than prisoners, thus, demonstrating a breakdown in understanding about what an effective response towards self-harm is.

- The prison system, prison staff and prisoners all created barriers in the care process for self-harm. The breakdown in the interactions and relationships between prisoners and prison staff, especially, can contribute to a lack of caregiving and prisoners not feeling cared for.

In addition, this thesis contributed to the existing theoretical care literature to demonstrate the challenges of implementing care theory into a prison system. This thesis recommends means of mitigating against inevitable failures in implementing a care process, with a substantial focus put upon fostering relational and ontological security. Existing prison-based literature was also built upon within this thesis, in particular in relation to problems with implementing the ACCT and PSI/ 64/2011, as well as prison staff attitudes and perspectives. The contributions from this thesis conclude with the creation of a care-ful model, recommended for reducing and protecting against self-harm in male prisoners.

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APPENDIX 1

A summary of research paradigms

A summary of the main research paradigms and descriptions as described by Mertens (2005, p. 9) can be seen in Table A.

Table A.

Summary of the main research paradigms

Basic belief	Positivism/post positivism	Constructivist	Transformative	Pragmatic
Ontology (nature of reality)	One reality; knowable within probability	Multiple, socially constructed realities	Multiple realities shaped by social, political, cultural, economic, ethnic, gender, and disability values	What is useful determines what is true; participants perform reality checks by determining increased clarity of understanding
Epistemology (nature of knowledge; relation between knower and would-be known)	Objectivity is important; the researcher manipulates and observes in a dispassionate, objective manner	Interactive link between researcher and participants; values are made explicit; created findings	Interactive link between researcher and participants; knowledge is socially and historically situated	Relationships in research are determined by what the researcher deems as appropriate to that particular study
Methodology (approach to systematic inquiry)	Quantitative (primarily); interventionist; decontextualized	Qualitative (primarily); hermeneutical; dialectical; contextual factors are described	Inclusion of qualitative (dialogic), but quantitative and mixed methods can be used; contextual and historical factors are described, especially as they relate to oppression	Match methods to specific questions and purposes of research; mixed methods can be used

- Postpositivism paradigm: In the 19th century, following in the wake of positivism (absolute truth of knowledge), writers such as Comte, Mill, Durkheim, Newton and Locke believed postpositivism to replace positivism, as research "cannot be positive about our claims about of knowledge when studying the behaviour and actions of

humans" (Creswell, 2009, pp. 5-7). However, it is generally assumed the world is

governed by laws or theory which need to be studied and refined through the use of

empirical observation and measurement to verify theory (Creswell, 2009). According

to Creswell (2009), postpositivism is representative of a more traditional type of

research which champions quantitative forms of research over qualitative; here it is

believed, through measuring objective reality, numeric measures represent human

behaviour. Postpositivism is both deterministic (cause and effect) and reductionist

(discrete small ideas like variables can be used to test hypothesis). However, whether

true objectivity can ever be achieved, particularly within a prison research context, is

contentious (Towl, 2007). Creswell (2009, p. 7) refers to Philips and Burbules'

(2000) key assumptions of postpositivism:

1. Knowledge is conjectural- we aim to "fail to reject the hypothesis" not prove a
   hypothesis

2. The process is to make a claim (theory) and then refine or replace with other claims.

3. Knowledge is shaped by evidence, data and rationale considerations.

4. Research aims to try develop relevant, true statements.

5. Being objective is essential.

- Constructivist paradigm: Researchers, such as Mannheim, Berger and Luekmann and
  Lincoln and Guba, formed what is understood to be social constructivism (Creswell,
  2009). This paradigm assumes "individuals seek understanding of the world in which
  they live and work" and from this form subjective meanings which contribute to
  individual's complex perceptions of their experiences (Creswell, 2009, pp. 8-9).
  According to Creswell (2009), research which is constructivist is therefore interested
  in exploring multiple participants views and the meanings that derive from discussion

and interaction, and through this, generate theory. Qualitative research aims to make meaning through inductive investigation, opposed to reductionist methods. Reflection is used to understand the researchers' own backgrounds and experiences, which influence their own interpretations of the participants meanings. Creswell (2009, pp. 8-9) refers to Crotty (1998) assumptions of constructivism:

1. Meanings are constructed through interpretations made by humans

2. Humans engage with their world and thus this influences their interpretations

3. Social interactions generate meaning.

- Advocacy and participatory/ transformative paradigm: Typically used within qualitative research, this approach arose in the 1980s and 90s stemming from the work of Adorno, Marx, Habermas, Marcuse and Freire and focuses on "action agenda to help marginalized peoples" and empowerment (Creswell, 2009, pp. 9-11). This paradigm, therefore, incorporates political agendas, which can be used for reform or is change-orientated, often focusing on topics such as inequality, empowerment, oppression, suppression, domination and alienation (Creswell, 2009). Creswell (2009, p. 10) draws on the assumptions summarised by Kemmis and Wilkinson (1998):

1. This approach is focused on reform and change and is recursive and dialectical.

2. Interested in helping the individual

3. Is emancipatory, through aiming to create political debates.

4. It is collaborative and practical.

- Pragmatic paradigm: This form of research ascended from the work of James, Mead, Pierce and Dewey and "arises out of actions, situations, and consequences rather than antecedent conditions" (Creswell, 2009, pp. 10-11). Pragmatism is problem-centred,

focusing on real-world practice and consequences of actions, therefore drawing on both qualitative and quantitative research methods to best address the research questions (Creswell, 2009). Pragmatism, as understood by Cherryholmes (1992) and Morgan (2007), is described by Creswell (2009, pp. 10-11) as:

1. Not focused on one form of philosophy

2. Freedom over choice of research methods

3. Does not view the world as absolute in unity

4. "Truth is what works at the time"

5. Is interested in the "what's" and "how's" of the research

6. "Research always occurs in social, historical, political and other contexts"

7. The external world can both either independent of the mind or lodged within the mind.

8. Therefore, can utilize mixed methods, different worldviews and assumptions, and different types of data collection and analysis

APPENDIX 2

Focus group ground rules

Focus group ground rules to be read to participants before the focus group begins:

- Confidentiality: please do not talk about today's discussions outside of the focus group, to try and protect the confidentiality of everyone involved today. As we are going to be recording- please do not use any names or prisoner numbers (your own, other staff or prisoners) during the actual focus group.

- Recording- as we are recording please try to speak one at a time and clearly so the recording picks you up.

- Respect: please allow anyone who wants to speak to have the space to do so. We will not all agree or disagree on everything, but the purpose of the focus group is to generate discussion.

- Try stay on topic and talk to each other (not to [Research assistant] and I)

- Right to withdraw at any time or go to the loo or make a drink

- [Research assistant]'s role today is to ask the questions, so that I can make sure that I have understood everything that you have said. So with this, I may prompt for more information- this is not me saying I agree or disagree with your point, but I want to make sure I have a full understanding of that you have said so that I do not misrepresent you.

APPENDIX 3

Prisoner survey

Developing a collaborative model of care-ful information sharing, through the understanding of information flow of, and the responses and perceptions towards, self-harm in male prisoners

Prisoner survey

Please circle your score for how much you agree or disagree with each statement. You can use the free text box below each statement to explain your answer.

1	I think prison staff do NOT have a good understanding of what care is needed by a prisoners who self-harms	Agree 1 2 3 4 5 Disagree
Please explain your answer or add any comments in this box:		

2	I think the prison service does all it can to help prisoners who self-harm	Agree 1 2 3 4 5 Disagree
Please explain your answer or add any comments in this box:		

3	I think the way the prison staff respond to self-harm has a positive effect on the prisoner	Agree 1 2 3 4 5 Disagree
Please explain your answer or add any comments in this box:		

4	I do NOT think the prison service does all it can to help prisoners who self-harm	Agree 1 2 3 4 5 Disagree
Please explain your answer or add any comments in this box:		

5	I do NOT know what help is available in prison if I self-harm	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

6	I think prisoners share a good amount of quality information about their self-harming with prison staff	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

7	I think the prison staff have a good amount of quality knowledge about those prisoners who self-harm	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

8	I think the prison service does NOT value caring for prisoners who self-harm	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

9	I do NOT think prisoners share a good amount of quality information about their self-harming with prison staff	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

10	I do NOT think it is easy to get support for self-harm in the prison	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

11	It is easy to get support from the prison service for self-harm	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

12	I think the prison service values caring for prisoners who self-harm	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

13	I think prison staff have a good understanding of what care is needed by prisoners who self-harm	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

14	I do NOT think the way prison staff respond to self-harm has a positive effect on the prisoner	Agree				Disagree
		1	2	3	4	5

Please explain your answer or add any comments in this box:

15	I do NOT understand what information is shared about me between staff if I self-harm	Agree				Disagree
		1	2	3	4	5
Please explain your answer or add any comments in this box:						

16	I think the prison staff do NOT know a good amount of quality information about prisoners who self-harm	Agree				Disagree
		1	2	3	4	5
Please explain your answer or add any comments in this box:						

17	I know where to go or who to speak to in the prison if I want help for self-harm	Agree				Disagree
		1	2	3	4	5
Please explain your answer or add any comments in this box:						

18	I understand what information is shared about me between staff if I harm myself	Agree				Disagree
		1	2	3	4	5
Please explain your answer or add any comments in this box:						

Thank you for completing this survey. Please post this survey and background information survey with a signed copy of your consent form (and your response form if you wish to be part of the interviews or creative engagement) in the pre-addressed envelope included.

APPENDIX 4

Prison staff survey

Prison staff survey statements

(survey delivered on Qualtrics)

1. I think the prison service does all it can to help prisoners who self-harm

2. I do NOT think the prison service does all it can to help prisoners who self-harm

3. I think the way prison staff respond to self-harm has a positive effect on the prisoner

4. I do NOT think the way prison staff respond to self-harm has a positive effect on the prisoner

5. I think prisoners share a good amount of quality information about their self-harming with prison staff

6. I do NOT think prisoners share a good amount of quality information about their self-harming with prison staff

7. I think the prison staff have a good amount of quality knowledge about those prisoners who self-harm

8. I do NOT think the prison staff know quality information about prisoners who self-harm

9. It is easy for prisoners to get support from the prison service for self-harm

10. I do NOT think it is easy for prisoners to get support for self-harm in prison

11. I think the prison service values caring for prisoners who self-harm

12. I think the prison service does NOT value caring for prisoners who self-harm

13. I think prison staff have a good understanding of what care is needed by prisoners who self-harm

14. I think prison staff do NOT have a good understanding of what care is needed by a prisoner who self-harms

15. In general, prisoners know where to go or who to speak to in the prison if they want help for their self-harm

16. In general, prisoners do NOT know what help is available in the prison if they self-harm

17. In general, prisoners understand what information will be shared between staff about them, if they self-harm

18. In general, prisoners do NOT understand what information will be shared between staff about them, if they self-harm

19. I understand what information is required to be shared between staff about a prisoner who self-harms

20. I do NOT know what information is required to be shared between staff about prisoners who self-harm

APPENDIX 5

Prison staff and prisoners' background information survey

Prison staff Background Information survey

1: What gender do you identify with?

- Male

- Female

- Non-binary/third binary

- Prefer to self-describe as ………………….

- I prefer not to say

2) Age (yrs): _____   Prefer not to say [

]

3) What is your ethnic group?

- White

  o English/Welsh/Scottish/Northern Irish/British

  o Gypsy or Irish Traveller

  o Any other white ethic group, please describe……

- Black

  o Caribbean

  o African

  o Any other black ethic group, please describe……

- Mixed ethic group

  o White and Black Caribbean

  o White and Black African

  o White and Asian

  o Any other mixed ethnic group, please describe……..

- Asian

- o Chinese

- o Indian

- o Pakistani

- o Bangledeshi

- o Any other Asian ethic group, please describe……

- Other ethic group

  - o Arab

  - o Any other ethic group, please describe………..

- I prefer not to say

4) What is your religious/spiritual orientation?

a) No religion

b) Christian (including Church of England, Catholic, Protestant and all other Christian

denominations)

c) Buddhist

d)Hindu

e) Jewish

f) Muslim

g) Sikh

h) Any other religion, please describe……..

i) I prefer not to say

5) How many years in total have you worked for the prison service? (drop-down list of years and "I prefer not to say")

6) What is your current job role in the prison service?

a) Prison officer

b) Operational support grade

c) managerial

d) instructional officer

e) interventions facilitator

f) administration

g) healthcare

h) chaplaincy

i) psychologist

j) Any other job role, please describe………

k) I prefer not to say

7) Have you ever worked in other job roles in the prison service??

a) Yes, please describe……

b) No

c) I prefer not to say

8) Please select which (if any) of the training on self-harm you have received from the

prison service?

a) Prison officer entry level training (POELT)

b) Assessment, care in custody and teamwork (ACCT) training

c) Specific training on self-harm (not POELT), please describe

d) I have not received any training on self-harm in prison

e) I prefer not to say

9) Have you ever received training on self-harm which was not delivered by the prison

service (i.e. another provider or service)?

a) yes, please describe…….

b) no

c) I prefer not to say

<u>Prisoner Background Information survey</u>

1) Age (yrs.): _____   Prefer not

to say [ ]

2) What is your ethnic group?

- White

    o English/Welsh/Scottish/Northern Irish/British   [ ]

    o Gypsy or Irish Traveller   [ ]

    o Any other white ethic group, please describe…… ………….. [ ]

- Black

    o Caribbean   [ ]

    o African [ ]

    o Any other black ethic group, please describe………………… [ ]

- Mixed ethic group

    o White and Black Caribbean [ ]

    o White and Black African   [ ]

    o White and Asian   [ ]

    o Any other mixed ethnic group, please describe……………….. [ ]

- Asian

    o Chinese [ ]

    o Indian [ ]

    o Pakistani [ ]

    o Bangladeshi [ ]

   o Any other Asian ethic group, please describe………………. [ ]

- Other ethnic group

   o Arab [ ]

   o Any other ethnic group, please describe……………. [ ]

- I prefer not to say [ ]

3) Religious/spiritual orientation?

No religion [ ] Christian (including Church of England, Catholic, Protestant and all other

Christian denominations) [ ]   Buddhist [ ]   Hindu [ ] Jewish [ ]

Muslim [ ] Sikh [ ]   Any other religion, please describe………………[ ]

Prefer not to say [ ]

4) Status (i.e. remand) _____   Prefer not to say [ ]

5) Number of previous imprisonments: _____   Prefer not to

say [ ]

6) Length of longest imprisonment: _____ Prefer not to

say [ ]

APPENDIX 6

Study one focus group schedule

4. What are your understandings of and perceptions about the prison system as a system of care?

5. What were your experiences of the prison system as a system of care?

6. What were your experiences of getting access to care while in prison?

APPENDIX 7

Study three focus group schedule

1. What is your understanding about why male prisoners self-harm? (Prompts: What do you think the causes and functions of self-harm are?)

2. What do you think about male prisoners who self-harm?

3. How does the prison service respond to self-harm? (what are the different things that happen in response to self-harm?)

    1. What are your thoughts towards the impact of these responses?

4. How does the prison service manage self-harm? (what are the different things that happen that make up the management of self-harm?)

    1. What are your thoughts towards the impact of the management?

5. Do you think the prison system cares for people who self-harm?

    1. What do you think about the care provided?

    2. What good examples of care in prison can you think of?

    3. Are there examples of lack of care that you think could be improved?

        1. How?

6. What impact do you think the prison system response and management has on self-harm?

    1. Are there things the prison system could do more or less of to help prisoners who self-harm?

    2. Do you think the prison system response and management of self-harm has negative and positives effects on self-harm?

APPENDIX 8

Study one interview schedule

1. What is it that care looks like within this charity?

2. How do you think we are able to work out what people's individual needs are?

3. What do you think are the main needs of the individuals that are here?

4. What do you think can allow or facilitate care to happen? What kind of processes would allow care to be able to happen?

5. Do you think there is way in which an environment can differ between a caring environment and not a caring environment?

APPENDIX 9

Study four interview schedule

<p style="text-align:center"><u>Interview schedule guide</u></p>

Firstly, I am interested in getting a better understanding of your general experience of being in prison

1. What is your understanding and experience of what a prison system is? (Prompt: what do believe to be the main aims of the prison service?)

2. What has being in prison on this sentence been like for you?

   a. Are there positive and negatives about being in prison, either here and/or at other prisons?

3. What do you think is the best support for prisoners given by the prison system and its services? (prompt: At times when you've struggled with being in prison, what has been most helpful in terms of what the prison system has offered for help)

4. How supportive do you think the prison system is towards other prisoners in distress?

5. How supportive do you find staff in response to your self-harm?

Get an understanding of how you understand the prison system response and management towards those who self-harm

6. When someone self-harms, what does the prison have to do?

7. What does the prison do in response to self-harm?

   a. How do staff respond to self-harm?

   b. How do other prisoners respond to self-harm?

8. What are the different ways in which self-harm is managed?

   a. Who is involved in this?

9. What do you think the aim of the ACCT is?

Get an understanding of how you see the attitudes of the prison service, staff and other residents towards your self-harm

    10. How do you think the prison as a whole views self-harm?

    11. What do you think the prison staff feel about self-harm?

        a.   How do you think this impacts the way they respond to self-harm?

    12. How do you think other residents view self-harm?

    13. How do you view self-harm?

Get an understanding of how you think the response and management of self-harm has impacted on your self-harm

    14. You talked about the different ways the prison system responds and manages your self-harm, how do you think this impacts you?

    15. What is most supportive about the prison system response?

    16. What do you feel is the least supportive part of the prison service response?

    17. How to do you feel the attitudes you described earlier affects your self-harm behaviour?

Get an understanding of the effect the prison environment has on your self-harm

    18. What are your thoughts on this?

APPENDIX 10

Prison staff information sheet for the focus group

Developing a collaborative model of care-ful information sharing, through the understanding of information flow of, and the responses and perceptions towards, self-harm in male prisoners

Prison staff Information sheet for focus groups

We would like to invite you to take part in our research study. Before you decide, we would like you to understand why the research is being done and what it would involve for you. One of our team will go through the information with you and answer any questions you have. We'd suggest that this would take about 15 minutes, after which you can decide to participate or not participate, or take the information sheet away with you to consider. This participant information sheet will tell you about the purpose of this study and what will happen if you decide to take part. If you decide to take part, we will check with you that you understand the study and we'll ask you to sign a consent form.

What is the purpose of the study?

This study hopes to develop a way of sharing information about self-harm in prisoners, that better helps with the care of prisoners who self-harm. To do this, we need to understand your attitudes towards self-harm, information sharing about self-harm, and perceptions of the prison service management and response to self-harm. This information will be put together (with data from other parts of the study) in a model of care.

The focus groups we have asked you to participate in aims to explore a small part of the above, and therefore hopes to explore prison staff perspectives on self-harm, their perceptions towards the prison service response and how they feel this impacts on the self-harm in prisoners.

Who is running the study?

The study is part of a PhD (a large research piece) under the School of Law, at Royal Holloway, University of London. The PhD student who is running the project is Siobhan Neave, and she is supervised by Dr Emily Glorney and Professor Lizzie Coles-Kemp. Siobhan Neave has conducted research in prison for her Masters qualification in forensic psychology and has previously worked in a prison for a healthcare wing. Both supervisors have experience with conducting research with prisoners and forensic patients.

The focus groups will be facilitated by Siobhan Neave and Elly Lambourn (MSc Forensic Psychology student) and aim be conducted in the prison staff teaching college during staff time. Focus groups will be audio-recorded.

Why have you been invited to take part?

   a) You have been asked to take part because you are a member of staff and we are interested in getting the views of staff
   b) You have been asked to take part because you have shown an interest in the study.

Do I have to take part?

No, you do not have to take part in the study. Participation in the study is voluntary; it is your choice. If you decide to take part, then we will ask you to sign a consent form. You may withdraw from the study at any point. If you do decide to stop during the study being conducted, then the information you had already given would be destroyed.

Who has reviewed this study?

This study has been reviewed by Health Research Authority East of England- Essex Research Ethics Committee (REC), National Research Committee for National Offender Management Service (NOMS) and Royal Holloway University.

What will happen to me if I take part?

If you agree to take part you will be asked to read and sign a consent form, stating that you understand and agree to take part in the study. You will be given a copy of the signed consent form to keep, as well as a copy of this information sheet. You will then be asked to fill out a form asking for some background details, such as your age. The form should take 2-3 minutes to complete.

After this, you will be asked to take part in the focus group, which will last around one hour. The focus group aims to explore staff perspectives towards self-harm, the prison service response to self-harm and the impact staff believe this to have.

What happens at the end of the study?

After the focus group you will be given the chance to ask any questions you may have and can request a summary of the outcomes from the whole study by emailing Siobhan Neave (Siobhan.Neave.2016@live.rhul.ac.uk). The audio-recordings of the focus groups will be transcribed (written up) at the earliest possible time and then the audio-recording will be transferred to a secure location and deleted off the device. Your signed consent form (which has your real name on it), will be linked to your transcript and background information form by an allocated participant number. Your transcript therefore will not have your name on it, only a participant number. The consent form, transcript and the list of participant numbers which links participant name and number will all be stored separately and securely to best uphold confidentiality and anonymization (stopping identification of the participant through the transcript). Only Siobhan Neave and Elly Lambourn will have access to the true of identity of each participant. Anonymised transcripts will be analysed by Siobhan Neave, Elly Lambourn Dr Glorney and Professor Coles-Kemp. Write-up of the results, or any publications will also maintain your anonymity. The study will be written up and assessed by VIVA examination, so it will contribute to an academic degree.

Will taking part be confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. If you decide to take part in this study, confidentiality and anonymity will be ensured.

The focus group will take place in a secure and private interview room to ensure confidentiality during the focus group process. The only time that the information you provide would not be confidential would be in exceptional circumstances, such as if you said something that was

thought to put either yourself, or others, at risk or if you give information about a security or safety breach in the prison. If this were to happen the researcher would follow this up through the appropriate channels.

The information you give such as consent forms, background information and the focus group transcript will all be stored in a secure format that only the research team will have access to. The procedures for handling, processing, storing and disposing of data are compliant with the Data Protection Act 2018. All research data will be securely stored for a minimum of 10 years in the university archive, as stated by university protocol.

What are the benefits of taking part?

It can be beneficial and empowering to talk about and discuss something of importance such as self-harming behaviours. The study will allow you to reflect on this topic in a forum independent to the prison system. The researcher values the opinions of the participants and therefore has chosen methods that allows to hear the perspectives of those participating. The outcomes could help raise awareness of the topic and hopefully could help develop a model that can reduce and protect against self-harm.

What if a problem comes up?

If you have any concerns about the study at any point you should not hesitate to contact Siobhan Neave at your Safer Custody team. After the study is completed, if you wish to request a copy of the study outcomes or have any concerns you can contact Siobhan Neave at the address: Siobhan Neave, PhD student, School of Law, Royal Holloway, University of London, Egham, TW20 0EX.
If you have a complaint you wish to make against the researcher, or about the way she carried out the research please contact:
Dr Emily Glorney, School of Law, Royal Holloway, University of London, Egham, TW20 0EX

APPENDIX 11

Prisoners' debrief sheet for the survey

Developing a collaborative model of care-ful information sharing, through the understanding of information flow of, and the responses and perceptions towards, self-harm in male prisoners

Debrief sheet

Thank for taking part in a survey with researcher Siobhan Neave.

<u>What is the purpose of the study?</u>

The study hopes to develop a way of sharing information about self-harm in prisoners, that better helps with the care of prisoners who self-harm. To do this, we need to understand your attitudes towards self-harm, information sharing about self-harm, and perceptions of the prisoners, service management and response to self-harm. This information will be put together (with data from other parts of the study) in a model of care.

<u>What happens now?</u>

Your survey answers will be recorded and put into a database by Siobhan Neave. Your real name will not be on this, only your participant number given to you. These will be analysed by Siobhan Neave, Emily Glorney and Lizzie Coles-Kemp. If you wish to have a copy of the summary of the results please write to Siobhan Neave at the address below. You can write to Siobhan Neave at:

Siobhan Neave

PhD student

School of Law

Royal Holloway, University of London

Egham

TW20 0EX

<u>What will happen to your information and Survey?</u>

You signed a consent form and from this a participant number will be allocated for you. On your survey, your participant number will be written, so that you cannot be identified from your survey. For the researcher to know whose survey is who, a separate list is kept which links your real name to your participant number. The consent form, the survey and the list that links your name to your participant number are all stored separately and securely to help keep you anonymous. The procedures for handling, processing, storing and disposing of data are compliant with the Data Protection Act 2018. All research data will be securely stored for a minimum of 10 years in the university archive, as stated by university protocol. If at any point you want your data removed from the study, please contact Siobhan Neave before October 2020.

<u>What should you do if the study has left you feeling distressed or upset and you wish to receive support?</u>

You can contact Siobhan Neave if you have questions about the study, after it has finished.

Or to receive support, please use the following list:
- Samaritans Listener Scheme: a peer support service of trained Samaritan volunteers which provide confidential emotional support
    - 02083948300 (or ask a member of staff to speak to a Listener within your prison)
- Safer Custody Team
- Prison counselling service
- National Self-Harm Network: support individuals who self-harm to reduce emotional distress
    - www.nshn.co.uk
    - support@nshn.co.uk
- Harmless
    - www.harmless.org.uk
    - info@harmless.org.uk
- MIND: mental health charity
    - www.mind.org.uk
    - 03001233393
- SANE: mental health charity
    - 03003047000
- NHS
    - http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx

If you have a complaint you wish to make against the researcher, or about the way she carried out the research please contact:

Dr Emily Glorney
School of Law, Royal Holloway University of London
Egham
TW20 0EX

APPENDIX 12

Prison staff consent form for the focus group

Consent form- Prison staff focus group

Developing a collaborative model of care-ful information sharing, through the understanding of information flow of, and the responses and perceptions towards self-harm in male prisoners

◯ I have read the participant information sheet Prison staff focus groups version-3 dated 17/07/2018 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

◯ I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

◯ I understand that I will not receive an incentive for taking part in this study.

◯ I understand that the information given will remain anonymous and confidential, but if I say something that was thought to put either myself or others at risk or breach the security and safety rules of the prison, then that information would be passed on to the appropriate person(s).

◯ I understand that the study team will keep all information/data secure and that focus groups will be typed up but ensure that I am not identifiable (my name will not be on these). I understand that this consent form, which has identifiable information on (my name) will be linked to the information/data from the study only by a personal number that will be stored separately from this form and the information/data. I consent to the study team holding this information securely for a minimum of 10 years, as stated by Royal Holloway policies.

◯ I agree for the focus group to be audio-recorded and a transcription to be made of the recording.

◯ I understand that I allow the researcher access to information about my location for the researcher to contact myself, should this be needed.

◯ I agree to take part in the above study.

Name of participant: _____

Signature:_____

Date:

Name of researcher taking consent:

Signature:

Date:

APPENDIX 13

Community participants' information sheet and consent form

Access to services in prison

Participant information sheet

We would like to invite you to take part in our research study. Before you decide, we would like you to understand why the research is being done and what it would involve for you. One of our team will go through the information with you and answer any questions you have. We'd suggest that this would take about 15 minutes, after which you can decide to participate or not participate or take the information sheet away with you to consider. This participant information sheet will tell you about the purpose of this study and what will happen if you decide to take part. If you decide to take part, we will check with you that you understand the study and we'll ask you to sign a consent form.

What is the purpose of the study?

The study is part of a larger study titled: "Developing a collaborative model of care-ful information sharing, through the understandings of information flow of, and the responses and perceptions towards self-harm in male prisoners". The study you have been asked to be involved in is a pilot study (a preliminary study) which will be run before the larger study. This pilot study hopes to have a discussion about your understanding and experiences of prison services and the barriers and aids to accessing these. This will be helpful for when the researcher carries out the larger study because the pilot study will provide her with an understanding of how services are accessed and what works and doesn't work when prisoners are trying to access services. You will only be asked to be part in the pilot study as the larger study will be done within prison. Those who will be asked to be part of the larger study in prison will not know what is said in the pilot study or which people were part of the pilot study.

Who is running the study?

The study is part of a PhD (a large research piece) under the School of Law, at Royal Holloway, University of London. The PhD student who is running the project is Siobhan Neave, and she is supervised by Dr Emily Glorney and Professor Lizzie Coles-Kemp. Siobhan Neave has conducted research in prison for her Masters qualification in forensic psychology and has previously worked in a prison for a healthcare wing. Both supervisors have experience with conducting research with prisoners and forensic patients.

Why have you been invited to take part?

You have been asked to take part because you are an ex-offender and we are interested in understanding your experiences whilst in prison.

Do I have to take part?

No, you do not have to take part in the study. Participation in the study is voluntary; it is your choice. If you decide to take part, then we will ask you to sign a consent form. You may

withdraw from the study at any point. If you do decide to stop during the study being conducted, then the information you had already given would be destroyed.

Who has reviewed this study?

This study has been reviewed by Royal Holloway university.

What will happen to me if I take part?

If you agree to take part you will be asked to read and sign a consent form, stating that you understand and agree to take part in the study. You will be given a copy of the signed consent form to keep, as well as a copy of the information sheet. You will then be asked to fill out a form asking for some background details, such as your age. The form should take 2-3 minutes to complete.

After this, you will be asked to take part in the discussion, which will last around 30-60 minutes.

What happens at the end of the study?

After the discussion you will be given the chance to ask any questions you may have or can request a summary of the outcomes from the whole study.

The data will be stored securely and only Siobhan Neave, Dr Glorney and Professor Coles-Kemp will have access to it. All data will be stored in a confidential and anonymous manner to ensure that you cannot be identified as a participant in the study.

The consent form, which has identifiable information on (your name) will be linked to the information/data from the study only by a personal number. This number will be stored separately from this form and the information/data. Therefore, please do not refer to yours or other names during the discussion. The research team will analyse the data and then the study will be written up and assessed by VIVA examination (part of the process for completing a PhD). Anonymity will be preserved at all times.

Will taking part be confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. If you decide to take part in this study, confidentiality and anonymity will be ensured. The only time that the information you provide would not be confidential would be in exceptional circumstances, such as if you said something that was thought to put either yourself, or others, at risk. If this were to happen the researcher would follow this up through the appropriate channels.

The information you give such as consent forms, background information and discussion transcript will all be stored in a secure format that only the researcher will have access to. The procedures for handling, processing, storing and disposing of data are compliant with the Data Protection Act 2018. All research data will be securely stored for a minimum of 10 years in the university archive, as stated by university protocol.

What are the benefits of taking part?

It can be beneficial and empowering to talk about and discuss something of personal importance such as assessing services while in prison. The study will allow you to reflect on this topic in a forum independent to the prison system. The researchers value the opinions of

the participants and therefore has chosen methods that allow to hear the perspectives of those participating. The outcomes could help raise awareness of the topic and provide a better understanding.

What if a problem comes up?

If you have any concerns about the study at any point you should not hesitate to contact Siobhan Neave at address below. After the study is completed, if you wish to request a copy of the study outcomes, or have any concerns you can contact Siobhan Neave at the address:

Siobhan Neave, PhD student,
School of Law,
Royal Holloway, University of London,
Egham,
TW20 0EX

If you have a complaint you wish to make against the researcher, or about the way she carried out the research please contact:

Dr Emily Glorney
School of Law
Royal Holloway, University of London
Egham
Surrey
TW20 0EX
Tel: 01784 276283
Email: Emily.Glorney@rhul.ac.uk

Understandings of care

Participant information sheet

We would like to invite you to take part in our research study. Before you decide, we would like you to understand why the research is being done and what it would involve for you. One of our team will go through the information with you and answer any questions you have. We'd suggest that this would take about 15 minutes, after which you can decide to participate or not participate or take the information sheet away with you to consider. This participant information sheet will tell you about the purpose of this study and what will happen if you decide to take part. If you decide to take part, we will check with you that you understand the study and we'll ask you to sign a consent form.

What is the purpose of the study?

The study is part of a larger study titled: "Developing a collaborative model of care-ful information sharing, through the understandings of information flow of, and the responses and perceptions towards self-harm in male prisoners". The study you have been asked to be involved in is a pilot study (a preliminary study) which will be run before the larger study. This pilot study hopes to have a discussion about your understanding of care receiving. This will be helpful for when the researcher carries out the larger study because the pilot study will provide her with an understanding of how individuals see care. You will only be asked to be part in the pilot study as the larger study will be done within prison. Those who will be asked to be part of the larger study in prison will not know what is said in the pilot study or which people were part of the pilot study.

Who is running the study?

The study is part of a PhD (a large research piece) under the School of Law, at Royal Holloway, University of London. The PhD student who is running the project is Siobhan Neave, and she is supervised by Dr Emily Glorney and Professor Lizzie Coles-Kemp. Siobhan Neave has conducted research in prison for her Masters qualification in forensic psychology and has previously worked in a prison for a healthcare wing. Both supervisors have experience with conducting research with prisoners and forensic patients.

Why have you been invited to take part?

You have been asked to take part because you are part of a community group (Giroscope) and we are interested in your understanding of care.

Do I have to take part?

No, you do not have to take part in the study. Participation in the study is voluntary; it is your choice. If you decide to take part, then we will ask you to sign a consent form. You may

withdraw from the study at any point. If you do decide to stop during the study being conducted, then the information you had already given would be destroyed.

Who has reviewed this study?

This study has been reviewed by Royal Holloway university.
.
What will happen to me if I take part?

If you agree to take part you will be asked to read and sign a consent form, stating that you understand and agree to take part in the study. You will be given a copy of the signed consent form to keep, as well as a copy of the information sheet. You will then be asked to fill out a form asking for some background details, such as your age. The form should take 2-3 minutes to complete.

After this, you will be asked to take part in the discussion, which will last around 30-60 minutes.

What happens at the end of the study?

After the discussion you will be given the chance to ask any questions you may have or can request a summary of the outcomes from the whole study.

The data will be stored securely and only Siobhan Neave, Dr Glorney and Professor Coles-Kemp will have access to it. All data will be stored in a confidential and anonymous manner to ensure that you cannot be identified as a participant in the study.

The consent form, which has identifiable information on (your name) will be linked to the information/data from the study only by a personal number. This number will be stored separately from this form and the information/data. Therefore, please do not refer to yours or other names during the discussion. The research team will analyse the data and then the study will be written up and assessed by VIVA examination (part of the process for completing a PhD). Anonymity will be preserved at all times.

Will taking part be confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. If you decide to take part in this study, confidentiality and anonymity will be ensured. The only time that the information you provide would not be confidential would be in exceptional circumstances, such as if you said something that was thought to put either yourself, or others, at risk. If this were to happen the researcher would follow this up through the appropriate channels.

The information you give such as consent forms, background information and discussion transcript will all be stored in a secure format that only the researcher will have access to. The procedures for handling, processing, storing and disposing of data are compliant with the Data Protection Act 2018. All research data will be securely stored for a minimum of 10 years in the university archive, as stated by university protocol.

What are the benefits of taking part?

It can be beneficial and empowering to talk about and discuss something of personal importance such as care. The researchers value the opinions of the participants and therefore

has chosen methods that allow to hear the perspectives of those participating. The outcomes could help raise awareness of the topic and provide a better understanding.

What if a problem comes up?

If you have any concerns about the study at any point you should not hesitate to contact Siobhan Neave at address below. After the study is completed, if you wish to request a copy of the study outcomes, or have any concerns you can contact Siobhan Neave at the address: Siobhan Neave, PhD student, School of Law, Royal Holloway, University of London, Egham, TW20 0EX

If you have a complaint you wish to make against the researcher, or about the way she carried out the research please contact:

Dr Emily Glorney
School of Law
Royal Holloway, University of London
Egham
Surrey
TW20 0EX
Tel: 01784 276283
Email: Emily.Glorney@rhul.ac.uk

Consent form

To take part in a research study:

Understandings of care

This form is to be read and signed before collecting journey stories or before the interview, once you are happy to proceed.

Tick here	Statement
	The nature of the research has been explained to me.
	I understand that the discussion will only be taped with my consent
	I understand that what I say will be treated as confidential by the researcher
	I understand that my name (or chosen name) will not be used in any written reports or presentation.
	I understand that I have the right to withdraw my involvement with the research whenever and for whatever reason I wish

Name:_____

Participant signature: _____

Research signature: _____

Date: _____

All interviews and focus group contributions will be treated as confidential and any outputs will anonymise the contributions. All efforts will be made to ensure that outputs fairly reflect the contributions of the research participants.

APPENDIX 14

Further participation form for prisoner interviews and creative engagement

Response form for interviews and creative engagement

If you would like to be part of or receive more information about either the interviews, creative engagement or both, please tick the related box below:

Interview   ☐

Creative engagement ☐

Both   ☐

By writing your name and prisoner number below, you are allowing Siobhan Neave to use this information to find your location within the prison. This way she can come and give you more information about the interviews and creative engagement, so you can decide if you want to participate.

Please clearly write your name and prisoner number below

NAME:……………………………………………………………………..

PRISONER NUMBER:……………………………………………………..

Please send this form back in the pre-addressed envelope included. The debrief sheet is yours to keep and does not need to be sent back with this response form

Thank you.

APPENDIX 15

East of England - Essex Research Ethics Committee (REC) Health Research authority ethical permission

East of England - Essex Research Ethics Committee
The Old Chapel
Royal Standard Place
Nottingham
NG1 6FS

11 July 2018

Miss Siobhan Neave
School of Law
Royal Holloway, University of London
Egham
TW20 0EX

Dear Miss Neave

Study title:	**Developing a collaborative model of care-ful information sharing, through understanding the information flow of, and the responses and perceptions towards, self-harm in male prisoners**
REC reference:	**18/EE/0146**
Protocol number:	**NA**
IRAS project ID:	**236529**

Thank you for your letter of 30 June 2018, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair and Dr Andy Stevens.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

421

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

1. Please add the specific full REC name to all Participant Information Sheets

2. Please add details of the Complaints process to all Prison Staff Information Sheets, as already included in the final sentences of the debrief documents

You should notify the REC once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Revised documents should be submitted to the REC electronically from IRAS. The REC will acknowledge receipt and provide a final list of the approved documentation for the study, which you can make available to host organisations to facilitate their permission for the study. Failure to provide the final versions to the REC may cause delay in obtaining permissions.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System, at www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Copies of advertisement materials for research participants [Advert]	1	23 March 2018
Copies of advertisement materials for research participants [Advert for prison staff version 2]	2	11 June 2018
Copies of advertisement materials for research participants [Advert for prisoners version 2]	2	11 June 2018
Covering letter on headed paper [Cover letter for changes made following REC review]		26 June 2018
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Insurance]		24 April 2018
Interview schedules or topic guides for participants [Interview schedule]	1	23 March 2018
Interview schedules or topic guides for participants [Focus group schedule]	1	23 March 2018
IRAS Application Form [IRAS_Form_25042018]		25 April 2018
IRAS Checklist XML [Checklist_30062018]		30 June 2018
Non-validated questionnaire	1	23 March 2018
Non-validated questionnaire [Background information survey]	1	23 March 2018
Non-validated questionnaire [Background information survey]	1	23 March 2018
Non-validated questionnaire [Background information survey]	1	23 March 2018
Non-validated questionnaire [Survey]	1	23 March 2018

Non-validated questionnaire [Survey]	1	23 March 2018
Other [Debrief sheet for prisoners interviews]	1	11 June 2018
Other [Debrief sheet for prison staff observations]	1	11 June 2018
Other [Debrief sheet for prisoner surveys]	1	11 June 2018
Other [Debrief sheet for ex-offenders pilot study]	1	11 June 2018
Other [Debrief sheet for prison staff survey]	1	11 June 2018
Other [Debrief sheet for prison staff focus groups]	1	11 June 2018
Other [Debrief sheet for prisoners rich picture]	1	11 June 2018
Participant consent form [Consent form for prison staff surveys version 2]	2	11 June 2018
Participant consent form [Consent form for prison staff observations version 2]	2	11 June 2018
Participant consent form [Consent form for prison staff focus groups version 2]	2	11 June 2018
Participant consent form [Consent form for ex-offender pilot study version 2]	2	11 June 2018
Participant consent form [Consent form for prisoner survey version 2]	2	11 June 2018
Participant consent form [Consent form for prisoner interviews version 2]	2	11 June 2018
Participant consent form [Consent form for prisoner rich picture version 2]	2	11 June 2018
Participant information sheet (PIS) [Prison staff Information sheet for focus groups. Version 2]	2	11 June 2018
Participant information sheet (PIS) [Prison staff Information sheet for observations]	2	11 June 2018
Participant information sheet (PIS) [Prison staff Information sheet for survey]	2	11 June 2018
Participant information sheet (PIS) [Prisoner Information sheet for interviews]	2	11 June 2018
Participant information sheet (PIS) [Prisoner Information sheet for rich picture]	1	11 June 2018
Participant information sheet (PIS) [Prisoner Information sheet for survey]	2	11 June 2018
Participant information sheet (PIS) [ex-Prisoner Information sheet for pilot study]	1	11 June 2018
Research protocol or project proposal [Protocol]	1	11 June 2018
Summary CV for Chief Investigator (CI) [CV]		23 March 2018
Summary CV for supervisor (student research) [CV]		23 March 2018
Summary CV for supervisor (student research) [CV]		23 March 2018

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

424

Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

18/EE/0146	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

███████████████████

Email	:NRESCommittee.EastofEngland-Essex@nhs.net
Enclosures:	"After ethical review – guidance for researchers"
Copy to:	Dr Emily Glomey

East of England - Essex Research Ethics Committee
The Old Chapel
Royal Standard Place
Nottingham
NG1 6FS

13 August 2018

Miss Siobhan Neave
School of Law
Royal Holloway, University of London
Egham
TW20 0EX

Dear Miss Neave

Study title:	**Developing a collaborative model of care-ful information sharing, through understanding the information flow of, and the responses and perceptions towards, self-harm in male prisoners**
REC reference:	**18/EE/0146**
Protocol number:	**NA**
IRAS project ID:	**236529**

Thank you for your letter of 3 August 2018.   I can confirm the REC has received the documents listed below and that these comply with the approval conditions detailed in our letter dated 11 July 2018

Documents received

The documents received were as follows:

Document	Version	Date
Other [Cover letter in response to REC favourable opinion with conditions]	1	03 August 2018
Participant information sheet (PIS) [Prison staff information sheet for focus groups. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prison staff information sheet for observations. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prison staff information sheet for survey. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prisoner information sheet for interviews. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prisoner information sheet for	3	17 July 2018

rich picture. Version 3]		
Participant information sheet (PIS) [Prisoner information sheet for survey. Version 3]	3	17 July 2018
Participant information sheet (PIS) [ex-Prisoner information sheet for pilot study. Version 3]		17 July 2018

Approved documents

The final list of approved documentation for the study is therefore as follows:

Document	Version	Date
Copies of advertisement materials for research participants [Advert]	1	23 March 2018
Copies of advertisement materials for research participants [Advert for prison staff version 2]	2	11 June 2018
Copies of advertisement materials for research participants [Advert for prisoners version 2]	2	11 June 2018
Covering letter on headed paper [Cover letter for changes made following REC review]		26 June 2018
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Insurance]		24 April 2018
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Interview schedules or topic guides for participants [Focus group schedule]	1	23 March 2018
IRAS Application Form [IRAS_Form_25042018]		25 April 2018
Non-validated questionnaire [Background information survey]	1	23 March 2018
Non-validated questionnaire [Background information survey]	1	23 March 2018
Non-validated questionnaire [Background information survey]	1	23 March 2018
Non-validated questionnaire [Survey]	1	23 March 2018
Non-validated questionnaire [Survey]	1	23 March 2018
Other [Debrief sheet for prisoners interviews]	1	11 June 2018
Other [Debrief sheet for prison staff observations]	1	11 June 2018
Other [Debrief sheet for prisoner surveys]	1	11 June 2018
Other [Debrief sheet for ex-offenders pilot study]	1	11 June 2018
Other [Debrief sheet for prison staff survey]	1	11 June 2018
Other [Debrief sheet for prison staff focus groups]	1	11 June 2018
Other [Debrief sheet for prisoners rich picture]	1	11 June 2018
Other [Cover letter in response to REC favourable opinion with conditions]	1	03 August 2018
Participant consent form [Consent form for prison staff surveys version 2]	2	11 June 2018
Participant consent form [Consent form for prison staff observations version 2]	2	11 June 2018
Participant consent form [Consent form for prison staff focus groups version 2]	2	11 June 2018
Participant consent form [Consent form for ex-offender pilot study version 2]	2	11 June 2018
Participant consent form [Consent form for prisoner survey version 2]	2	11 June 2018

2]		
Participant consent form [Consent form for prisoner interviews version 2]	2	11 June 2018
Participant consent form [Consent form for prisoner rich picture version 2]	2	11 June 2018
Participant information sheet (PIS) [ex-Prisoner Information sheet for pilot study]	1	11 June 2018
Participant information sheet (PIS) [Prison staff Information sheet for focus groups. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prison staff Information sheet for observations. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prison staff Information sheet for survey. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prisoner Information sheet for interviews. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prisoner Information sheet for rich picture. Version 3]	3	17 July 2018
Participant information sheet (PIS) [Prisoner Information sheet for survey. Version 3]	3	17 July 2018
Participant information sheet (PIS) [ex-Prisoner Information sheet for pilot study. Version 3]		17 July 2018
Research protocol or project proposal [Protocol]	1	11 June 2018
Summary CV for Chief Investigator (CI) [CV]		23 March 2018
Summary CV for supervisor (student research) [CV]		23 March 2018
Summary CV for supervisor (student research) [CV]		23 March 2018

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

18/EE/0146   **Please quote this number on all correspondence**

Yours sincerely
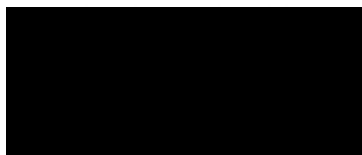
E-mail: NRESCommittee.EastofEngland-Essex@nhs.net

Copy to:

428

APPENDIX 16

National Research Committee (NRC) ethical permission

National Research Committee
Email: National.Research@NOMS.gsi.gov.uk

Miss Siobhan Neave

School of Law

Royal Holloway, University of London

TW20 0EX

06 August 2018

APPROVED SUBJECT TO MODIFICATIONS

Ref: 2018-128

Title: Developing a collaborative model of care-ful information sharing, through the understanding of information flow of, and the responses and perceptions towards, self-harm in male prisoners

Dear Siobhan Neave,

Further to your application to undertake research across HMPPS, the National Research Committee (NRC) is pleased to grant approval in principle for your research. The Committee has requested the following modification:

- To delete comments included in the attached forms provided by the researcher via email on the 20 July 2018 (for example, prison staff information sheet for focus groups).

Before the research can commence you must agree formally by email to the NRC (National.Research@NOMS.gsi.gov.uk), confirming that you accept the modifications set out above and will comply with the terms and conditions outlined below.

Please note that unless the project is commissioned by MoJ/HMPPS and signed off by Ministers, the decision to grant access to prison establishments, National Probation Service (NPS) divisions or Community Rehabilitation Company (CRC) areas (and the offenders and practitioners within these establishments/divisions/areas) ultimately lies with the Governing Governor/Director of the establishment or the Deputy Director/Chief Executive of the NPS division/CRC area concerned. If establishments/NPS divisions/CRC areas are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please note that a MoJ/HMPPS policy lead may wish to contact you to discuss the findings of your research. If requested, your contact details will be passed on and the policy lead will contact you directly.

Please quote your NRC reference number in all future correspondence.
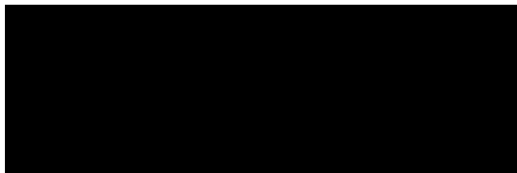
National Research Committee

National Research Committee - Terms and Conditions

All research

- **Changes to study -** Informing and updating the NRC promptly of any changes made to the planned methodology. ***This includes changes to the start and end date of the research***.
- **Dissemination of research** - The researcher will receive a research summary template attached to the research approval email from the National Research Committee. This is for completion once the research project has ended (ideally within one month of the end date).The researcher should complete the research summary document (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for MoJ/HMPPS decision-makers. The research summary should use language that an educated, but not research-trained person, would understand. It

should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. It should be submitted to the NRC. Provision of the research summary is essential if the research is to be of real use to MoJ and HMPPS.

- **Publications -** The NRC (National.Research@NOMS.gsi.gov.uk) receiving an electronic copy of any papers submitted for publication based on this research at the time of submission and at least one month in advance of the publication.

- **Data protection** - Researchers must comply with the requirements of the Data Protection Act 2018, the General Data Protection Regulation (GDPR) and any other applicable legislation. Data protection guidance can be found on the Information Commissioner's Office website: http://ico.org.uk
  Researchers must store all data securely and ensure that information is coded in a way that maintains the confidentiality and anonymity of research participants. The researchers must abide by any data sharing conditions stipulated by the relevant data controllers.

- **Research participants -** Consent must be given freely. It will be made clear to participants verbally and in writing that they may withdraw from the research at any point and that this will not have adverse impact on them. If research is undertaken with vulnerable people – such as young offenders, offenders with learning difficulties or those who are vulnerable due to psychological, mental disorder or medical circumstances - then researchers should put special precautions in place to ensure that the participants understand the scope of their research and the role that they are being asked to undertake. Consent will usually be required from a parent or other responsible adult for children to take part in the research.

- **Termination** – MoJ/HMPPS reserves the right to halt research at any time. It will not always be possible to provide an explanation, but we will undertake where possible to provide the research institution/sponsor with a covering statement to clarify that the decision to stop the research does not reflect on their capability or behaviour.

Research requiring access to prison establishments, NPS divisions and/or CRCs

- **Access –** Approval from the Governing Governor/Director of the establishment or the Deputy Director/Chief Executive of the NPS division/CRC area you wish to research in. (Please note that NRC approval does not guarantee access to establishments, NPS divisions or CRC areas; access is at the discretion of the Governing Governor/Director or Deputy Director/Chief Executive and subject to local operational factors and pressures). This is subject to clearance of vetting procedures for each establishment/NPS division/CRC area.

- **Security** – Compliance with all security requirements.

- **Disclosure –** Researchers are under a duty to disclose certain information to prison establishments/probation provider. This includes behaviour that is against prison rules and can be adjudicated against, undisclosed illegal acts, and behaviour that is potentially harmful to the research participant (e.g. intention to self-harm or complete suicide) or others. Researchers should make research participants aware of this requirement.

APPENDIX 17

Creative engagement piece by Zac

You are a
Name and
Number A
Statistic

No Human Rights

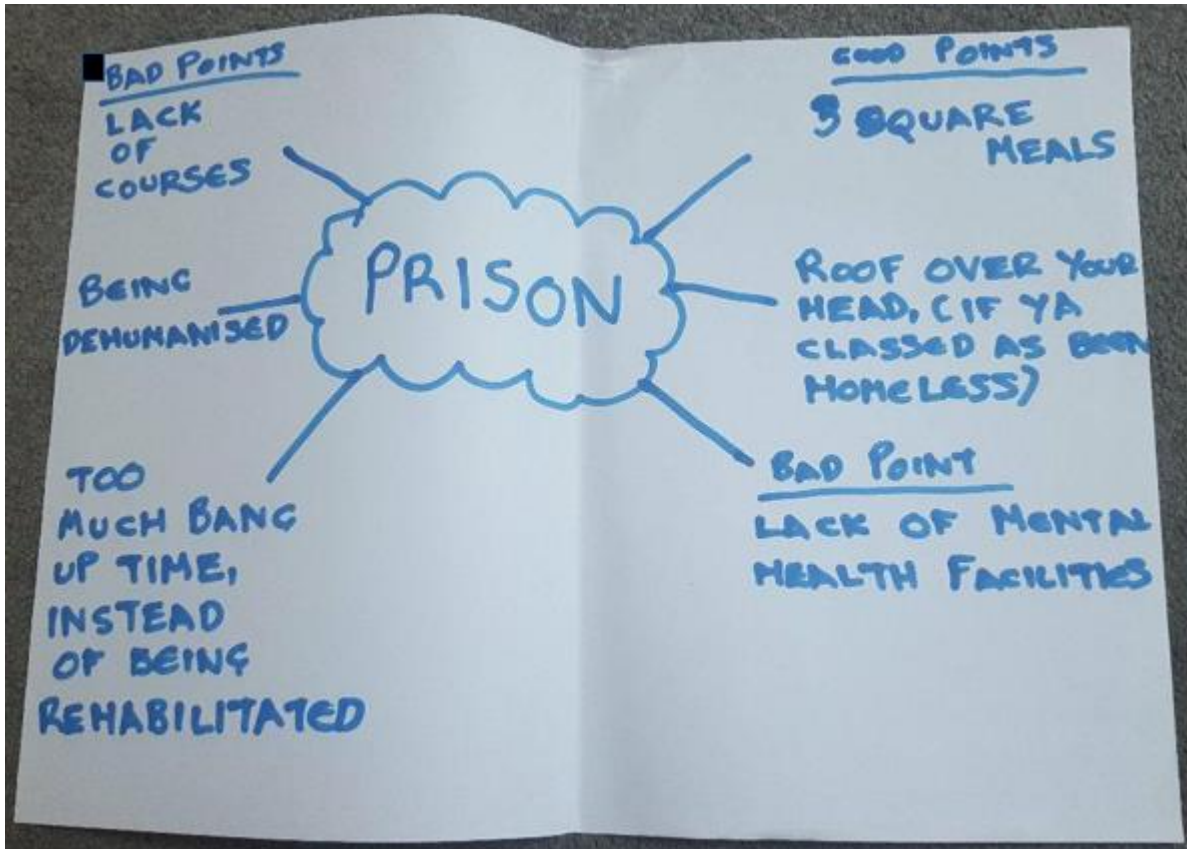No Good Rent
Housing
No Job
Bad company
No chance
Bills
No change
Money
Box Bill
No prospects
Untrusted
Gas
Sadness No
Deprishion
Electric

Drugs
Drugs

Jail Time
No time

Her Madisiys Locked up
pleashie 23 Hour a Day
But
you will Never
meat the Queen

APPENDIX 18

Creative engagement piece by Yosef

BAD POINTS

LACK OF COURSES

BEING DEHUMANISED

TOO MUCH BANG UP TIME, INSTEAD OF BEING REHABILITATED

PRISON

GOOD POINTS

3 SQUARE MEALS

ROOF OVER YOUR HEAD, (IF YA CLASSED AS BEEN HOMELESS)

BAD POINT

LACK OF MENTAL HEALTH FACILITIES

APPENDIX 19

Creative engagement piece by Wesley, Omar and Florence
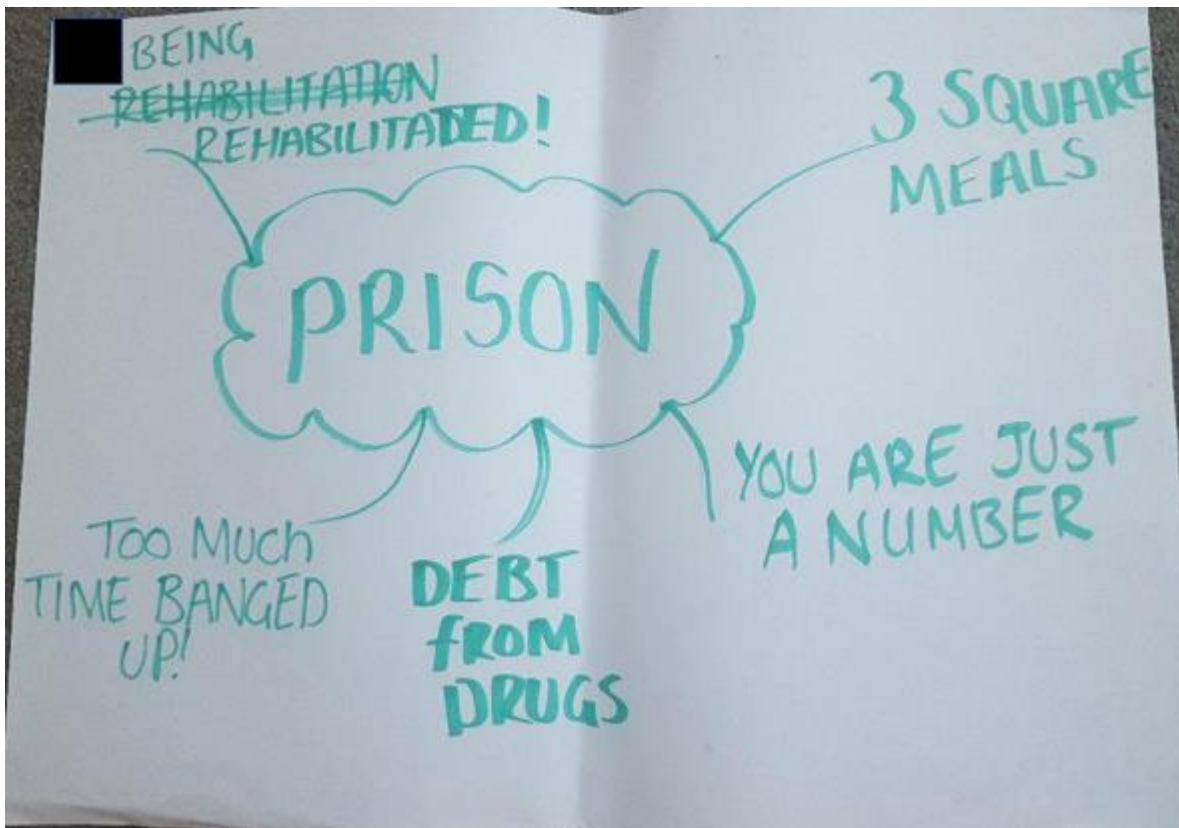
APPENDIX 20

Email advertisement for prison staff surveys

Hello,

My name is Siobhan Neave and I am PhD student with Royal Holloway University of London. I am researching self-harm in male prisoners and hope to develop a model of care which helps reduce self-harm. NOMS and HMP ███████ have approved and given permission for the project to run. HMP ██████ is one of two prisons chosen to conduct the research at and I am hoping, therefore, you will give me 20 minutes of your time to complete my survey below. The survey focuses on information sharing about self-harm. More information about the survey and the whole project is provided on the link below, for you to read before completing the survey.

The link needs to be opened with Mozilla Firefox. The link to the survey:

██

I aim to collate all responses by the end of January and therefore appreciate your response before then.

Thank you for your time. If you have any questions or are interested in hearing information about focus groups I hope to conduct at HMP ██████ then please get in contact.

Kind regards,

Siobhan Neave
PhD student, school of law
Royal Holloway, University of London
Egham
TW20 0EX
https://pure.royalholloway.ac.uk/portal/en/persons/siobhan-neave(e20d68d5-b6e9-4bd3-ad64-bc4b64102f0c).html

(Ctrl) ▾

APPENDIX 21

A summary statement for individual survey item scores

The prison service does all it can to help prisoners who self-harm

Item one and two explored the prisoners and prison staff perspective towards the help the prison service provides to prisoner who self-harm. Prison staff significantly agreed more than prisoners that the prison service does all it can to help prisoners who self-harm. A summary of the items and findings can be seen in Table B.

Table B.

Survey item one and two findings

Participant	Item	Significance and effect size
Prisoner	I think the prison service does all it can to help prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium to large effect.
Prison staff	I think the prison service does all it can to help prisoners who self-harm	
Prisoner	I do NOT think the prison service does all it can to help prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I do NOT think the prison service does all it can to help prisoners who self-harm	

The prison staff response towards self-harm has a positive effect on the prisoners

Item three and four explored the prisoners and prison staff perspective towards the positive effect prison staff response towards self-harm has on the prisoner. Prison staff significantly agreed more than prisoners that the prison staff response towards self-harm has a positive effect on the prisoners. A summary of the items and findings can be seen in Table C.

Table C.

Survey item three and four findings

Participant	Item	Significance and effect size
Prisoner	I think the way the prison staff respond to self-harm has a positive effect on the prisoner	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I think the way prison staff respond to self-harm has a positive effect on the prisoner	
Prisoner	I do NOT think the way the prison staff respond to self-harm has a positive effect the prisoner	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I do NOT think the way prison staff respond to self-harm has a positive effect on the prisoner	

It is easy for prisoners to get support from the prison service for their self-harm

Item nine and 10 explored the prisoners and prison staff perspective towards the ease for the prisoners who self-harm to get support from the prison service. Prison staff significantly agreed more than prisoners that it is easy for prisoners to get support from the prison service for their self-harm. A summary of the items and findings can be seen in Table D.

Table D.

Survey item nine and 10 findings

Participant	Item	Significance and effect size
Prisoner	It is easy to get support from the prison service for self-harm	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	It is easy for prisoners to get help from the prison service for self-harm	
Prisoner	I do NOT think it is easy to get support for self-harm in the prison	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I do NOT think it is easy for prisoners to get support for self-harm in the prison	

The prison service values caring for prisoners who self-harm

Item 11 and 12 explored the prisoners and prison staff perspective towards whether the prison service values caring for prisoners who self-harm. Prison staff significantly agreed more than prisoners that the prison service values caring for prisoners who self-harm. A summary of the items and findings can be seen in Table E.

Table E.

Survey item 11 and 12 findings

Participant	Item	Significance and effect size
Prisoner	I think the prison service values caring for prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium to large effect.
Prison staff	I think the prison service values caring for prisoners who self-harm	
Prisoner	I think the prison service does NOT value caring for prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium to large effect.
Prison staff	I think the prison service does NOT value caring for prisoners who self-harm	

Prison staff have a good understanding of the care needed by prisoners who self-harm

Item 13 and 14 explored the prisoners and prison staff perspective towards the prison staff understanding of the care needed by prisoners who self-harm.   Prison staff significantly agreed more than prisoners that the prison staff have a good understanding of the care needed by prisoners who self-harm. A summary of the items and findings can be seen in Table F.

Table F.

Survey item 13 and 14 findings

Participant	Item	Significance and effect size
Prisoner	I think prison staff have a good understanding of what care is needed by prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium to large effect.
Prison staff	I think prison staff have a good understanding of what care is needed by prisoners who self-harm	
Prisoner	I think prison staff do NOT have a good understanding of what care is needed by prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I think prison staff do NOT have a good understanding of what care is needed by a prisoner who self-harms	

The amount of good quality information prisoner share with prison staff about their self-harm

Item five and six explored the prisoners and prison staff perspective towards the amount of good quality information prisoner share with prison staff about their self-harm. Prison staff significantly agreed more than prisoners that prisoners share good quality information with them about their self-harm. A summary of the items and findings can be seen in Table G.

Table G.

Survey item five and six findings

Participant	Item	Significance and effect size
Prisoner	I think prisoners share a good amount of quality information about their self-harming with prison staff	There was a significant difference between the prisoner and prison

Prison staff	I think prisoners share a good amount of quality information about their self-harming with prison staff	staff item score with a small to medium effect.
Prisoner	I do NOT think prisoners share a good amount of quality information about their self-harming with prison staff	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I do NOT think prisoners share a good amount of quality information about their self-harming with prison staff	

The amount of good quality knowledge prison staff have about the prisoners who self-harm

Item seven and eight explored the prisoners and prison staff perspective towards the amount of good quality knowledge prison staff have about the prisoners who self-harm. Prison staff significantly agreed more than prisoners that prison staff have good quality knowledge about the prisoners who self-harm. A summary of the items and findings can be seen in Table H.

Table H.

Survey item seven and eight findings

Participant	Item	Significance and effect size
Prisoner	I think the prison staff have a good amount of quality knowledge about those prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a small to medium effect.
Prison staff	I think the prison staff have a good amount of quality knowledge about those prisoners who self-harm	
Prisoner	I think the prison staff do NOT know a good amount of quality information about prisoners who self-harm	There was a significant difference between the prisoner and prison staff item score with a medium effect.
Prison staff	I do NOT think the prison staff know quality information about prisoners who self-harm	

Prisoner know the help available to them for their self-harm

Item 15 and 16 explored the prisoners and prison staff perspective towards whether prisoner know the help available to them if they self-harm. There was not a significant difference between the prison staff and prisoners for their perceptions that prisoners know where to go or who to speak to if they want help for their self-harm. Both prisoners and prison staff gave

a similar average score which suggested they both agree with the item. When the item was presented in reverse, however, there was a significant difference with prison staff agreeing more than prisoners that prisoners know what help is available to them if they self-harm. A summary of the items and findings can be seen in Table I.

Table I.

Survey item 15 and 16 findings

Participant	Item	Significance and effect size
Prisoner	I know where to go or who to speak to in the prison if I want help for self-harm	There was no significant difference between the prisoner and prison staff item score.
Prison staff	In general, prisoners know where to go or who to speak to in the prison if they want help for their self-harm	
Prisoner	I do NOT know what help is available in prison if I self-harm	There was a significant difference between the prisoner and prison staff item score with a small to medium effect.
Prison staff	In general, prisoners do NOT know what help is available in the prison if they self-harm	

Prisoner understand what information is shared about them if they self-harm

Item 17 and 18 explored the prisoners and prison staff perspective towards prisoners understanding of what information is shared about them if they self-harm. Prison staff significantly agreed more than prisoners that prisoners do understand what information is shared about them if they self-harm. A summary of the items and findings can be seen in Table J.

Table J.

Survey item 17 and 18 findings

Participant	Item	Significance and effect size
Prisoner	I understand what information is shared about me between staff if I harm myself	There was a significant difference between the prisoner and prison staff item score with a small to medium effect.
Prison staff	In general, prisoners understand what information will be shared between staff about them, if they self-harm	
Prisoner	I do NOT understand what information is shared about me between staff if I self-harm	There was a significant difference between the prisoner and prison

| Prison staff | In general, prisoners do NOT understand what information will be shared between staff about them, if they self-harm | staff item score with a medium effect. |

Prison staff understand what information is required to be shared between staff about prisoners who self-harm

Item 19 and 20 were only measured on the prison staff survey. The item scores demonstrate on average prison staff agreed that they understand what is required to be shared about prisoners who self-harm. A summary of the items and findings can be seen in Table K.

Table K.

Survey item 19 and 20 findings

Survey item	Mean and standard deviation
I understand what information is required to be shared between staff about a prisoner who self-harms	1.96 (0.86)
I do NOT know what information is required to be shared between staff about prisoners who self-harm	2.04 (0.86)

APPENDIX 22

Email advertisement for prison staff focus groups

Dear all,

My name is Siobhan Neave, I am a PhD student with the School of Law, Royal Holloway University. Previously you may have received an email regarding a survey on self-harm in residents I am conducting with ▬▬▬▬▬

I am now looking to follow these surveys with a focus group which will look at staff perspectives towards self-harm and their perspectives towards the prison service response to self-harm.

The focus group will last between 45 minutes to an hour and will be carried out by myself and Sophie (a Forensic Psychology masters student at Royal Holloway). We are looking for custodial, healthcare or management staff (of any grade). However, staff members need to have operational duties or have responsibilities which include regular face-to-face contact with residents and responsibilities specific to self-harm in residents.

I have attached a information sheet to give you more information. If you have any questions or wish to participate, please email me on:

▬▬▬▬▬▬▬▬▬

For those of you who did not get the chance to do the survey but still wish to, the link is as followed:
The link needs to be opened with Mozilla Firefox.

▬▬▬▬▬▬▬▬▬▬

449

APPENDIX 23

Tom's creative engagement one

① I am a person who is struggling to be who I am. I feel my good qualities such as being polite, friendly, caring and bad qualities: nieve, trusting- makes me vunrable to others who want to take advantage of me in my enviroment. This leads me to be stressed, afraid, overwhelmed and not be my-self. I feel at times I am a clown with a painted on smile pretending I am happy when I really am not. I have survived many traumatic events and have grown stronger for doing so. I love to learn, I like reading and enjoy the simple things of life... like watching the sunset and having good conversation, food e drink. I am adventurous.

I thought a clown face instead of a stain on a peice of paper as this is how I feel in my enviroment most of the time. hope this helps.

APPENDIX 24

Tom's creative engagement two
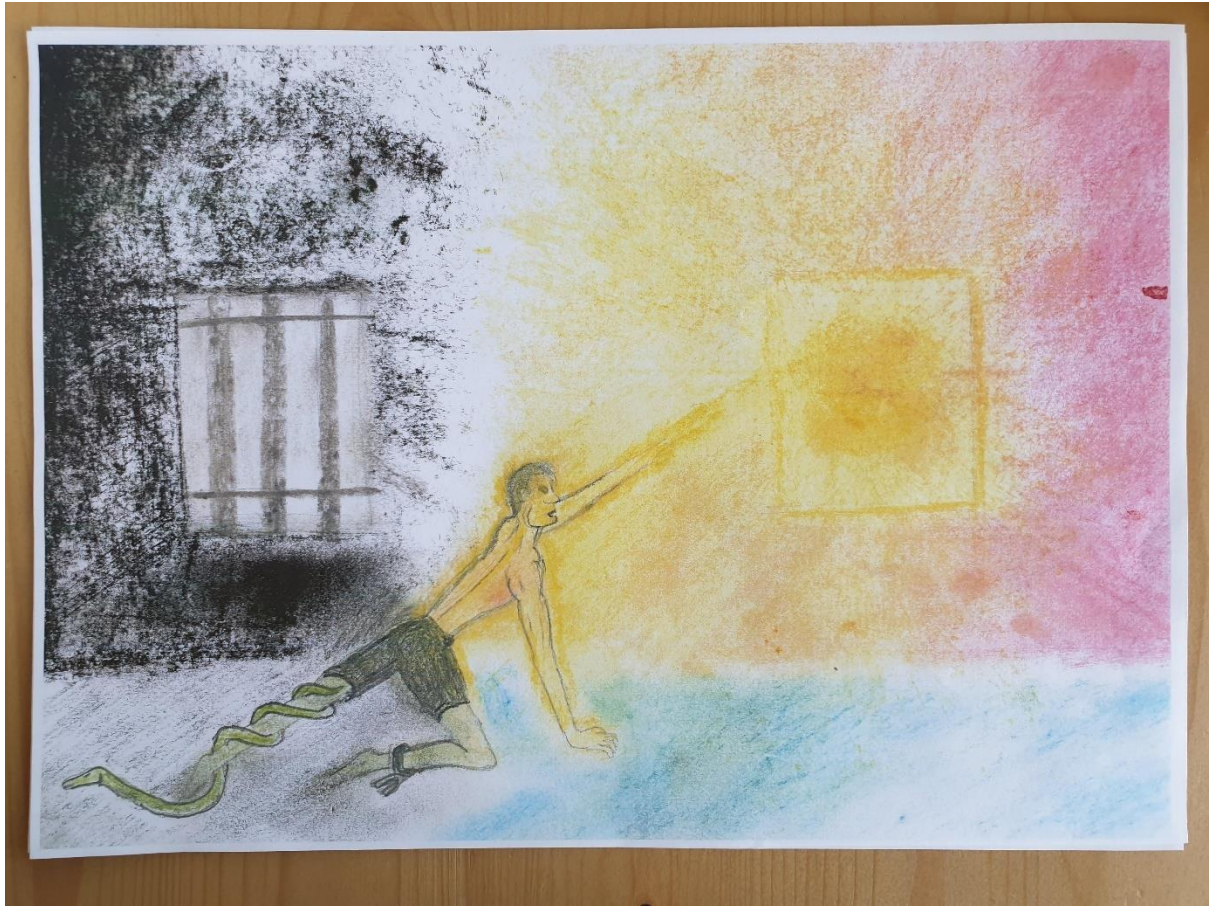
Struggle

My first go at producing a picture of hope,
I am reaching out to the light but prevented by obstacles which have seduced me & controlled me. I want to be Free, Free as a person and free from labels & control.

How much can I take?

APPENDIX 25

Tom's creative engagement three

②

A dream I have where I think it's me in a glass box. I can see my-self shouting & pleading for me, but I can't hear him & choose to look away.

I am/he is banging on the glass box desperately for my attention. No matter how hard I want to get closer to him or listen I ~~choose to~~ walk away.
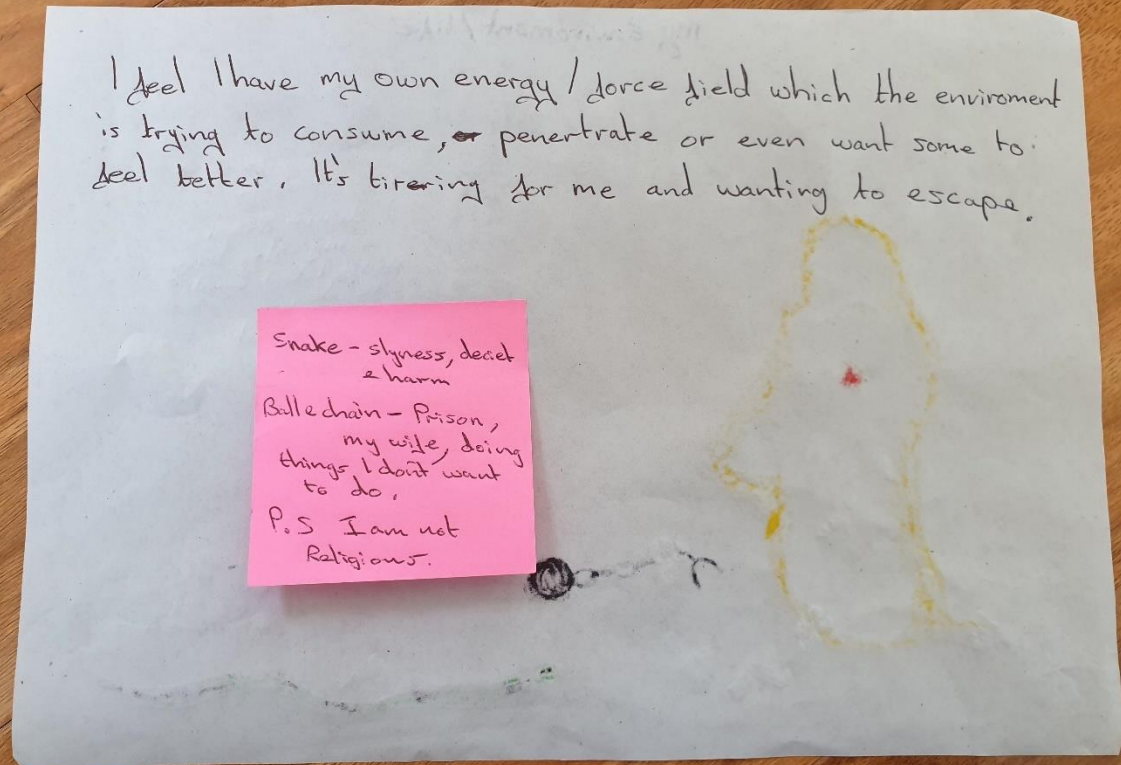
I don't know why but I know it's me & I want to help my-self in some way.

I feel I am not understood and I feel I don't always understand my-self either, in how I feel. I guess I get frustrated and want the pain I feel inside to go away.

APPENDIX 26

Tom's creative engagement four

I feel I have my own energy/force field which the enviroment is trying to consume, or penertrate or even want some to feel better, It's tirering for me and wanting to escape.

Snake – slyness, deciet e harm

Balle chain – Prison, my wife, doing things I don't want to do,

P.S I am not Religious.

APPENDIX 27

Max's creative engagement

Q1. Soule's box is how I feel inside witch keeps bleeding.

Q2. Cut My self as I don't want to die

kill live
love
peace

Q2. hear's voices to kill My self and another voice to live, love, peace So I cut up.

Q3. I don't redly know at this Moment in time and I am sorry.

Q2 Self harm as I don't know what to do....

kill your self you are with- less

live peace Love faith

3a. It depend's as some People take it diffrent some Suport you some don't I tend to push people away and I don't Mean to. I self harm pain's to express My self...

460

Friend   17/10/2019

Finding, My way thow the dark shadow
that hont's Me

Reaching for a blade one cut there one cut
here it's the only way to coop

I am afrade of asking for help and
I am afrade of talking about My deamen's
that hont's me

Ending, all pain I've stand for so long,
is harder then I ever amagend and I don't
know where to go

Now I feel so low that I failed some
amazing friends that I May not see again

Done, with, it all I can not take any More pain
So I might as well stay a lone then no
one can hurt Me any More