

Promoting ethical understanding and sensitive care in prisons

Report of a consultation at St George's House, Windsor Castle March 2007

Every country in Europe is struggling to provide prison services which provide security with appropriate attention to humanity and human rights. Problems of overcrowding, of drugs abuse, of violence and of mental ill-health are proving very persistent, despite the advances undoubtedly being made in many countries.

Despite these difficulties, many if not most of the staff working in this much misunderstood and neglected public service genuinely want to provide a decent service. To help develop and disseminate examples of best practice, the WHO (Europe) Health in Prisons Project (see www.euro.who.int/prisons) has recently published a Guide to the essentials in prison health and is currently working with an international expert group on how best to improve the generally poor quality of care provided for the high proportion of prisoners who have either a mental health disorder or a serious addiction. It is clear that the implementation of the recommendations which come from the above will depend on prison staff having the required knowledge, understanding and support. That understanding extends to the values held by individual prison service staff and the ethos of the organisations in which they work.

There is therefore a Europe-wide and indeed a global need to establish how to help all those working in prisons to gain the knowledge and further develop the caring attitudes and understanding which will allow them to provide the sort of service they would like to, a more professional service capable of meeting the complex needs of those in their care.

One approach, which has been successfully implemented across the North Carolina USA penal system, is that of promoting ethical literacy amongst staff and prisoners. An 'Ethics and Choices' workshop has been developed, based on the Institute for Global Ethics's (IGE) core Ethical Fitness® training, which has been delivered in prisons and tested, with supporting workbooks and exercises. The programme has

been running for a number of years. The results were encouraging enough for representatives of the WHO Project and the Scottish Prison Service to suggest consideration of a similar approach in the UK.

In March 2006 the IGE UK Trust, with support from the Comino and Gordon Cook Foundations, convened a consultation for a small invited group at which two trainers from the North Carolina programme were present and who outlined the approach being used. General information was given about the IGE 'Ethics and Choices' approach. There were opportunities for detailed small group discussion and for raising questions with the IGE and North Carolina experts.

Points and issues raised in discussion

There was general agreement that the 'Ethics and Choices' work should certainly be considered for piloting in the UK, but there were several important questions to be considered before a clear forward pathway could be firmly established.

Amongst the first of these was where, if the programme was offered to prisoners, it would fit in with the many other educational and criminogenic interventions and development opportunities already in place in many of the prisons. There were several banners or headings for such activities, such as building self-esteem, basic skills acquisition, acquiring various attributes and discarding bad attributes.

It was suggested that it should be possible to map accredited and approved activities and programmes already there. One suggestion was that a centre for education services in prisons could do a feasibility study on translating the North Carolina approach for Britain. It would however be important for the material to be rewritten to make it fit better with the culture in the UK.

The offender management model had an inclusion agenda and an interventions agenda, and in so far as they are brought together, it is by overarching case management. From these, a certain number of pathways to potential resettlement emerge and the prisoners are expected to respond to them, with additional resources from the community. One of these pathways is dealing with cognitive deficit and another would include aspects of inclusion such as accommodation, debt, health and employment/employability. The intervention agenda

was rather stand alone under the What Works initiative but has now been put into a more holistic approach, along with the needs and resources to support offenders in preparing for their release from prison. The 'Ethics and Choices' model would need to talk in this sort of language, or if it is prior to these, it would be more generic and could be offered as a foundation for offender or case management. But the reality is that shortage of resources means that in most places only bits here and bits there are done; for example, the prisoner can get detoxified but has little or no preparation for employment. The challenge would be to show how this programme could assist in an integrated approach, a rethink of what can be done in a coordinated way to meet the holistic needs of the prisoners. It would be important to differentiate this programme from all the others and identify the distinct contribution it could make to offender rehabilitation.

It may be that a unique selling point for this approach was that it could be done in a partnership between staff and prisoners. To do it for staff alone may end up with something that is beneficial in the short term but could be seen as just the latest thing in staff development, an additional offer on the menu for staff. But if it is done so that staff get the experiential learning from this approach and see its application to prisoners and vice versa, both parties gain and the system as a whole gains. There was a feeling that the development of a common language could lead to a more readily managed prison with more of a common ethos. There are however numerous hurdles to get over in making a reality of such an aspiration.

Staff development was the key, because if staff acquired an appetite for articulating moral reasoning, ethics and values, there would be a good chance that they and their management would see the point of passing it on to prisoners.

There was a clear consensus that testing out this approach should start with staff. But there was some discussion on the best way to get staff involved as questions always arose about the time of staff, the resources and training time required. It was felt that introducing this into the initial training of staff may not be worthwhile as new recruits are the most vulnerable to be 're-culturised' back into the established culture of the prison. Perhaps this point could be discussed again at any follow-up consultation after some piloting had been done.

On how to get this introduced, there was a suggestion that it was still possible in Scotland for prison governors to act, to a degree, independently in developing their staff and enhancing their contribution to prisoner rehabilitation; so a follow-up in a Scottish prison should be considered. Reference was made to the e-learning programme on human rights available in Scotland which has been well received and this could be a good portent. The basic information is given in the programme but the question mark is around the transfer of that learning/knowledge into actual practice.

In England, in one open prison, the governor has introduced evening meetings for staff as extra to their official development programme. It would be relatively straightforward, as it depends only on the governor's decision, to try an evening class on this subject, to test reactions of staff.

There was considerable discussion on the need for evaluation and additional targeted research. The difficulties of evaluation were clear. One member of the group, very experienced in the corporate sector, said it was extremely difficult to provide tangible evidence that ethical behaviour by companies resulted in say, a greater share price. But what can be said is that employees prefer to work in an ethical company. It would need a considerable amount of inventiveness to measure effectiveness. Those introducing programmes into prisons will inevitably be measured on its effect on re-offending. Current evidence seems to show that programmes so far have had little effect on re-offending rates.

There is likely to be a difficult balance between competing priorities in the delivery of programmes/interventions in order to meet the policy of inclusion. Staff struggle to establish how best they can help prisoners engage with the kind of decisions they might need to make in the outside world.

Experience can also be useful in assessing whether a programme is worthwhile. In this regard, personal testimonies can be powerful and although not helping with large number analysis, they can help to shift the thinking of policy makers.

The next steps

1. Prepare a report which should be understandable enough for wide distribution, through those who attended the consultation and elsewhere.
2. IGE UK should seek resources to hold two Ethical Fitness® seminars, one in Scotland and one in England, to which the Windsor participants should be invited to experience the approach for themselves and, in addition, they should be asked to bring a representative from potential other enablers.
3. If possible, two education centres, Manchester and Edinburgh, should be asked to consider the North Carolina work books for feasibility of modifying them for UK use or producing UK versions.
4. There should be an attempt to look at the e-learning programme on human rights in Scotland to see how the Ethical Fitness® programme could fit in/provide added value.
5. Once the above steps have been undertaken, consideration should be given to a follow-up consultation, especially aimed to a conclusion about the value of the approach and to how to introduce it across the prison services, including those in mainland Europe.