AUSTERITY AS A POLITICAL PARADOX: A STUDY OF ITS IMPACT ON PRISON HEALTH GOVERNANCE AND THE DELIVERY OF PRISON HEALTHCARE SERVICES IN ENGLAND

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Abstract

There is a consensus in extant scholarship that austerity has had profound, harmful effects on vulnerable and marginalised populations. However, research on its impact on the governance and delivery of health structures intended to support individuals within prison settings remains sparse.

This thesis draws upon the interdisciplinary contributions of critical social science theories to provide an in-depth, qualitative study exploring the impacts of 10 years of austerity (and counting) on prison health governance and the delivery of prison healthcare services in England. The research approach follows a constructivist grounded theory methodology and uses the perspectives of 87 prison health experts to illustrate how austerity unravels through a series of six political paradoxes—i) the need for austerity and cost-saving measures; ii) delivering prison health within a punishment structure; iii) the stability of a structured, top-down control of prison service; iv) the political rhetoric of 'tough on crime' and 'we are all in this together'; v) neoliberal responses of the government towards prison instability; and vi) continued scrutiny of prisons and prison health, which has shaped and constrained prison health governance and the delivery of prison healthcare in England.

This study, the first of its kind in England, confutes political claims that portray fiscal cuts and the increasing use of privatisation as requisite to prevent economic profligacy and reduce costs. It problematises how the prison health system in England operates within a regressive neoliberal structure that prioritises top-down hierarchies and punishment over collaboration and rehabilitation. Concurrent with the implementation of austerity since 2010, it explores the participants' perceptions of how the transient political leadership of prison services, as well as the rampant growth of prison gangs and serious organised crime groups across English prisons, challenge both the governance and delivery of prison regime and health.

This study also reveals that, although the United Kingdom is the fifth-largest economy globally, the poor continue to bear the burden of austerity—as study participants observed—via the withdrawal of welfare services from the community and a deindustrialisation process that has forced penal institutions to become first responders for some individuals. Building additional prisons, recruiting more prison officers, and blaming psychoactive substances for existing prison instability merely augments the UK government's neoliberal vision. Finally, continual monitoring by prison oversight mechanisms fails to hold the government accountable for the deterioration in governance and delivery of healthcare across English prisons.

Overall, this study underscores the important and yet unarticulated phenomenon that austerity has failed to reduce the burgeoning national debt, govern prison health, deliver prison healthcare services effectively and efficiently, and improve prisoner health in England over the last decade. Alongside the research's empirical,

conceptual, theoretical, methodological, and policy contributions to interdisciplinary prison health studies, seven radical, upstream solutions are proposed to effect change and untangle a decade of political paradoxes that have shaped and constricted prison health governance and healthcare delivery in England.

Author Declaration

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award.

During the period of study, I have published the following eight peer-reviewed publications from my thesis:

1. Ismail, N. (2020) Rolling Back the Prison Estate: The Pervasive Impact of Macroeconomic Austerity on Prisoner Health in England. *Journal of Public Health*. 42(3), pp. 625–632. DOI: https://doi.org/10.1093/pubmed/fdz058

2. Ismail, N. (2019) Contextualising the Pervasive Impact of Macroeconomic Austerity on Prison Health in England: A Qualitative Study Among International Policymakers. *BMC Public Health*. 19, 1043. DOI: https://doi.org/10.1186/s12889-019-7396-7

3. Ismail, N. (2020) Deterioration, Drift, Distraction, and Denial: How the Politics of Austerity Challenges the Resilience of Prison Health Governance and Delivery in England. *Health Policy*. 124(2), pp. 1368-1378. DOI: https://doi.org/10.1016/j.healthpol.2020.09.004.

4. Ismail, N. (2020) Editorial: The Politics of Austerity, Imprisonment and Ignorance: A Case Study of English Prisons. *Medicine, Science and the Law*. 60(2), pp. 89-92. DOI: https://doi.org/10.1177%2F0025802419899744.

5. Ismail, N. (2020) Challenges in Conducting Interviews Regarding Prison Health With Prison Governors and Prison Officers in England. *SAGE Research Methods Cases: Medicine and Health*. DOI: https://dx.doi.org/10.4135/9781529735208.

6. Ismail, N. (2020) Challenges and Practicalities in Adopting Grounded Theory Methodology When Conducting Prison Research. In: Maycock, M., Meek, R. and Woodall, J., eds., (2020) *Issues and Innovations in Prison Health Research: Methods, Issues and Innovations*. London: Palgrave Macmillan, pp. 69-89.

7. Ismail, N. and Forrester, A. (2020) The State of English Prisons and the Urgent Need for Reform. *The Lancet Public Health*. 5(7), e368–e369. DOI: https://doi.org/10.1016/S2468-2667(20)30142-0

8. Ismail, N., Lazaris, A., O'Moore, E., Plugge, E. and Stürup-Toft, S. (2021) Leaving No One Behind in Prison: Improving the Health of People in Prison as

a Key Contributor to Meeting the Sustainable Development Goals 2030. *BMJ Global Health*. 6:e004252. DOI: https://doi.org/10.1136/bmjgh-2020-004252.

The content of co-authored articles (articles 7 and 8) is not reproduced in this thesis but is cited throughout.

Acknowledgements

This is a picture of my family, which was taken 22 years ago, during the Eid celebration in Malaysia. In fact, it is the only complete picture with all of my family members in it. A few days before, I received my results for the compulsory national examination. Out of 29,000 lower secondary school candidates, I secured a top 1% position in the country. While I was showered with congratulatory wishes by relatives and friends, a relative, rather unexpectedly, asked, “What do you want to do after school?”, to which some other relatives suggested, “Just become a teacher, you only have to work between 9am and 2pm every day”, “You can join the local municipal office, punch your card day-in and day-out, have a beautiful family of five” and “Why don’t you start a small business? Work when you feel like you want it. It will be easier for family gatherings like this”. Among this chaos, my parents were silent. I knew they were unhappy with the suggestions, which seemed to have a lack of imagination and ambition.

As I reflected on the conversations throughout the day, I looked at people in my circle and the small village in East Coast of Malaysia that I lived in. All of my father’s siblings worked for the government and repeatedly spoke about how much they could not wait to retire. From my mother’s side, none of them went to university. We lived in a small village where most people’s education was GCSEs. Rampant poverty, drug dealing, drug-using, anti-social behaviour, and violent crime were prevalent, which ironically related to the topic of my PhD. This reflection was a turning point for me. I felt I needed to achieve the highest education possible. I knew there was a world out there where I could reach my potential and attain social mobility. Using this as my motivation, I worked as hard as possible to become the first person in my family to ever obtain A-levels, an undergraduate degree, a Masters, and, hopefully, a PhD qualification. Along the way, I was fortunate that I was supported by various government scholarships as our family would not have been able to afford my education.

A PhD thesis is often portrayed as a solitary journey; however, the long list below proves the opposite. First and foremost, I am deeply grateful for the continuous insight and support of my supervisors, Dr Nick de Viggiani and Professor Christina Pantazis. Nick, whose maddening attention to detail drove me to finally master the craft of academic prose, inspired me to embark on prison health research since my MSc Public Health between 2014 and 2017. And a special thanks to Christina for her selfless time and care—from endless free lunches and coffees and conversations about prison abolitionism to enabling me to secure a book contract with Routledge Criminology and a lectureship post at the School for Policy Studies, University of Bristol. Your tireless work commenting on my chapters past midnight and on

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My deep appreciation goes to all 87 research participants of this study. Each of you generously spent your time with me talking about my research—either in the snowy city of Vienna or at the Victorian prison in the North East of England. Thank you for teaching me something new about the prison health field and for welcoming me as part of your community. The level of perseverance and resilience that you demonstrated—behind closed doors, away from the public spotlight, and in a system that continues to deteriorate—continued to amaze me.

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Last but not least, I thank my family in both Malaysia and the UK. They had to grudgingly learn to accept my three-year doctorate journey and still provide me with support, day after day. My gratitude for them can hardly be expressed in words.

I dedicate this thesis to my parents and, in particular, my mother, who single-handedly raised us after my father passed away. Thank you for the blessing for me to complete this doctorate and achieve the highest education level possible, despite not having the opportunity to go to university yourself. Even though you do not understand English—“I do not understand a word of your work”—you always cheerlead my work every time I sent you a copy of my publications or mention my achievement to others.

I hope that one day, this story will be an inspiration to someone in the small village where I come from; there is a world out there to be explored, beyond the “9am to 2pm job” and “a small business”, and that it is possible to work the way out of poverty and crime environment through education.

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List of Acronyms

BME	Black and Minority Ethnic
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
ECHR	European Court of Human Rights
ESRC	Economic and Social Research Council
GDP	Gross Domestic Product
GDPR	General Data Protection Regulation
GPs	General Practitioners
HMIP	Her Majesty's Inspectorate of Prison
HMPPS	Her Majesty's Prison & Probation Service (2017 – Present)
IMBs	Independent Monitoring Boards
IMF	International Monetary Fund
LGBT	Lesbian, Gay, Bisexual, and Transgender
NAO	National Audit Office
NHS England	National Health Service England

NOMS	National Offender Management Service (2004 – 2017)
NPM	UK National Preventive Mechanism
OECD	Organisation for Economic Co-operation and Development
OPCAT	Optional Protocol to the Convention against Torture
PGA	Prison Governors' Association
PHE	Public Health England
POA	Prison Officers' Association
PPO	Prisons & Probation Ombudsman
PSO	Prison Service Orders
WHO	World Health Organization
UN	United Nations

Chapter 1: Introduction

Introduction

In 1848, Rudolf Carl Virchow, a pathologist who reported on the typhus epidemic in Silesia (in the region that is now part of Poland), observed how people oppressed by the aristocracy silently died of starvation (Virchow, 1848). While the epidemic ravaged the poor and vulnerable population, the aristocrats indulged in material luxuries and simultaneously increased the power of the courts and the army to protect their authority (ibid.). The civil servants merely acquiesced to the government's directives (ibid.). Only when the press continually published the details of the hunger-typhus epidemic did government ministries order an in-depth review of the situation, with public condemnations that political and economic reforms were critical to tackling the burgeoning outbreak (ibid.).

A somewhat parallel situation exists in the United Kingdom today. Following implementation of austerity for over ten years, inequalities are burgeoning: the rich get richer, and the poorer get poorer (Harvey, 2010; Milne, 2014; Office for National Statistics, 2021a; United Nations [UN] General Assembly, 2019). Austerity removes social protection—a key feature of the welfare state—and the poor become further marginalised and excluded, and some are eventually pushed into the criminal justice system (Wacquant, 2000). The cycle of punishment is perpetuated in prisons, where individuals continue to be treated poorly (HM Inspectorate of Prisons [HMIP], 2020). Additionally, in the community, both police powers and the number of prison places have increased following a growing trend of populism and a penal environment since the mid-1970s (Hall, 1978; Hall, 2011; Newburn, 2007; Nozick, 1974). Despite continual raillery against conditions in prisons and communities (House of Commons Justice Committee, 2019a), a paradigm shift in political power has yet to occur.

Austerity is perceived as both a political ideology and a political outcome. Defined as a form of voluntary deflation via a reduction in government borrowing, austerity requires deep cuts in public expenditures to stimulate economic growth (Ortiz et al., 2011). Beyond the falling budgets, its implementation is redolent of the chasm between the desire to uphold austerity—branded as "economic efficiency"—and an ideological programme aimed at dismantling social structures, a programme that has been built upon economic fallacies (Krugman, 2012; Wren-Lewis, 2016). Indeed, austerity reflects an embrace of neoliberalism: a policy of state that restructures processes organised by the logic of supposed economic efficiency, minimal state intervention, and a preference for individual rather than collective rights (Harvey, 2010). As argued by Farnsworth and Irving (2018), operationalising 'austerity' over 'neoliberalism' is strategic, as the former appears more definitive and more pragmatic than the latter, as well as free from any ideological response to the specific 'problem' of government debt. These working definitions of austerity and neoliberalism are further elaborated in the Literature Review chapters.

Austerity has had a profound impact on health outcomes. Circa 130,000 preventable deaths in the general population of the United Kingdom have been attributed to it (Institute for Public Policy Research, 2019). Early research on austerity examined how high-risk groups, such as migrants and the homeless, are particularly vulnerable to financial cuts in services and benefits in silos (Suhrcke et al., 2011). Substantial evidence suggests that spending cuts to public services have compounded the multidimensional nature of inequalities that cut across various minority groups, including women, Black and Minority Ethnic (BME), disabled, and lesbian, gay, bisexual and transgender (LGBT) communities (Cross, 2013; De Henau and Reed, 2016; Khan, 2015; Westwood, 2016). Research regarding the impacts of austerity on the governance and delivery structure of public sector services, however, remains sparse. The studies that do exist focus on organisations, such as UK local authorities and the NHS, and how these services underwent a structural reconfiguration, scaled back their operations, and contracted out their services (Heald and Steel, 2018; Lowndes and Pratchett, 2012; McEldowney, 2016; Taylor-Gooby and Stoker, 2011).

There is consensus on the harmful effects of austerity on the population's health and the governance and delivery structure that seek to improve it (Heald and Steel, 2018; McEldowney, 2016; Taylor-Gooby, 2012). However, the governance of prison health and the delivery of prison healthcare services in England have not been systematically researched. Without such efforts, there is a risk of failing to understand adequately how austerity has shaped the governance and delivery of health in prisons, inimically affected the service delivery of the prison healthcare services, and contextualised how demolishing the health system's structure punishes prisoners beyond the loss of liberty.

Over the last decade, media and official publications have highlighted the crisis facing the English prison system[1] (European Prison Observatory, 2013; Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment [CPT], 2017; HMIP, 2020). To rectify the adverse situation, uncovering the role that the austerity programme has played in that crisis and, ultimately, describing the effects of austerity on prison health governance and the delivery of prison healthcare services within a broader construct of politically-determined health- and location-based inequalities is critical. Politics and places matter for health, but health also matters for politics and places, particularly when there is a mutually reinforcing and reciprocal relationship between place and structure (Dorling, 2013).

This thesis critically examines how the 10-year-long austerity policy has impeded governance and delivery systems of healthcare in English prisons. It does so using neoliberalism as a political construct that valorises policies of 'rolling back' and 'rolling out', hegemonic programmes (dominance of class power by the elites), and governmentality (Ward and England, 2007). In other words, it demonstrates how

[1] The United Kingdom is made up of England, Scotland, Wales and Northern Ireland. The focus of this thesis will be on the prison health governance and delivery of prison healthcare services in England.

austerity has been implemented as a political ideology rather than a policy based on evidence. Its execution has not only led to ballooning debt in the decade after its implementation but also a deteriorated prison health system. In addition, the policy has perpetuated a cycle of punishment that has led to sicker prisoners and high rates of reoffending and violated prisoners' human rights (CPT, 2020a; Ministry of Justice, 2020e; Ministry of Justice, 2020f; Wacquant, 2010).

This thesis is a large, qualitative study of prison health drawing on data from 87 prison and prison health experts, including policymakers, prison governors and officers, and healthcare service providers at the international, national, and local levels of governance. Grounded in the domains of public health and criminology, this study offers sophisticated and complex investigations through a variety of disciplinary lenses—sociology, law, social policy, politics, and economics—to generate coherent debates and deliver improved outcomes to resolve today's multifaceted research problems.

This introductory chapter establishes the aims of the research and the research questions. It also explains the rationale for conducting the study and outlines the structure and content of the remainder of the thesis.

1.1 Research aims and questions

The aim of this thesis is to explore the impacts of austerity on prison health governance and delivery of healthcare across prisons in England from the perspectives of 87 research participants from key organisations relevant to prison work at the international level (e.g., the UN, the World Health Organization [WHO], and the Council of Europe), the national level (e.g., HM Prison & Probation Service [HMPPS], NHS England, and Public Health England [PHE]), prison establishments (i.e., high, medium, open, resettlement, and private prisons), and voluntary sector representatives at the national and regional levels. It is operationalised via seven main strands.

First, by operationalising the construct of neoliberalism, austerity is revealed to be a vehicle justifying scaling down public sector services (including prisons) as part of the deficit reduction programme and privatisation of prisons and healthcare services. Second, this thesis seeks to articulate the deterioration to the governance and delivery of healthcare services across English prisons, as well as the supportive prison regime. Third, it examines how austerity and the broader neoliberalism framework underscore prison rehabilitation from the prism of punishment. Fourth, the thesis demonstrates how adoption of a tough-on-crime stance and, simultaneously, the withdrawal of community services for vulnerable individuals, impacts prison operations and provisions for prison healthcare services. Fifth, it investigates political responses to the system's instability, especially when they merely hew to the politics of neoliberalism. Sixth, the thesis assesses the effectiveness of scrutiny mechanisms in reducing the effects of austerity on the governance and delivery of health across

prisons in England. Finally, it explores potential solutions that can serve as an antidote to the austerity programme implemented over the last decade.

The main research question underpinning this study is the following: How does austerity impact prison health governance and healthcare delivery in England? The following subsidiary research questions used with the research participants are as follows:

1. In what ways have austerity been mobilised as a vehicle to strengthen neoliberal constructs that impact prison health governance and the delivery of prison healthcare services in England?

2. How is austerity manifested upon prison healthcare governance and healthcare delivery, as well as the supportive prison regime?

3. How has the top-down control of the prison service affected prison health governance and the delivery of healthcare across English prisons?

4. To what extent did longstanding issues of English prisons impact prison health governance and delivery of healthcare, as well as the broader prison regime, once austerity was put into place in 2010?

5. What has been the government's response to the ongoing instability since 2010?

6. In what ways do the scrutiny mechanisms of prisons mediate the impact of austerity on the prison health governance and the delivery of healthcare in English prisons?

7. What are the policy solutions to address the impact of austerity on prison health and the delivery of prison healthcare in England?

This thesis focuses on the impact of the austerity measures on the prison health system, institutions, policies, financing, service delivery, and monitoring, rather than the health outcomes of prisoners per se. The term 'prison' refers to institutions that hold people aged 18 years and older who have been sentenced to a period of imprisonment by the courts for offences against the criminal law.[2] This research explicitly focuses on prisons in England, as prisons situated in the devolved administrations of Wales, Scotland, and Northern Ireland are subject to different

[2] The analysis excludes other locations that deprive people of their liberty, including police cells, youth offender institutions, military detention centres, immigration removal centres, and mental health institutions. Likewise, the study does not address prisoners who have been released and monitored by the National Probation Service, as they are subjected to a different monitoring system and health setting.

policy responses and enforcement and utilise a different health system (HMPPS, 2017a).

1.2 Thesis structure

The structure of the thesis is divided into chapters. Chapter 2 reviews critical social sciences literature that demonstrates how the UK's Conservative politicians have conceptualised the notion of austerity since 2010. It appraises the extant literature that illustrates how politicians have created this crisis—in which its history is traceable as far back as 1980s during the Thatcherism era—and how they have resorted to neoliberal adjustments as solutions (Gamble, 2014). This analysis is underscored by the latest Gross Domestic Products (GDP) and the debt-to-GDP ratio data.

Chapter 3 introduces the drivers of prison health governance and delivery in England. It initially outlines several definitions and theories of governance before analysing the structure, process, and prison and prison healthcare actors. Building on the critical realist theory of governance that theorises how the central government maintains a firm grip on hierarchical coordination (Marsh, 2011), it then highlights the peculiarity of prison healthcare and prison service in England—specifically in cases where the state dictates the minutiae of service delivery. This chapter explores how the health system is shaped by the government's structured, top-down, and command-and-control approach.

Additionally, drawing upon the principle of less eligibility (Sim, 2009) within a regime of efficiency, value for money, and performance monitoring (Loader and Sparks, 2002), this chapter locates the role of health within a structure that prioritises punishment. The chapter also reflects on the vulnerability of a prison health governance system that has been continually subjected to myriad political interference and increasing privatisation, thus vitiating the potential for sustainable health gains in this setting. It then examines literature that illustrates the effectiveness of the monitoring structure of both prison and prison healthcare services in addressing the systemic instability.

Chapter 4 completes the literature review section of the thesis. It draws upon the work of Wacquant (2009) concerning a 'centaur state', Goffman's (1961) theory of importation, and Sykes' (1958) theory of deprivation to articulate how prisons do not account for the needs of these populations. The chapter argues that prisoners' poor health is the by-product of their experiences prior to entering incarceration and that inattention to their health needs during incarceration further perpetuates the cycle of exclusion and marginalisation. It promulgates how the prevailing neoliberalism limits political possibilities for reducing health inequalities among prisoners and the wider population, as well as causing human rights violations.

Academic research is often narrated in a uniform, linear process, whereas history rarely unfolds so neatly. In ensuring the transparency of this research's research methodology, Chapter 5 details how grounded theory methodology was operationalised over the 13-month period of fieldwork. It justifies the methodological position undertaken and the use of constructivist grounded theory to answer the research questions. It provides a detailed description of the recruitment of 87 participants. Challenges related to recruitment, as well as to the analysis of 1,474 pages and 689,664 narrative texts conducted via NVivo, the process of establishing credibility of the thesis findings (i.e., via data triangulation, member checks, and peer debriefing), and maintenance of ethical conduct are described. Finally, the chapter ends with a reflexive conclusion.

The findings of this study are presented in five chapters. Chapter 6 begins by outlining how the research participants made sense of austerity across various levels of governance. Based on the Benchmarking programme of the Ministry of Justice in 2012 that executed the government's reductions on prison spending (House of Commons Justice Committee, 2012), it reports participants' perspectives on the government's justification for the imposition of austerity on prison health.

Chapter 7 discusses participants' accounts of deterioration in the governance and delivery of prison health—such as longer waits, insufficient consultation time, and frequent cancellation or postponement of appointments—that stems from austerity. In some cases, prisoner complaints were so severe that participants' narratives averred that a lack of access to healthcare has increased prisoners' disability and mortality. Additionally, participants descanted on the progressively harmful living conditions where prisoners spent more than 14 hours daily in unhygienic and overcrowded cells, thus triggering boredom and restlessness and contributing to unprecedented spikes (albeit underreported) in self-harm, assault, and self-inflicted death (Ministry of Justice, 2019b). As such, this chapter describes how imprisonment became a double punishment and double deprivation for prisoners. Rather than presenting a uniform trend, however, this chapter illustrates participants' varying views of how different prison establishments suffered financial cuts disproportionately to others.

Additionally, this chapter illustrates the difficulties staff face in stemming the flow of psychoactive substances, which have been linked to increases in organised crime and prison gangs operating both within and beyond prison walls. This chapter examines how these criminal groups not only impair prisoner health (by, say, intimidating vulnerable prisoners into buying drugs from them) but also create and administer their own forms of prison governance. This phenomenon is linked to Habermas's (1973) theory of the legitimation crisis of prisons. This chapter also details participants' observations on the challenges in commissioning and delivering healthcare services across English prisons, as well as the increasing privatisation of

whole prisons and their services—including healthcare—as part of the ongoing neoliberal programme.

Chapter 8 underscores background issues that have intensified governance and delivery of prison healthcare across English prisons. This chapter articulates how the diminishing social and welfare services in the deprived areas across England, as well as links between austerity and the shift of deindustrialisation, operate as a form of disadvantage. Participants mentioned that this situation has ensured—despite their not being equipped to do so—that prisons have become first responders when community provisions are no longer available to numerous vulnerable individuals from these communities. These phenomena are against the backdrop of such longstanding issues as a poor prison environment, harsher sentencing practices, and volatile political prison leadership.

Chapter 9 examines participants' reactions to the government's policy responses to prison instability, particularly as they pertain to the nationwide recruitment campaign for new prison officers since 2016. This chapter also highlights participants' views on inherent failures in prison oversight mechanisms and how those failures helped create the space and conditions for the deep-seated crisis that austerity continually inflicts on prison structure. It will also explore participants' responses to third sector organisations that often fill advocacy gaps. As discussed in this chapter, these organisations have absorbed neoliberal logic and failed to challenge austerity measures so as to maintain their government funding. This chapter concludes with reasons why nearly all participants were sceptical about the Treasury's announcements in 2019 that austerity was ending—especially given the backdrop of Brexit (at the time of interviews), which has been predicted to perpetuate the decline in the UK's economic growth.

Aiming at theorising political and social impacts and proposing requisite specific policymaking efforts, Chapter 10 considers several distinct measures to undo the effects of austerity on prison health. Following participants' remarks, these recommendations include improving the public's political literacy to expose a fiscal crisis that does not exist in the first place, as well as nudging the political direction towards increased resources for prisons and the community via tax increases for profitable corporations and wealthy individuals. In parallel, reducing the prison population, attaching augmented accountability for programmes to the relevant ministers, and encouraging prisoners to initiate civil and criminal litigations against the government are suggested to accelerate reversing the impacts of austerity on prisoners and the prison health system.

Chapter 11 juxtaposes the findings with extant theories and literature on austerity and neoliberalism, prison health and healthcare, and prison governance structures. Based on participants' viewpoints, it articulates the central argument of this thesis: austerity unravels a series of six political paradoxes that have shaped and constrained prison health governance and delivery of quality prison healthcare in

England. These paradoxes include the following: i) austerity's putative imperativeness; ii) conceptualisation of prison health from the prism of punishment; iii) stability of command-and-control governance of English prisons; iv) political rhetoric of tough on crime and 'we are all in this together'; v) government responses to instil prison stability; and vi) scrutiny organisations' continual monitoring. It concludes by discussing the applied implications for prison health governance and healthcare delivery and the supportive prison regime and structure.

Chapter 12 concludes the thesis. Empirically, it reinforces the arguments that both austerity and imprisonment have failed to deliver their stated objectives in reducing the burgeoning national debt and improving prisoner rehabilitation, respectively. Yet, after over a decade of failures, the combination of austerity and imprisonment remains the government's seeming juggernaut—continuing to produce the same result—with marked political reluctance to dispense with these policies. These adverse dynamics are occurring against a potential backdrop of a creeping recession following Brexit and the global COVID-19 pandemic. Theoretically, the thesis brings together the major themes that reiterate the paradoxes of austerity, imprisonment, and the structure of governance of prisons and prison health. Methodologically, it illustrates the mechanics of conducting a large-scale, interdisciplinary qualitative study, which fulfils the sparsity of 'studying up' research in the prison health field and improves rigour in analysing enormous amounts of qualitative data. Finally, for policy contribution, this thesis argues for implementing tracking mechanisms to ensure that the recommendations from the prison oversight bodies, as well as justice ministers' political promises, are properly executed. The chapter (and thesis) concludes with an assessment of the strengths and limitations of the study.

Literature Review

Introduction

Although the first prison was established in the UK in the late 19th century, scholars did not focus much attention on prison and prison health until a century later. Because the aim of this thesis is to understand the impact of austerity on the prison health governance and delivery in England, an in-depth analysis of the current prison healthcare governance and delivery is thus contextualised within the backdrop of existing understanding of the political economy of neoliberalism.

Considering how austerity has been operationalised as a vehicle to strengthen neoliberalism, this literature review illustrates the framing of austerity as a political, rather than an economic, choice. Beyond the projection of cost reductions on public sector services, including prisons, the review demonstrates a longer-term welfare state restructuring in the context of preference for punishment over rehabilitation. These analyses are critical to providing the context for how prison healthcare delivery is mobilised within a prevailing neoliberal framework that limits political possibilities for reducing health inequalities among prisoners and the wider population, as well as creates human rights violations.

Prior to describing how the 87 study participants perceive austerity's impact on prison governance and delivery of prison healthcare in England, reviewing germane literature on the foregoing topics is important. Doing so will afford construction of the theoretical and conceptual undergirding of the thesis. Although the literature review chiefly focuses on the context in England, where appropriate, it draws on theoretical and empirical work from other geographical areas.

The literature review initially investigates the development of austerity since 2010, centring on the welfare state and prisons (Chapter 2). It demonstrates how austerity became an organising concept within wider English society. Although extant work illuminates how political and social actors have mobilised austerity as a political and social agenda in the UK, the literature insufficiently contextualises austerity's impact on prison health governance and delivery in England—a gap that will form the theoretical rationale of the present study.

The review elucidates the historical and current arrangements for prisons and prison health governance and delivery in England (Chapter 3). It considers the present challenges that a neoliberal ideology presents—for instance, the prioritisation of punishment over rehabilitation and a preference for service privatisation that may derail health.

Finally, this review appraises the current state of health across English prisons (Chapter 4). Coalescing epidemiological and sociological underpinnings of ill-health across these institutions are theorised. It concludes by examining the decline in

health conditions in prisons during the austerity time post-2010 and government responses to the declension that cohere with prevailing neoliberal values.

Chapter 2: The spell of neoliberalism and austerity

Introduction

Despite well-publicised evidence on the effects of austerity on the general population's health, research has not systematically contextualised the impact of austerity on prisoner health and well-being in England. This chapter initially provides a historical account of neoliberalism, which has provided a template for introducing and sustaining austerity as UK government policy since 2010. It subsequently reviews how austerity has been framed as a political choice rather than as an evidence-based one. Then an assessment of the consequences of austerity on prisons and prison healthcare services is offered. Beyond the immediate financial reduction in these services, the review infers a longer-term welfare state restructuring in the context of an increasing level of punitiveness and a tougher stance on crime.

2.1 A history of neoliberalism

According to Harvey (2005), neoliberals support the restoration of elite power based on class privilege, which they argue was undermined by the redistribution of wealth and income following World War II. Doing so exacerbates the inequality gap as wealth and income concentrate on the selective few (Piketty and Sanchez, 2014). Ward and England (2007) have identified four taxonomies of neoliberalism: (1) neoliberalism as a hegemonic ideological project; (2) neoliberalism as a policy and programme; (3) neoliberalism as a state form: the 'rolling back' and 'rolling out' of state formations in the name of reform; and (4) neoliberalism as a governmentality: the ways in which the relations among and between peoples and things are reimagined, reinterpreted, and reassembled to effect governing at a distance. This chapter will critically explore these dynamics. As Dardot and Laval (2013) and Peck (2015) note, neoliberal manifestations are best considered not as unconnected phenomena but as elements of a complicated but coherent political project.

The provenance of today's neoliberal economics in the UK can be traced to Adam Smith's *The Wealth of Nations* (1976). The tome discoursed on the rights of free individuals to accumulate wealth and safeguard their own property interests. Smith (1976) proposed that government should play a minimal role in economic matters to allow trade to flourish. In the 19th century, industrialisation and the rise of manufacturing ensued, with the advent of waged labour, a factory system, free trade, and urbanisation dovetailing the revolution as the UK became 'the workshop of the world' (Hall, 2011, p.709).

For almost 200 years, the UK government internalised the mindset of liberal economics through the rise of mass production, a large consumer market, and mass media (Hall, 2011). However, post-World War II, societal movements based on collectivism, solidarity, and trust became fashionable (Taylor-Gooby and Leruth,

2018). Britain embraced Keynesian economics, resulting in more than a third of the country's GDP being redistributed to ensure acceptable standards in public services, promote greater social equality, provide benefits to those outside the labour market, and develop community infrastructure (Sen, 1977). This was the period in which the consensus of the welfare state took place—dubbed 'the golden age'—although neoliberal ideas were running in the background through the Walter Lippmann Colloquium, which began in 1938, and the Mont Pelerin Society, which began in 1947 (Barkan, 2000; Dardot and Laval, 2013). Keynes (1936) argued that the market had been left to its own devices for too long and that it did not show any signs of correcting its negative externalities: protracted unemployment, poverty, and health disparities. He called for counter-cyclical fiscal and monetary policies to address these externalities (Keynes, 1936).

Nationwide inflation in the mid-1970s terminated the Keynesian reformation. Austerity emerged as a crucial means of sustaining neoliberalism during this period. The New York financial crisis in the 1970s and the bankruptcy threat from Mexico in the 1980s led the IMF to bail out Mexico in a deal that would impose austerity on its citizens (Harvey, 2005). With the arrival of Margaret Thatcher, Ronald Reagan, and Helmut Kohl in 1979, 1981, and 1982, respectively, a reconstruction of the socio-economic landscape in the UK, United States, and Germany emerged. These efforts accorded with Friedrich von Hayek and Milton Friedman's work, which opposed Keynesian principles by espousing the self-regulating capacity of markets and scepticism of the state and collectivism (de Vogli, 2011; Martinez and Garcia, 1997).

Thatcher insinuated that neo-Keynesianism had created disastrous economic effects (Schmidt, 2002: 215; 2008). She averred that 'there is no alternative' policy (better known by its acronym, TINA) to monetarism, thus creating a narrative about the benefits of thrift and hard work and neoliberal policies to support them (ibid.). Her approach gained acclaim from right-wing commentators; they reasoned that going beyond a basic minimum in instituting collective responsibility would constitute interference with free markets (Amable, 2011). Murray (1984, p.9) argued that Keynesian economics had attempted "to provide for the poor and produced [poorer people] instead" and thus the UK had "tried to remove the barriers to escape from poverty and inadvertently built a trap".

Although different political parties have embraced alternative styles of political economics in the last three decades, neoliberalism remains in the background, which has transformed into different governing forms. Also, toughness on crime has been steadfast until it was superseded by events such as the global financial crisis and immigration (Hall, 2011). Unlike Thatcher's normative differentiation of 'the worthy poor' versus 'the feckless and the idle', Tony Blair's social-democratic legitimation underscored the need to create equal opportunities (Schmidt, 2002, p. 269). However, he emphasised that welfare would 'not [be] a hammock but a trampoline', and not a 'hand out but a hand up' (ibid.). The strong stance against crime continues

unabated and reinforces the political position that the poor require policing (Wacquant, 2012).

Simultaneous to the foregoing phenomena, law and order discourse had become increasingly dominant in the political process. Wacquant (2012, p. 242) argued that "welfare and criminal justice are two modalities of public policy towards the poor", with enhanced coherence of these two systems. To garner public support, politicians have used an emotional and punitive orientation to create a perpetual sense of crisis (Garland, 2001). In 1993, a bipartisan consensus emerged that was termed 'second order', with both major political parties embracing an augmented position on crime (Reiner, 2011). One consequence was increased public attention to criminal justice operations. Moreover, criminal justice gained considerable exposure in popular media and political discourse, which were fuelled by images of dangerous offenders and vulnerable victims, displaced elite, and professional expertise (Garland, 2001). That topic will be further analysed in Chapter 3 when describing the prison and prison healthcare governance. Parallel with Nozick's (1974) *Anarchy, State and Utopia*, the role of the state became to ensure that law and order was maintained; yet, other state interventions were viewed as either a restriction on individual liberty or interference in market operations.

The privatisation of public services, expansion of deregulation, reduction in taxes, and enhancement of labour market flexibility were common governmental efforts (Hall, 2011; Harvey, 2010). Neoliberalism has also provided a template for competitive globalisation, imposing sweeping programmes of state restructuring and rescaling across a wide range of national and local contexts (Peck and Tickell, 2012). Fine and Saad-Filho (2017) argued—albeit in sharply dissimilar and logically incompatible ways—that differently endowed, property-owning individuals exchanging goods, services, and information in minimally regulated markets constitute the most desirable form of allocating resources and should prevail over an interventionist role of the state and democratic processes. Borrowing Hayek's (quoted in Peck, 2010, p.18) reference to neoliberalism as the "flexible credo", it is a project that has been realised through a somewhat improvised, often experimental, and shape-shifting repertoire of pro-market programmes, projects, and power plays.

Prioritising short-term economic efficiency limits political possibilities for reducing health inequalities, as well as causes human rights violations. Polanyi (1944) warned that allowing the market mechanism to be the sole arbiter of the fate of human beings would lead to society's downfall, as governments would become insensitive to the day-to-day predicament of society's members. The extreme austerity measures that the IMF and World Bank impose on countries receiving funds in a financial bailout leads debtors to deregulate capital markets, privatise economic activity, relax foreign investment, and reduce social spending (Hart-Landsberg, 2006). These two financial organisations in fact depict human rights concerns as beyond the scope of the implementation of the fiscal regime. Specifically, they

conceive that such issues are subject to cost-benefit analysis and the potential cost of trying to reconcile seemingly incommensurable values (Kennedy, 2005; Sarfaty, 2012). Discussions about marginalised and vulnerable populations, prisoners included, are thus excluded from economic consideration.

2.2 The 2007-2008 global economic crisis and austerity in the UK

The insolvency of the Northern Rock Bank in 2007 was part of a cascade of events that led to a global financial crisis (Basu, 2017). The collapse of Lehman Brothers, dovetailing with the financial deceit in the US mortgage market, grew into a global economic recession (Bermeo and Pontusson, 2012; Gamble, 2009). The UK bank bailouts of 2008 followed, and the UK officially entered a recession (Basu, 2017), engendering an annual financial gap in the state finance of £35bn per year for the UK government (Farnsworth, 2018).

The Coalition Government embraced austerity shortly after it entered office in May 2010. Although the UK was not a member of the Eurozone, the then-Chancellor of the Exchequer, George Osborne, imposed severe fiscal reductions, similar to what the European Commission, the European Central Bank, and the IMF ('the Troika') inflicted on Greece, Ireland, and Portugal as part of their bailout conditions (Gamble, 2014; Schrecker, 2016). These cuts' immediate objective was to reduce costs; hence, the budgetary deficit (HM Treasury, 2010).

The government justified reductions in public sector spending as a means to secure deficit reduction in the short term and maintain confidence in the country's financial market in the long term (Dorling, 2016; Gamble, 2014). The chancellor set a goal of achieving a ratio of public spending to GDP of 41% by 2015 (Gamble, 2014). Spending cuts imposed by the government were part of its strategy to restore the economy to an equilibrium (Blyth, 2013). The Coalition Government exacted large spending cuts for public programmes, claiming that they would create an acceptable equilibrium (Gamble, 2014). In this "rolling back [of] the state" (Taylor-Gooby and Stoker, 2011, p.14), the government sought to appease financial markets by decreasing public sector spending without raising taxes to meet the burgeoning deficits created by the bailout of the banking sector; such efforts were designed to allow the government to continue borrowing at reasonable interest rates (Gamble, 2014; Midgley, 2014).

The definitions of 'austerity' have evolved, with some early definitions developed around the concept of financial cuts. Defined as extreme retrenchment in public expenditure (Ortiz et al., 2011), austerity reflects a form of voluntary deflation via a reduction in government borrowing that requires deep cuts in public expenditures. It tends to be implemented with the claim that such efforts will have the positive effects of rebalancing the economy and regaining economic dynamism and competitiveness (Anderson and Minneman, 2014; Bramall, 2013; Fontana and Sawyer, 2011; Schui, 2015). This definition is built on the theory of expansionary fiscal contraction, which

argues that a decrease in state spending will stimulate economic growth (Dellepiane-Avellaneda, 2015)—reasoning which the UK government adopted.

Beyond financial cuts, economists and political scientists have gone a step further by arguing that austerity is ideological, as its implementation will likely have a far-reaching impact on the population. Wren-Lewis (2016) argued that austerity measures have gone beyond balancing the books; instead, they have become an ideological project built upon deceit. For Clough (2018), austerity is a disingenuous word for promoting government rhetoric to the effect that there is no alternative—similar to Thatcher's slogan in the 1970s. Blyth (2013) argued that such measures induced a reduction in wages, prices, and public spending, and that austerity measures actually increased government debt and deficits (Blyth, 2013). Krugman (2012, p. A27) has asserted, 'the austerity drive is not really about debt and deficits at all; it is about using deficit panic as an excuse to dismantle social programs […] [E]conomic recovery was never the point; the drive for austerity [is] about using the crisis, not solving it'. This thesis adopts these critical definitions of austerity and considers how austerity has been depicted as a political choice rather than an economic imperative.

Additionally, scholars have distinguished the existing implementation of austerity post-2008 financial crisis—termed as 'neo-austerity'—from the forms of austerity in the previous decades (Farnsworth and Irving, 2018). While all phases of austerity characterise debt as a problem and claim state expenditure cuts are the solution, the 'socialised austerity' of 1945–1951 (Hill, 2015, p.50) was mainly focused on consumer restraint to support civic investment, and the 'permanent austerity' of the 1980s and 1990s—despite its legacy for welfare relations—did not prompt the political immobilisation required to reverse welfare expansion (Pierson, 1998).

Nevertheless, neo-austerity after the 2008 crisis exploited political opportunities in three ways: i) its proponents used the post-crisis public debt narrative as a definitive and pragmatic economic truth to question the welfare state's affordability; ii) neo-austerity reconditioned social welfare expectations to the minimum, diminishing the solidarity that characterised post-war welfare state-building; and iii) it supported the contradiction that despite restricting public spending to prevent accumulation of national deficits, austerity enables social policy measures to support and promote private sector interests (Davies, 2016; Farnsworth and Irving, 2018; McBride and Mitrea, 2017). These dynamics will be critically explored in this thesis.

2.3 Austerity as a political choice

Scholars have questioned the durability of the macroeconomic policy of austerity from its inception (Blyth, 2013; Gamble, 2009; Gamble, 2014). Nonetheless, the errors and ultimately disproven claims of some economists—misinterpretation of public debt and claims without evidence that the global recession overwhelmed the government—actuated the policy to some extent at its advent. Ultimately, these errors seemingly facilitated its retention. Given this, austerity was clearly a political choice: within 10 years of its launch, it had no credible economic support.

2.3.1 Misinterpretation of the impact of public debt

The United Kingdom was among very few major industrialised countries that increased public expenditures in the decade before the economic crisis (Shaoul, 2011; Streeck and Mertens, 2013). Conservative politicians in 2010 described the UK's 90% debt-to-GDP ratio as alarming, although other countries—such as Japan—had ratios as high as 240% (Konzelmann and Fovargue-Davies, 2019).

Three events fostered misinterpretations of public debt and facilitated the turn towards austerity. First, economists exposited that high levels of debt could trigger economic sluggishness and unsustainable debt repayments (Reinhart and Rogoff, 2010). However, Blyth (2013) debunked this myth by showing that the forecast that had driven this belief was based on coding errors, selective exclusion of available data, and unconventional weighting of summary statistics. Second, European politicians began describing private household debt and public debt as analogous (Blyth, 2013). For example, Angela Merkel famously proclaimed that 'the sustainable level of public debt was equivalent to that of private households' (Blyth, 2013). Blyth (2013) and later on, Stiglitz (2014) and Weeks (2019) discredited such false comparisons, which posited that if the government desisted from excessive borrowing and concomitant spending, the economy would shrink from a lack of demand for goods and services. Instead, a liquidity-trap recession—when interest rates approach zero, and the economy remains in a recession—could occur (Blyth, 2013; Stiglitz, 2014).

This, then, exposed the discrepancies that right-wing economists proposed. They propounded that a fiscal contraction would improve business confidence and consumer expectations (Alesina and Ardagna, 2010). Opting to address shortfalls by imposing a tax increase would be deeply recessionary in the short- and medium-terms, such economists claimed and would be ineffective in addressing burgeoning debts (Alesina et al., 2014).

Because the UK fiscal cuts have progressed since 2010, the negative effects have become increasingly clear. Indeed, examples from Romania, Estonia, Bulgaria, Latvia, and Lithuania showed that austerity measures coincided with increasing debt (Blyth, 2013). By 2020, austerity clearly had increased debt in the UK. The debt-to-GDP ratio rose from 74.7% in 2010—before the economy was feeling the impact of austerity—to 84.6% in 2020 (Office for National Statistics, 2021b). Nevertheless, as Hickel (2017, p. 156) argued, debt has been "a powerful mechanism for pushing neoliberalism around the world". The assertion is based on the claim that austerity would reduce national debt, thus justifying a fundamental shift in the size of many states with accompanying transfer of the burden to the public sector and its workforce (Blyth, 2013; Grimshaw, 2013; Taylor-Gooby, 2012). Reflecting the same disregard of the evidence, the coalition and subsequent Conservative governments have continued to blame the preceding Labour government for negligence with the public purse; they have positioned themselves as being serious about addressing

the fiscal deficit while ignoring germane support about how to accomplish it (Buller and James, 2012; Gamble, 2014; Hayton, 2014; Jabko, 2013).

2.3.2 The claim that the global recession overwhelmed the government

In 2007, Klein (2007) predicted that neoliberal politicians opposed to 'big government' would use the coming event—a global recession—as an opportunity to pursue their political objectives in a way that would otherwise not be possible. In so doing, they could make the case that there was no alternative. Asserting that the global recession overwhelmed the state's power to stabilise the national economy, with the Coalition Government began to mobilise such a claim as soon as it took office (Prime Minister's Office, 2013), bore out Klein's prediction.

Far earlier, Weiss (1987) had observed that governing institutions often overstate and overgeneralise the degree of state powerlessness and underplay their capacity for adaptability. Extant work (Nolan, 2015; Ortiz et al., 2011; Taylor-Gooby and Stoker, 2011) has suggested that claims made to justify austerity entailed such overstatements, thus further demonstrating that austerity was a political choice, not an economic necessity.

In imposing cuts, the government ignored valuable commentary from the IMF and Organisation for Economic Co-operation and Development (OECD). The former warned that "a budget cut equal to 1 percent of GDP typically reduces domestic demand by about 1 percent and raises the unemployment rate by 0.3 percentage points" (IMF, 2010). The latter said of the UK's rapid financial consolidation, that by constraining monetary policy, it was at risk "of adversely affecting the recovery" (OECD, 2011, p.227). Countries abandoning austerity and opting for fiscal stimulus—such as the United States and Iceland—witnessed a strong economic recovery, repaid their debts early, and improved their populations' health (Stuckler and Basu, 2013).

The UK government applied pre-emptive deflation as part of a domestic political manoeuvre, constructing a misleading political narrative (Gamble, 2014). It also underplayed the political aspect of neoliberalism and containing it within financial responses (Gamble, 2014). Yet, the economy has never returned to the low recession point of 2009 (OECD, 2018). This denouement signified how politicians created their own crisis and resorted to neoliberal adjustments as solutions. The discourse on the economic recovery evolved from managing the risks of financial institutions to curbing the expansive welfare state (Clarke and Newman, 2012).

Despite Osborne's promise of a turnaround by the end of Parliament 2015, six months prior to the dissolution of Parliament, the Conservative-led coalition released details of its plans to cut public expenditure to around 35% of GDP by 2018 (Farnsworth and Irving, 2015; Vina et al., 2013). Upon narrowly winning the general election in 2017, the Conservative government extended terminating the austerity

programme until 2022, contingent upon the date of the next general election (The Conservative and Unionist Party, 2017). Chancellor of Exchequer Philip Hammond announced in October 2018 that the era of austerity was ending; his successor, Sajid Javaid, repeated the claim eleven months later (HM Treasury, 2019b; HM Treasury, 2019c). These announcements demonstrated that austerity was a political choice rather than an economic requirement. The immediate impacts of austerity on the public sector, including on prisons and prison healthcare services, will be unpacked in the next section.

2.4 Impacts of austerity on the UK public sector services

Assessing the distributional impact of spending cuts on public services prior to their imposition would have been done with incertitude. The Treasury used this argument as a license to provide limited social impact analysis of the reduction in expenditures (HM Treasury, 2018; O'Dea and Preston, 2010). A decade on, as shown in Figures 2.1 and 2.2, spending on social protection by the UK is lower than the European average, and it spends slightly more than the European average on prisons (Eurostat, 2020). This trend typifies the punitiveness of neoliberal condition where the notion of law and order is maintained as welfare functions of the state decline (Wacquant, 2000).

Figure 2.1

Percentage of GDP spend on social protection by European Countries 2018

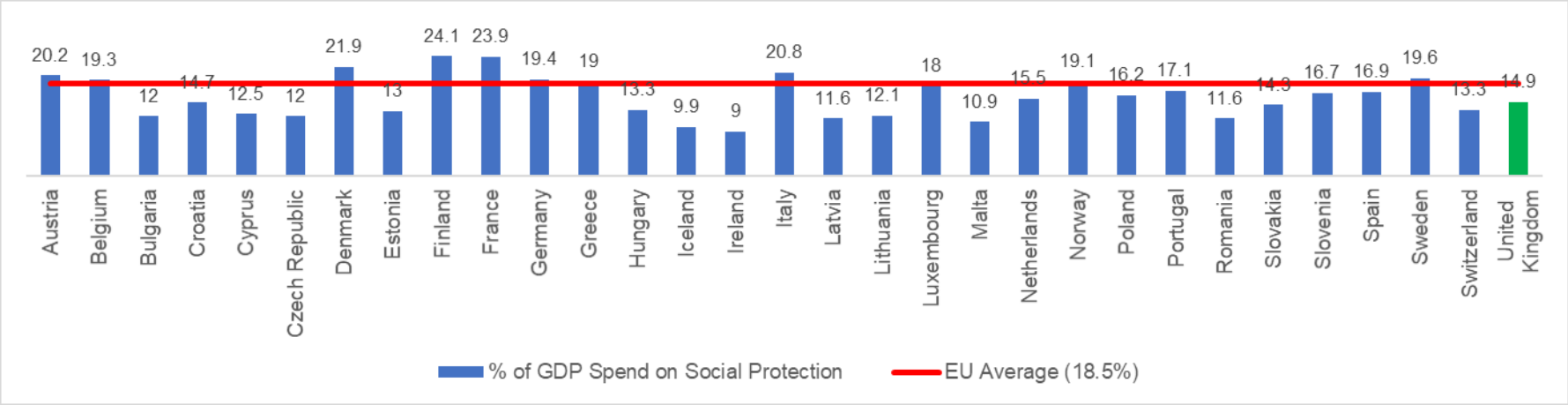
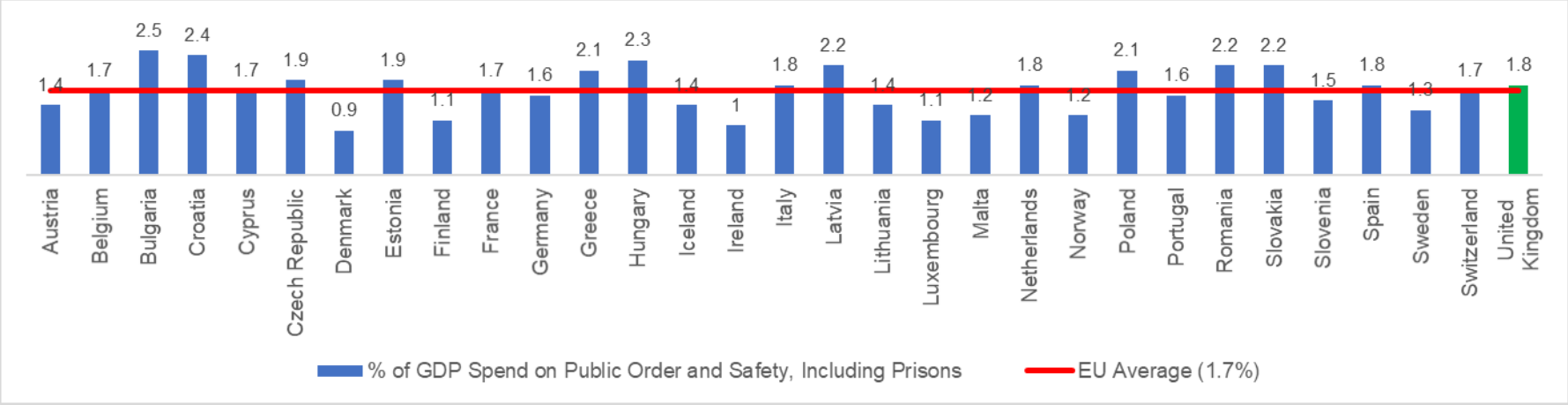


Figure 2.2

Percentage of GDP spend on prisons by European Countries 2018



Source: Eurostat, 2020.

Austerity has had immediate social and health consequences. It has increased material deprivation through spending cuts to social protection and other social services, including health systems. The Poverty and Social Exclusion (PSE) UK study revealed that austerity has increased poverty and inequality: one third of the UK population is estimated to suffer significant problems, and about a one-quarter have an unacceptably low standard of living (Gordon et al., 2013). Unprecedented reductions in income support for pensioners have led to an increase in the mortality rate among those aged 85 years and over (Loopstra et al., 2016). A decreasing safety net has led to an increase in suicides and in rates of depression (measured by prescription rates; Barr et al., 2015); these fraught outcomes are because austerity measures have impeded mental health provisions severely since 2010 (O'Hara, 2014). More recently, the UN special rapporteur on extreme poverty and human rights, Philip Alston, documented in November 2018 that, despite being the fifth largest economy in the world, the UK has 14 million people in poverty attendant with record levels of hunger, homelessness, and dependencies on food banks (UN General Assembly, 2019). These studies demonstrate the clash between efficiency, effectiveness, and equity, showing that people do not share the burden of austerity adjustment evenly.

Measures on income inequality—such as Gini Coefficient,[3] Palma Ratio,[4] Top 1% share,[5] S80/S20 ratio[6] and P90/P10[7] ratio—have pointed to an increase in income inequality between 2010 and 2020 (Office for National Statistics, 2021a) (Figure 2.3 below). Despite then-Prime Minister David Cameron's claim that 'we are all in this together' (Cameron, 2010a), selective austerity has protected high earners and major transnational corporations via tax reduction and systematic tax avoidance, but markedly disadvantaged those at the bottom of the income ladder (House of Commons Committee of Public Accounts, 2012).

[3] The Gini coefficient ranges between 0% and 100%. 0% indicates that income is shared equally among all households, and 100% indicates the extreme situation where one household accounts for all income. Therefore, the lower the value of the Gini coefficient, the more equally household income is distributed.

[4] The Palma ratio is the ratio of the income share of the richest 10% of individuals to that of the poorest 40% of individuals.

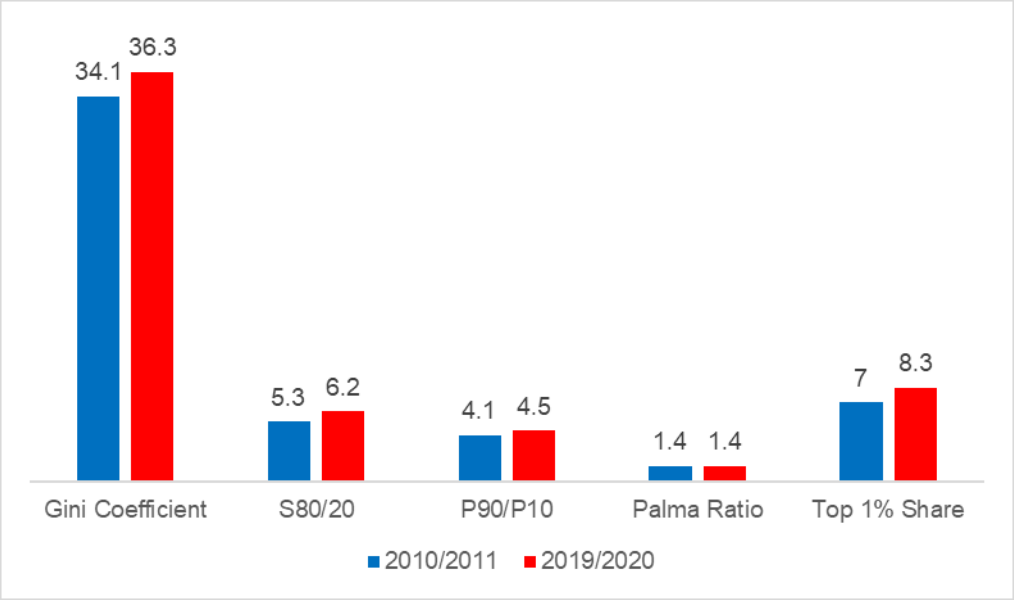
[5] Top 1% have incomes substantially higher than the rest of those in the top 10%. For the entire world, the top 1% earn 20% of the total income.

[6] The S80/S20 ratio refers to the ratio of the total income received by the richest 80% to the poorest 20% of people.

[7] The P90/P10 ratio is calculated as the ratio of incomes of the person at the 90th percentile to the person at the 10th percentile.

Figure 2.3

Income equality measures



Sources: Office for National Statistics (2021a)

2.5 Impacts of austerity cuts on prisons and prison healthcare services

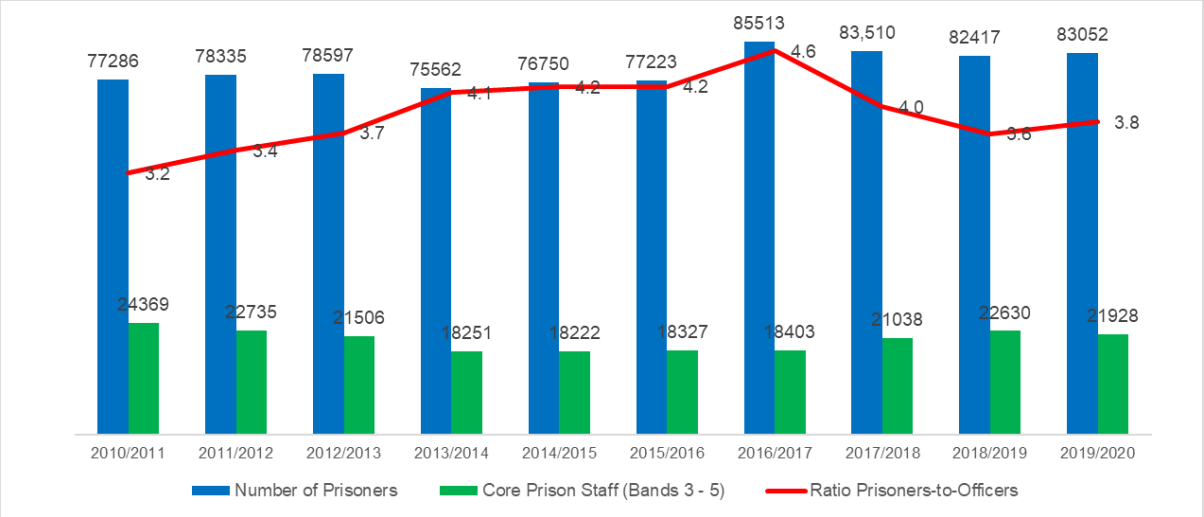
Day-to-day spending on prisons totalled £3.48 billion in 2009/2010; by 2015/16, it was 19% lower in real terms, at £2.3 billion (Institute for Government, 2019). This translated to a 30% decline in prison staff between 2009 and 2017 (CPT, 2017; National Audit Office [NAO], 2017). Despite some investments to reverse the spending fall in subsequent years, prison spending was still 14% lower in 2017/2018 compared to eight years earlier (Institute for Government, 2019).

A target was set for the HMPPS to deliver £900 million in savings by the end of 2015 without reducing the prison population (National Offender Management Service [NOMS], 2015). Pay structures for management and operational staff were scrutinised and consolidated, along with early retirement offers, redundancy, fixed-term contracts for the existing workforce, and introduction of new pay levels in line with market rates—which were often lower than existing staff salaries (House of Commons Justice Committee, 2015). Coterminously, structural measures were undertaken, consisting of a decrease in the number of headquarters and the closing of small and less cost-efficient prisons (ibid.).

Shown in Figure 2.4 is a consistent downward trajectory for the total number of core prison operational staff in England and Wales between 2012 and 2016. This declension created a severe staffing deficiency, with 3.8 prisoners for every staff member—fewer than one-half of the average number found in other European countries (European Public Service Union, 2016).

Figure 2.4

Number of core prison staff and prison population in England and Wales, 2010/2011 to 2019/2020



Source: Ministry of Justice (2020a, 2020g).

A recruitment campaign to increase the number of prison officers was part of the government's attempt to mitigate the increasing prison instability across England (Ministry of Justice, 2016). The campaign, which initially took place in 2017 and continued in 2018 and 2019, has not been enough to compensate for the contraction. The slight rise in staffing numbers reflects augmented reliance on inexperienced officers. A total of 2,640 frontline prison officers left the HMPPS in 2019, a 26% (n=552) increment in departures compared to 2018, thus reflecting an ongoing trajectory (CPT, 2017; HMPPS, 2019b). Short terms of service are also growing, as evidenced by a 38% departure of officers having served less than one year—compared to a 31% rate the previous year (HMPPS, 2019b). This phenomenon exacerbates the problem of inexperienced officers in the prison system.

Additionally, overcrowding and instability have persisted (CPT, 2017). Although remaining high, the rate of imprisonment has stabilised over the last decade. This is partly because the backlog of court cases (currently standing at 45,500 cases) has prevented a surge (Crest Advisory, 2020). However, given the political announcement of additional police resourcing, the extension of stop and search, and the review of sentencing for serious offenders, prisoner-to-prison officer ratio is likely to worsen (House of Lords Library Briefing, 2019).

Under the coalition and the subsequent Conservative governments, expenditures on the NHS have been relatively protected (HM Treasury, 2010). However, growth has not kept pace with the growth of the UK population. In 1979, NHS expanded by 3.8%, and in 2010, it grew only 1.1% (Marmot, 2017), a rate that has remained steady between 2009/10 and 2014/15 owing to funding constraints (New Economics Foundation, 2018). As the New Economics Foundation (2018) noted, this represents the slowest growth since the 1950s. Thus, NHS funding has decreased in real terms over this period (The Health Foundation, 2019).

The total spending for prison health by the NHS England was £400 million in 2016/2017, of which an estimated £150 million was spent on mental health services and substance misuse services (NAO, 2017). This plateaued funding was maintained throughout the austerity period (NAO, 2017), despite an increased burden of disease in the prison population (as is further explored in Chapter 4), and has placed a strain on the governance and delivery of prison healthcare in England. Although scholars have yet to theorise the extent to which these strains affect prison service operations, it is clear that spending cuts are not evenly distributed for prisons and prison healthcare. As Streeck and Mertens (2013) argue, austerity measures target mandatory spending, which is often derived from statutory obligations. NHS England spending appears to follow this terrain. In contrast, prison spending appears to have fallen under discretionary funding, which is the most common target of austerity cuts in the consolidation state (Streeck and Mertens, 2013; Streeck, 2014). The impact of austerity measures on prisons is linked to existing prison instability, a topic which is further explored in Chapter 4.

2.6 Punitiveness and tough-on-crime

Some right-wing scholars have argued that austerity resembles a typical economic downturn pattern (Bennhold, 2009; Konings, 2009; Thompson, 2013). Additionally, they have justified austerity measures on the grounds that the state should suffer the consequences of its financial mismanagement in preceding decades (Panitch and Konings, 2009). Nevertheless, the irony of austerity is enshrined in the fact that those who engineered or profited from asset bubbles do not bear the brunt of the resulting austerity; workers and the poor do (Callinicos, 2012). As Slobodian (2020, p.6) underscored, “if we place too much emphasis on the category of market fundamentalism, we will fail to notice that the real focus of neoliberal proposals is not on the market per se but on redesigning states, laws, and other institutions to protect the market”.

Beyond the economic argument, continual levels of punitiveness have re-emerged as a guiding social order. Neoliberalism and inequality tend to neutralise social solidarity and lead to disproportionate levels of punitiveness (Cavadino and Dignan, 2006; Wilkinson and Pickett, 2009). The high incidence of punishment-use corresponds with neoliberalism’s punitive nature (Rusche and Kirchheimer, 1939). Neoliberal societies are particularly prone to the culture of control (Garland, 2001);

its dominant penal ideology has a pronounced tendency towards social exclusion, exclusionary modes of punishment, and strengthening of the coercive arm of the state (Cavadino and Dignan, 2006). Given the increasing level of economic inequality, higher levels of punishment should not be surprising (ibid.).

This may well spark the return of the less-eligible doctrine; it suggests that prisoners should receive lower-quality healthcare treatment than the poorest members of society (Sim, 1990). This allows the state to relinquish its moral obligations (Judt, 2010; Pantazis, 2016), but more crucially, we face the issue that when the welfare state's main function withers, the penal state flourishes in its place (Wacquant, 2000). In this context, the prison system becomes a major provider of state welfare, healthcare, and educational services. This leads to structural injustice because state structures become corrupted and diverted from serving the public good (Arendt, 1958).

Moreover, politicians have engaged in an 'arms race' to convince voters that they are tough on crime (Lacey, 2008). Although a more populist and punitive penal environment can be traced to the mid-1970s, the decisive shift occurred in the early 1990s, when the main political parties vowed to be 'tough on crime' (Newburn, 2007). They used an emotional language of fear and anger to portray individual deficits requiring imprisonment (Sparks, 2007). Additionally, the state organises how politicians communicate and politicise risks (Malloch, 2000; Sparks, 2000; Thirlaway and Heggs, 2005). Hall (1978) argued that the exaggerated outburst of public concern over the morality and behaviour of society represented politicians' attempts to persuade the working class that they are serious about tackling crime and the causes of crime. A comprehensive survey of media coverage revealed that networks spotlighted the lenient treatment of prisoners by prison officers while ignoring unacceptable living conditions and human rights violations in prisons (European Prison Observatory, 2013). A 2019 Ipsos MORI poll revealed that only 17% of respondents considered crime and order to be important issues in the UK today, compared with the 25% who thought so in 2010—although there was a higher pre-2010 value (Ipsos Mori, 2015; Ipsos Mori, 2019).

Falling rates of recorded crime are claimed to be linked to the success of increased rates of imprisonment. This assertion accords with the erstwhile Conservative Home Secretary Michael Howard's classic argument that 'prison works' (Parliament UK, 1993). Civitas, a UK right-wing think tank, also claims that crime is falling because of the incapacitating effects of prisons (Green et al., 2003). The latest figures show that the overall crime rate fell by 4% between July 2019 and June 2020 (Office for National Statistics, 2020), although there has been an increase in the trajectory of violent and property crime that corresponds with the implementation of austerity since 2010 (Giulietti and McConnell, 2021; Kirchmaier, 2019; Walby et al., 2016).

However, only 32% of respondents to the nationwide Crime Survey for England and Wales believed that prison effectively punishes those guilty of crimes (Ministry of

Justice, 2015). Indeed, such beliefs accord with the high reoffending rate of 45% for all those released from custody and 61% of those serving a sentence of less than 12 months (Ministry of Justice, 2020d). As Wacquant (2010) argued, the government is more interested in preserving the social hierarchy than in addressing the root cause of criminality. Resorting to the prison apparatus in advanced societies is thus seemingly a result of political choices.

Summary

This chapter has reviewed germane extant work that broadly establishes connections between the fiscal consolidation arising from the government's austerity measures and the adverse impact on the population's health and well-being in the UK. The historical account of neoliberalism has provided a template for austerity to be operationalised by the government. The stance of being tough on crime and privatising of services over the past few decades have illustrated that the guiding norms of neoliberalism direct the current social order.

Although the implementation of austerity was initially claimed to reduce government deficits, evidence of misinterpretations of public debts and fallacies about the global recession reveals that austerity's implementation was ideological, not requisite. Beyond spending reductions on public sector services—including prison spending—the broader notion of neoliberalism decimated the welfare state's role and increased the level of punitiveness. Cumulatively, these undercurrents have deepened inequality, insecurity, and disparity in society. The impacts on prison healthcare governance and delivery, however, remain to be theorised.

The next chapter will discuss the governance and delivery structure of prisons and prison healthcare in England. The latter is highly dependent on the former. It will analyse the roles of networks and organisations involved in these governance structures, and then critique their effectiveness in governing, delivering and monitoring the prison healthcare services in England.

Chapter 3: The governance and delivery of prisons and prison healthcare services in England

Introduction

Existing literature tends to examine the governance of prisons and prison healthcare discretely. Yet, these governance structures are critical systems that dictate how prison healthcare delivery is mobilised within a neoliberal framework that predicates the entire operation of prisons in England.

This chapter establishes the historical and current arrangements for prisons and prison healthcare governance and delivery in England. It initially outlines the definitions and modes of governance before analysing the structure, process, and prison and prison healthcare actors by the HMPPS and NHS England, respectively. The chapter details a series of issues regarding impending political ideologies that closely resemble neoliberalism—such as punishment over rehabilitation and increased privatisation of both prisons and prison healthcare services. It does so by analysing the monitoring structure of both prison and prison healthcare services—both at the European and the UK level—as well as by governmental and intergovernmental bodies. To understand how austerity impacts prison health governance and healthcare delivery across English prisons, assessing how these structures function within a prevailing neoliberal structure is imperative.

3.1 Definition and modes of governance

Existing literature on ‘governance’ suggests that the concept is complex and multidimensional. Kooiman (2003) defined governance as a set of arrangements in which public and private actors aim to solve societal problems and phrase principles according to which these activities are undertaken. To various public administration scholars, governance consists of both structure and process (Davies, 2005; Marinetto, 2003). Often, structure relates to institutions and actor constellations that are highly subject to the actors’ power (Benz et al., 2007; Davies, 2005; Gamble, 2000; Marinetto, 2003; Mayntz, 2009).

Academic literature on governance has evolved chiefly around top-down and dispersed modes of governance. For top-down governance, Marsh (2011) used the critical realist theory of governance to hypothesise that the government maintains a firm grip on hierarchical coordination. This is inherited from the Westminster model of British government, involving a unitary state, parliamentary sovereignty, strong cabinet government, ministerial accountability, majority party control of the executive, and institutionalised opposition (ibid.). According to Hill and Hupe (2015), the top-down nature of governance is built upon three assumptions: 1) a chronological action in which policy intentions precede action; 2) a linear view of policy underpinned by a causal link between policy intentions, policy actions, and results; and 3) a hierarchy in which policy formation is more important than policy implementation. Although

Scharpf (1997) proposed that hierarchical coordination is a relatively rare phenomenon, the control of the criminal justice system, and in particular prisons, falls under this exception, in line with unilateral and closed decision-making processes (Futrell, 2003; Williams and Matheny, 1995).

In contrast, a dispersed model of governance has grown markedly. From a public policy perspective, Rhodes (1996) and Bevir and Rhodes (2003) postulated that 'governance without government' denotes the hollowing out of a state, favouring self-organisation, inter-organisational cooperation, and resource exchange that cannot be externally imposed by the actors involved. Rather, it is a result of the interaction of these actors (Kooiman and van Vliet, 1993) and the significant autonomy from the state: processes relating to an effort to organise and exercise political power in response to challenges and opportunities (Fidler 2007; cf. Lee, 2010).

A governance structure such as the foregoing is underpinned by multilateral cooperation among actors involved in the agenda-setting process, which is designed to hold each actor accountable and encourage transparency in their dealings (Benford, 2011; Bexell et al., 2010; McGann and Sabatini, 2011; Porter and Ronit, 2010; Scholte, 2011). The application of structure-actors-processes has led Gordenker and Weiss (1995), Dodgson et al. (2002), and Payne (2008) to establish a concept of health governance that resonates with the nature of prison health governance: the actions and mechanisms that actors adopt to organise the promotion, organisation, and protection of the population's health. Kickbusch (2006) described the unique characteristics of health governance that differentiate it from other fields: the fluidity around intra-sector knowledge transfer in addressing normative health issues to combat communicable and non-communicable diseases and the relevance of initiatives in other sectors that can affect population health. However, a power imbalance is often cited as a common problem in dispersed, collaborative governance (Ansell and Gash, 2007; Tett et al., 2003). The health system is often complex, and thus its focus is not always aligned and needs to be negotiated across different agencies (Marks et al., 2010). The dynamics of power and alignment between prison and prison healthcare will be explored further in this chapter.

3.2 The HM Prison & Probation Service (HMPPS)

The delivery of prison healthcare services in England relies upon the HMPPS (known as the NOMS until 2017). The HMPPS is the Ministry of Justice's executive agency, responsible for commissioning and providing offender services in the community and custody. England and Wales currently have 100 public-sector prisons and 14 private prisons contracted to private organisations, such as Serco, Sodexo, and G4S (HMPPS, 2017a). The security categories range from Category A (high-security) to Category D (resettlement prisons), with the majority falling under closed prisons to prevent escapes.

There are no coherent aims of imprisonment that can be traced from legislation or policy documents. Legally, Rule 3 of the Prison Rules 1999 provides the Prison Service mission statement: to encourage and assist prisoners in leading a good and useful life. However, Livingstone et al. (2008, p.7) criticised this provision as too general, with "a series of enabling and deeming provisions designed to give the Secretary of State maximum discretion in the organisation of the prison system". Alternatively, HMPPS (2021a) states that the purposes of imprisonment are to carry out court sentences, prevent further victimisation, and reduce reoffending via rehabilitation programmes, such as education and employment. There is no explicit recognition of the role of health under this definition, although its implicit in its emphasis on a rehabilitation programme. Although Syrett (2011) argued that the law functions as a control mechanism and sets parameters for actions and decisions that institutions can take, lack of clarity on the aims of imprisonment is problematic. It is highly dependent on the discretion of the minister and bureaucrats to interpret the government mandate for prisons.

In funding prisons, the state has adopted a managerialism tenet that has subjected prison institutions to a regime of efficiency, value for money, and performance monitoring (Loader and Sparks, 2002). A study by Liebling and Crewe (2012) among senior managers of prisons revealed how these officials discussed a "Tesco prison model," (p.295) referring to the government's desire to standardise cheaper, larger scale, and austere punishment provisions to legitimise their management of prisons in the eyes of the taxpayers. However, as Feeley and Simon (1992) averred, this management style facilitates the dehumanisation of prisoners. In addition to the cost-saving and efficiency measures, prison management is characterised by a series of indicators and risk assessments—such as Prison Service Instructions and Prison Service Orders (PSOs)—addressing issues that range from the use of force to health promotion in prison and with which prison governors must comply (Ministry of Justice, 2020c). It resembles a top-down framework that seeks to enforce compliance. Weber (1930) compared such bureaucracies to an iron cage that removes the freedom and autonomy of staff, especially in shaping the operation of their establishments. As Sparks and Bottoms (1996) noted aright, people legitimately view officials' behaviour as a reflection of the system as a whole, even if it might be different from their leadership ethos owing to their inability to exercise discretion.

3.2.1 Prison Governors

Despite policy scholars' debate around prison governance, they have paid little attention to prison governors—those dictating the provisions across English prisons, including healthcare. Fox (1952, p.9) argued that prison governors are "the keystone of the arch. Within his own prison, he [sic] is supreme". Their responsibility is to ensure that prisons function in an orderly manner by using their leadership to create an environment that is structured, stable, predictable, and acceptable (Liebling and Arnold, 2004).

Section 11 of the Prison Act 1952 stated that the governors are responsible for all activities taking place in the establishments they manage. They have the power to steer and motivate their workforces, which increasingly include the involvement of voluntary, community, and private sector organisations in delivering prison services (Ministry of Justice, 2010). Bryans (2007, 2012) theorised four typologies of prison governors: general managers operating their establishments according to performance indicators, chief officers essaying to adopt a people-centred approach, liberal idealists subscribing to the idea of prisoner reformation, and conforming mavericks repeatedly challenging the *status quo*. Although a single governor may shift between these categories, the 'conforming maverick' (Bryans, 2007) seems to be disappearing today, given increasing regulations, instructions, and rules that curtail governors' ability to shape prison regimes (ibid.).

3.2.2 Prison Officers

There is a longstanding recognition among criminologists that relationships between prison officers and prisoners are at the prison system's core. Characterised as low visibility and yet highly skilled (Liebling and Price, 2001), prison officers have often been depicted as engaging in complex and varied work (Arnold, 2008), not least because maintaining penal order relies on significant use of personal authority and discretionary practices (Cheliotis, 2008; Crawley, 2013; Scott, 2006).

Prison officers are expected to act as mentors, counsellors, and social workers for prisoners (HMPPS, 2021b), despite not being trained to fulfil these roles as in some other European countries (Eide and Westrheim, 2020). However, there is also a micromanagement culture and the tendency to focus on punishment and control rather than care and empathy (Arnold, 2016). Thus, these two factors undermine the legitimate expectation that prison officers should fulfil roles that more resemble social work.

Today, more than 30,000 prison officers in England, Wales, Scotland, and Northern Ireland are members of the Prison Officers' Association (POA, 2021). Historically labelled as being resistant to change and militant (Liebling and Price, 2001; Morris et al., 1963; Thomas, 1972), the POA has embraced cooperation over resistance more recently. In 2004, it was a signatory to the Joint Industrial Relations Procedural Agreement in which the POA agreed not to induce its members to strike, thus promoting enhanced constructive collaboration between managers and unions—such as being informed by threats of commercial competition from outside and adopting target-driven performance management from the inside (Bennett and Wahidin, 2008). This change is reflected in the level of disinterest in national issues e.g. political leadership on prisons and greater concern for the prison in which the members work and their immediate environment (ibid.).

3.2.3 Political interference

Gash et al. (2010) identified three reasons public bodies are created to support the governance structure and delivery of public services: to depoliticise decision making and improve perceived independence of decisions from political influence, to increase managerial freedoms, and to allow the government to access external skills and expertise. However, research has found that political interference affects public bodies. Terry (1995) and Boin (2001) explained the contextual definition of the autonomy of civil servants, which is highly dependent on the prevailing political values of the government in power. Garland (1997) and Hood (2000) observed that this mode of governance seeks to align civil servants with their rulers' objectives. This belief is in line with Gramsci's (1971) theory of ideological incorporation of hegemony through state apparatuses—which includes prisons—while protecting ministers from blame in the event of crises.

The extent to which civil servants can exercise their agency in the daily operation of public services is unclear. Using agency and structure theory (Giddens 1984, 1991) to explain how structures can be both enabling and constraining and how actors can create and adapt to those structures, Pusey (1991) noted that ministers can frame constraints as economic rationality and abounding of choice via technical efficiency. In this context, such critical realists as Hay (2002), Marsh (2003), and McAnulla (2005) proposed that the British political system is significantly influenced by structured inequality—specifically referring to the continued concentration of power in the hands of central government.

For the criminal justice system, particularly prisons, government direction remains an ongoing practice, even though such efforts have lost traction in other public sector systems, given the preference for a dispersed governance structure. The Learmont Report in 1995 recognised that prison is a politically sensitive area, and, thus, ministerial involvement will typically be relatively high (Hansard, 1995). Reaffirming the active role of top-down management in the criminal justice system, Chapman (1984) argued that prison leadership should be reserved for ministers, as civil servants are merely expected to execute ministerial visions. This idea accords with Weber's (1978) conceptualisation of bureaucracy as a form of rational-legal authority whereby politicians direct public officials who do not dominate the government. A recent quote by the current Justice Secretary, Robert Buckland, signified this position: "I am not here to run every prison operationally, but I am here, I hope, to set a clear steer to the civil servants about what I expect to be done" (House of Commons Justice Committee, 2019a).

Although prevailing political ideologies have a substantial impact on the penal system, extant research has revealed that individual actors, especially prison governors, can shape the service despite constraints. Indeed, they must exercise their judgement in balancing security and rehabilitation. As Twining and Miers (1982,

p.213) argued, many rules, instructions, and orders remain “open textured”, providing considerable latitude for interpretation of the governor. Sparks (1996), Carlen (2002), and Cheliotis (2006) agreed that the notion of governors’ power undergoes a process of continual negotiation in which the players must tread carefully between conformity and resistance towards the political power. Gramsci’s (1971) theories of ‘pessimism of the will’ and ‘optimism of the intellect’, therefore, depend on the individual. As such, Cheliotis (2006) proposed that the assumption that governors are docile bodies and trapped in an iron cage of bureaucracy (Weber, 1930) distorts the reality of power that governors hold.

One potential implication of this principal-agent relationship is that civil servants cannot be held accountable in the case of a system failure. However, this situation is doctrinaire. In fact, civil servants must manage conflicting expectations—that of care and that of punishment—and potential misalignment of their statutory obligations with the ministers’ political preferences. As Cäker and Nyland (2017) have argued, these conflicts can undermine prison health governance and delivery in favour of appeasing the vertical ministerial power. This is juxtaposed with the fact that ministers are typically transient, regularly moved for strategic political reasons, thus making coordination challenging (Flinders, 2002). This difficulty is captured in a series of reforms that dovetailed with turnover of seven justice ministers since 2010 (Appendix 3).

3.3 From Prison Medical Service to NHS England

Historically, in the UK, the Prison Medical Service had been responsible for the physical and mental health of prisoners (Home Office, 1968). The Prison Service’s statement of purpose indicates that its remit “is to look after [prisoners] with humanity and help them lead law-abiding and useful lives in custody and after release” (Home Office, 1991, p.3). The biomedical paradigm, adopted by the Prison Service, has supported prison health care work since the 19th century (Sim, 1990; Smart, 1985). However, a single-minded prioritisation of security and discipline undercuts the perception of prisoners as patients (HMIP, 1996). Prison Services provided healthcare, as well as responsibility for the correctional mission, obligating staff to fulfil the dual missions that might sometimes conflict (ibid.). Though healthcare could be compatible with rehabilitation, staff focused on security, punishment, discipline, and deterrence, thus resulting in a serious compromise of prisoners’ health and well-being (Foucault, 1977; Hudson, 1993; Hughes, 2000; Malloch, 2000; Patton, 1979; Smart, 1985). The presumption that “if [prisoners] are not [known to be] ill, *de facto* they are healthy” became expedient as staff sought to resolve their multiple roles (Morris et al., 1963, p.193).

Policy changes in the last three decades suggest a growing understanding of prison healthcare problems, if not necessarily comprehension of how to address them. In 1990, the Strangeways Prison Riot prompted *The Woolf Report* which, among other criticisms, described the failure of the prison service to uphold the National Health

standards of treatment and the ensuing prevalence of prisoner anxiety and unrest (Sim, 2002). The 1992 replacement of the Prison Medical Service with the Health Care Service for Prisons was an introduction towards the integration between the Prison Service and the National Health Service (ibid.). In 2000, the government published 'The Future Organisation of Prison Health Care', a policy document that outlined a partnership between the Prison Service and the NHS to improve prisoners' health services over five years (ibid.). The Prison Service ceased controlling the prison healthcare service in 2006, and it became part of NHS's commissioning and delivery, maintaining the NHS role as a conduit between the community and prison health systems (Hayton and Boyington, 2006).

There is a general consensus that England leads the world generally and Europe specifically in standards for prison healthcare (Leaman et al., 2017; Gatherer et al., 2005; Gatherer and Fraser, 2009). This can be attributed 1) to England's prison health framework's acknowledgement of the relationship between prisons and the wider community and 2) to the ability of England's multisector partnership to provide resources and ideas, reduce duplication of effort, and share operational risks to promote efficiency without compromising health (Leaman et al., 2017).

3.3.1 Prison healthcare workforce

Historically, Sim (1990, p.5) has questioned the dual loyalty of healthcare professionals in prisons because they could be forced into "controlling the behaviour of the ill-disciplined and recalcitrant". The extent and form of treatment and quality of care were influenced by the degree to which treatment agencies and healthcare staff were bound to prison authorities and their priorities of security and control (de Viggiani, 2007; Mills and Kendall, 2018). However, Leaman et al. (2017) found that the professionalisation of the health care workforce serving prisoners, transparency, and use of evidence-based guidance and responsiveness of services have increased the quality of care, since NHS assumed prison healthcare in 2006, although expanded resources and guided focus on prevention would provide improvements.

Although studies often cite the positive aspects of healthcare work among prison healthcare staff, such as pride, enjoyment, multidisciplinary teamwork, and enjoyment (Jordan, 2017; Møller et al., 2009), issues regarding recruitment and retention, workload, and working environment have increasingly gained policy traction. Even as prison staff have decreased, staff retention in the health sector has been poor (The Health Foundation, 2019). In 2019, England faced a shortfall of 39,520 nurses and 9,000 doctors (NHS Improvement, 2019). Although official statistics did not disaggregate these rates among prison providers, nearly one-half of prison nurses (45%) have indicated that staff shortages compromised the care they could provide (House of Commons Select Committee, 2018). Furthermore, the most recent CPT inspections of English prisons documented numerous unfilled GP and healthcare staff posts (CPT, 2020a). These observations point to serious

inadequacies in prison healthcare staffing—a trend that is likely to worsen, given the lack of a coherent government approach to recruitment and migration policies and uncertainties of Brexit (The Health Foundation, 2019).

Extant studies have increasingly portrayed how increasing workloads have led prison healthcare staff to feel unsupported, to experience low morale, and terminate employment (Forrester et al., 2013; Ginn, 2012). Tension from reorganisation, operational efficiency imperatives, and management of local needs have reinforced the sense of helplessness among this workforce (Exworthy, 2010), attendant with augmented levels of violence (Plugge et al., 2017; Watson et al., 2004). The ways employees deal with these pressures remain unclear, with scholars calling for research to fill this knowledge gap (Plugge et al., 2017).

3.4 Punishment

Prisons represent “the darkest region in the apparatus of justice” (Foucault, 1979, p.256) and continue to occupy a central position in the criminal justice system in England. As he noted, despite their failure as a tool of punishment, prisons still exist and produce the same results, despite political reluctance to dispense with them (ibid.). Punishment is one way, albeit not the best, of getting people to understand that they have caused harm; however, this position is diametrically opposed to the broader rehabilitation stance regarding prisoners.

Since the latter part of 20th century, the rehabilitation ideal has been politically attacked for being soft on crime and ineffective in reducing reoffending (Cullen and Gendreau, 2001; Hollin and Bilby, 2007). Such a discourse effectuates practices that stress incarceration and deterrence—both punitive in nature (Garland, 2001; Pratt, 2007) and have implications on health. As such, Sieh (1989) and Sim (2009) have proposed that prisoners suffer from “less eligibility,” where they are deemed undeserving of anything more than what the lowest social class in a free society experiences. Underlying the structure of prison health governance and delivery is the state’s choice whether to exercise its power over health governance and the extent to which the state sees it fit to align prison health governance and delivery with the prevailing political ideology (Holden, 2011; Peck and Tickell, 1994; Vayrynen, 1999). Rutherford (1996) has suggested that criminal justice management is an arena characterised by competing ideologies.

As observed in section 3.2.1 on prison governors, the central government imposes vague and conflicting regulations and instructions on prison governors, and cost-cutting often takes precedence (Bryans, 2012). As such, governors are required to interpret these mandates between structures and agencies (Bennett, 2016). Therefore, prisons have become a by-product of Weberian bureaucracy. As such, prison governors are ill-equipped to translate vague and often conflicting goals, such as punishment and rehabilitation, into integrated action (Boin, 1998). Marks (2014) has argued that command-and-control management techniques are not best suited

to complex systems like healthcare, where flexibility, innovation, and local problem solving are needed. Her thesis, however, failed to provide a lens in which healthcare systems, especially prisons, could thrive within a top-down system (ibid.). Such perspective is requisite given that the prevailing political determinants fall outside of the NHS England remit.

Apart from punishment, the traits of neoliberalism are demonstrated via deregulation through commissioning and the privatisation of services, as well as the impotence of the monitoring structure of prison healthcare and overall prison operations. These issues will be explored in the subsequent sections.

3.5 Deregulation via prison and prison healthcare commissioning

Two contemporary characteristics in prison and prison health governance define neoliberalism: deregulation—which is enmeshed with the contradiction of centralisation—and preference for economic efficiency over collective rights. The move towards privatising prisons, including their healthcare, education, and welfare services, supports this observation. Deregulation involves dismantling laws so that the government relinquishes its oversight power to the private sector (McGregor, 2001). The coalition government in 2010 instituted such deregulation through ‘Localism’ and the ‘Big Society’ (Cameron, 2010b). These efforts sought to give local actors autonomous roles in shaping local economies while engendering a smaller state (ibid.). Advocates argued that decentralisation of state power would lead to faster and more thorough responses to citizens’ needs, with greater sensitivity to their contexts and conditions (Brodie, 2000). Critics have been quick to aver, though, that such results have not occurred (Grimshaw et al., 2017; Halsall et al., 2015). Centralisation of criminal justice policy and practice complements the trend toward localisation (Newburn, 2007). The policy has thus become more punitive, more politicised, and more populist (ibid.), which highlights the rhetoric of neoliberalism.

From the 1980s, cost reduction and efficiency were central to the argument in favour of contracting and competitive tendering for public services (Walsh, 1991). Thus, commissioning became understood as a process where the needs are assessed and resources are planned and prioritised, which are then followed by purchasing and monitoring of the delivery to attain the best outcomes (Allen et al., 2020). Successive British governments since the 1980s have used procurement in various ways to support the evolution and development of private business and the procurement sector in particular (Crouch, 2011; Whitfield, 2001).

Based on the understanding that the government should be “steering and not rowing” prison healthcare (Osborne and Gaebler, 1992, p.25), an understanding that prison services can be delivered in a shared arrangement between public, voluntary, and private-sector organisations has been increasingly prevalent among UK politicians. This arrangement allows the state to uphold the legal principle of subsidiarity, whereby decisions regarding prison health governance are deliberated

and enforced at the lowest level possible, rather than being dictated at the central government level (Morgan, 2011). Devolved risk—based on leaving governance responsibilities with regional and local actors who have a better capacity to respond—appeals to the government in that it is perceived to have improved capacity to tailor services to the needs of a particular community (ibid.). Commitment towards a shared public-market ownership of health from both Conservative and New Labour governments demonstrated acceptance of neoliberal ideas to govern public services at a distance (Newman, 2012).

Regulation 9(4) of the Public Contracts Regulations 2006 provided support towards commissioning. In particular, the supply of products or the provision of services with a value generally of at least €134,000 (or ~£117,552) requires public-sector organisations to use a prescribed procurement procedure to provide 'equal access to economic operators' and that must not have 'the effect of creating unjustified obstacles to the opening up of public procurement to competition'. Such ukases open opportunities for profit and not-for-profit sectors to be involved in running prison services. With the primary aim of improving quality, flexibility, and efficiency of prison operations, the Health and Social Care Act 2012 increased the competition for health services by welcoming 'any qualified provider' to issue a proposal to manage public services (Krachler and Greer, 2015). As such, non-profit social enterprises (e.g., community interest companies) and private-sector players (e.g., Care UK and Virgin Care) deliver prison health care alongside NHS Trusts. This phenomenon has intensified over the last 10 years (HMPPS, 2019a; Ministry of Justice, 2009).

3.5.1 Intensifying privatisation of prisons

A state is neoliberal when the market governs distribution of social goods and services according to the principles of market efficiency and effectiveness (Foucault, 1979). England's prison privatisation mirrors that context and also affords the state to govern public services from a distance. The move toward further privatisation began with the introduction of the Prison Unit Cost Programme—also known as the Benchmarking Programme—in 2012 (House of Commons Justice Committee, 2012). It required that public prisons reduce their operating costs at the same level as the private sector (ibid.). The introduction of the programme was also meant to provide an alternative to wholesale competition from private companies for prison space as a means of delivering cost savings across prisons (House of Commons Justice Committee, 2015; Mulholland, 2014). Such efforts further embedded the neoliberal principles of market forces and competition.

England has the most privatised prison system in Europe (Prison Reform Trust, 2019). Competition to run prison services is the crux of the programme. This is proposed as a "means to secure new services to improve existing service delivery, encourage innovation and drive value for money" (Ministry of Justice, 2011, p.4). The policy rests on a perception that creation of a competitive and mixed market, where successful contractors from voluntary and private organisations, local communities,

and the public sector are paid to reduce recidivism, thereby increasing efficiency of penal institutions (ibid.). Custodial contracts represented 16% of HMPPS's overall expenditures in 2018/2019, for a total of £6.8 billion (HMPPS, 2019a)—a dramatic increase from £0.2 billion in 2009 (Ministry of Justice, 2009). Seemingly, austerity has played a role in this explosion of private contractor involvement in the penal system.

Privatisation heightens a sense of doubt, fear, and insecurity regarding the quality of public services (O'Hara, 2014). In turn, these feelings provide a rationale for further privatisation based on the belief that "government is inept, the market works, and that anything and everything that can be done to deliver the services of the state through the mechanisms of the market is of benefit" (Murphy, 2011, p.29). This belief results in what Murphy (2011, p.5) called the cowardly state, saying it "sees responsibility and runs away from it". Chomsky (1999) contended that the retrenchment of government from various areas of economic and political life, including devolution to the privatisation of prisons, creates a democratic deficit. Krugman (2012) argued that the government hoped that a "confidence fairy" (p.3) would magically rescue the economy after fiscal reductions through privatisation. He argued that savings have been enormously unattainable (ibid.).

Privatisation also defies the logic of neoliberalism and in particular deregulation. Private contractors still need to be managed and policed considering that markets are not self-correcting, and prisoners cannot provide appropriate quality control (Fitzgibbon and Lea, 2018). Inevitably, the privatisation move in England and Wales is placing additional strains on an already inadequate regulatory system. Furthermore, Harvey (2010) has promulgated that neoliberalism in the current economic condition has led to a consolidation and centralisation of class power into the hands of a few institutions that escape public control.

Scholars have developed an understanding regarding misconceptions around the efficiency and quality of the services provided under prison privatisation. Admittedly, Sachdev (2004) found that prison contractors in Britain projected efficiency by reducing labour costs, and Hermann and Flecker (2012) discerned that privatisation, liberalisation, and marketisation of public services led to lower costs and superior quality. Nonetheless, there remains a false promise that private contractors provide efficient and responsive services without compromising the quality or quantity of these services (Hacker, 2004). A report by the Institute for Government criticised the political fallacy that outsourcing delivers between 20% and 30% savings, which has no supporting evidence (Sasse et al., 2019). Additionally, the government did not always establish a sufficient understanding about the services that were outsourced, and its fixation on the lowest price usually accompanies unreasonable expectations on service efficiency and effectiveness (ibid.).

The efficacy of private prisons for rehabilitation remains underexplored (Andrew and Cahill, 2007). In Australia, Andrew and Cahill (2007) and Baldino et al. (2010) stated

that a lack of accountability, the absence of oversight framework, and little to no quality control of private security operators undermine the image of the penal sector. If these experiences are generalised to English prisons, relations between prisoners and those governing them may well be based on the legitimacy of penal commercialisation, which could limit opportunities to pursue the prison rehabilitation agenda. Furthermore, removing healthcare services from some of the private prison contracts is difficult (House of Commons Justice Committee, 2019b). Therefore, for those prisons commissioned directly by HMPPS, some governors have raised concerns about worsening standards of healthcare in these prisons, as they were not subjected to the NHS England delivery framework (ibid.). Clearly, commercial interests may subordinate the role of rehabilitation in prisons; if so, the pursuit of profit jettisons the notion of social justice in prisons.

Recent data have highlighted the poor performance of private contractors in delivering their promises. HMP Birmingham's transfer from G4S to the Ministry of Justice following continual high levels of violence and poor standards in 2019 provided evidence that private sector organisations ran state facilities ineptly (Ministry of Justice, 2019a). Moreover, the bankruptcy of Carillion—a facilities management company with a footprint across prisons in the South of England—cost taxpayers an estimated £72 million (Sasse et al., 2019). Not only did it fail to deliver on its mandates, but it also required the state to subsidise its failure. Defined as either direct or indirect government subsidy, support, or rescue packages to business (Dawkins, 2002; Glasberg and Skidmore, 1997), corporate welfare is riddled with the neoliberal principle that private businesses depend extensively on public services and state benefits. This reality thus disputes the claim that private sector organisations are independent (Farnsworth, 2012; 2013). Uniquely, the political right and left oppose its existence. For the right, public expenditure distorts markets to the detriment of all (Farnsworth, 2012; Moore and Stansel, 1996). For the left, corporate welfare operates as a tool of political corruption designed to reward elite interests at the expense of those in genuine need (Dawkins, 2002; Farnsworth, 2012; Nader, 2000). Yet, despite its poor track record across the English criminal justice system, corporate welfare persists. Indeed, the Ministry of Justice continues to use private providers to manage newly built prisons and even announced in 2018 a competition to operate two new prisons (House of Commons Library, 2018b; Ministry of Justice, 2019f).

3.6 Monitoring structure of English prisons

Considering the closed nature of prisons, the need for checks and balances on power within the prison and prison healthcare governance structure is paramount. This is especially critical, given that issues of power abuse have been well-documented (Carrabine, 2004; Liebling and Crewe, 2012; Simon, 2018). This section will analyse the monitoring structure of English prisons and prison healthcare—from

governmental to non-governmental—and its effectiveness in addressing the governance structures' potential democratic deficits across English prisons to date.

3.6.1 European region monitoring

Legal scholars have observed that the protection of prisoners' rights is a strong feature in the European approach to punishment (Snacken and Dumortier, 2012; van Zyl Smit et al., 2014). Elements of this structure include the European CPT and the European Court of Human Rights (ECHR) enforcement of the European Convention on Human Rights—key to protection in England.

The CPT consists of independent experts elected for a four-year term by the Committee of Ministers of the Council of Europe and is responsible for scheduled and unscheduled inspections of individual prisons and thematic reports on particular issues—such as healthcare—which cut across the system as a whole. The CPT has repeatedly criticised prison conditions detrimental to health, such as overcrowding, poor ventilation, lighting and heating, and poor hygiene and sanitary conditions, which are increasingly widespread in English prisons (CPT, 2017; 2020a). These criticisms will be discussed in detail in Chapter 4.

The legally binding provisions of the ECHR across all member states often strengthen the findings of the CPT. In its landmark judgement of *Kudla v Poland* [2000] ECHR 512, the state must ensure that imprisonment does not subject prisoners to distress or hardship exceeding the unavoidable level of suffering inherent in imprisonment. Imprisonment was not of high moment on the ECHR agenda until 1975. That year it handed down its first major decision on prisoners' rights involving the UK Government in the case of *Golder v United Kingdom* [1975] 1 EHRR 524, which led to an improvement in health care standards in European prisons. ECHR jurisprudence on prisons has evolved, focusing on prisoners' entitlement to the right to health, social and welfare issues, and their participation in democracy.

ECHR often refers to the recommendations and standards the CPT sets that strengthen the standards via international case law. That law subsequently has led to improved conditions in prison systems across Europe. These judgements have a real-time application that continually benefits prisoners beyond the reactivity of prisoners taking legal actions against individual governments, including the UK (Karamalidou, 2017; van Zyl Smit and Snacken, 2009). Research has demonstrated that a human rights approach is the most effective and safest way of managing prisons (Coyle, 2009).

Critics, however, have noted that the ECHR contains no explicit benchmark for the right to health, that some provisions aim too low, and that the convention occupies soft law status (Betteridge, 2004). Yet, it remains the most successful form of governance, whereby case law regarding Articles 2 and 3 of the convention has

created minimum legal requirements for both the right to health and the ban on inhumane treatment—especially on deficient material conditions and unacceptable prison practices—that signatory states must meet, although with varying levels of implementation successes (Lines, 2008). This jurisprudence has clarified the obligations in Articles 2 and 3 and most likely made them irreversible—particularly given their ubiquity across Europe (Krisch, 2007; van Kempen, 2008; van Zyl Smit and Snacken, 2009). Outside of the legal jurisprudence, the political weight of the treaty itself is their strongest asset.

3.6.2 Cross-government departmental monitoring

The governance and delivery of prison healthcare in England involve multisector cooperation across governmental departments. Formed in 2012, the National Partnership Agreement for Prison Healthcare in England 2018-2021 (Ministry of Justice, 2018b) governs the commissioning, delivery, and monitoring of prison healthcare. HMPPS, the Ministry of Justice, the Department of Health and Social Care, NHS England, and PHE formally oversee the delivery of this agreement. It is aimed at promoting collaboration on improving prisoner health outcomes, reducing health inequalities among prisoners, addressing health-related drivers of prisoners' offending behaviour, and improving continuity of care across criminal justice pathways (ibid.).

Reports, though, have criticised the deficiency of the partnership. In a NAO review on mental health in prisons (NAO, 2017), government agencies collected insufficient data about services, treatment, and outcomes in prison. For instance, 31,328 prisoners reported mental health issues in the HMIP surveys, but NHS England recorded mental health treatment for only 7,917 prisoners, thus suggesting that at least 75% were untreated (NAO, 2017). The House of Commons Health and Social Care Committee (2018) provides a possible explanation for this failure. It criticised prison health contracts for failing to reflect population health needs, with gaps in key services including dentistry, mental health services, and speech and language therapy. Regardless, without robust data, assessing the prevalence of ill-health in prisons and directing resources appropriately to address deficiencies is nigh impossible. As previously mentioned, theorising how prison healthcare can flourish within the prevailing structure of neoliberalism is difficult. Parallel to Crawford's (1998) observation of partnership working across governmental organisation, the five-member partnership prioritises its own individual needs at the expense of collaborative and inter-organisational commitments when seeking to address the issues of government departments.

Over the last 40 years, the House of Commons Select Committees have been responsible for scrutinising each Whitehall department executive decision. The committees are generally well-regarded, and their establishment in 1979 is routinely cited as a key event in British parliamentary history (Kelso, 2009; Ryle, 2005). They rely heavily on external witnesses to provide evidence as part of the scrutiny and

recommendation processes (Helboe et al., 2015). For prisons and their prison healthcare, the House of Commons Justice Committee is the main committee examining their policies, although joint committees—such as the Joint Committee on Human Rights and the Public Account Committee—often examine issues that involve prison and prison healthcare from human rights and finance management perspectives, respectively.

These parliamentary committees are viewed as critical to monitoring and influencing government policy. Benton and Russell (2013) found that the government accepted and implemented approximately four in ten recommendations from these committees. Public embarrassment and media attention towards their review activities have acted as a double-edged sword in influencing policy reforms (ibid.). However, issues, such as government compliance, persist (Brazier and Fox, 2011; Defty et al., 2014; Rogers and Walters, 2006). Prison scholars have yet to examine these parliamentary committees' effectiveness in developing and implementing paradigm shifts for prison and prison healthcare.

3.6.3 Independent prison inspections

Compared to other aspects of England's prisons, the effectiveness of prison inspections and monitoring have attracted little scholarly attention. The HMIP monitors service delivery, reporting the findings of its inspections directly to the Secretary of State for Justice concerning the treatment and conditions of prisoners—as outlined in section 5A of the Prison Act of 1952 (as amended). In line with its reputation for "conspicuous independence" (Morgan, 2002, p.146), the HMIP undertakes its work through announced and unannounced inspections. The Care Quality Commission (CQC) usually accompanies the HMIP inspections, verifying that places of detention demonstrate compliance with the CQC Code of Practice to prevent and control infections and other related health guidelines. Both HMIP and CQC form the UK NPM and are answerable to the UN Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) (National Preventive Mechanism [NPM], 2021).

Both announced and unannounced prison inspections draw on a range of five datasets: 1) a confidential survey of a representative proportion of the prisoner population; 2) prisoner focus groups; 3) individual interviews with staff and prisoners; 4) documentation analysis; and 5) observation by inspectors throughout the inspection duration (Bennett, 2014; Harding, 2006; van Zyl Smit, 2010). The inspections are based on a set of expectations relating to the level and quality of service that the HMIP expects in prisons. These include promotion of health and well-being among prisoners; the expectations are derived from various international and regional standards (HMIP, 2020).

Robust prison health governance and monitoring have not prevented a reduction of standards, as continually demonstrated via the HM Chief Inspector of Prisons'

Annual Reports. The HM Chief Inspector of Prisons has been calling for urgent notifications for HMPs Nottingham, Exeter, Birmingham, Bedford and Bristol, and the Feltham Young Offender Institute since January 2018 (HMIP, 2019). It has cited surges in deaths, drugs, degrading living conditions, and overall failure in maintaining institutional safety (ibid.). Further, almost one-half of the HMIP recommendations for improvement have not been achieved in 2019/2020 (HMIP, 2020). This suggests that inspections of prisons and their healthcare services have failed to ensure prisoners' health and well-being.

The Prisons & Probation Ombudsman (PPO) is another effort that has not prevented failures in prisoner health. The PPO was established in 1994 (PPO, 2021) following recommendations from the Woolf Report on the need for an independent complaint adjudicator for prisoners (Woolf and Tumim, 1991). The PPO investigates complaints submitted by individual prisoners who have failed to obtain satisfaction from the HMPPS. Most complaints concern mismanagement of prisoner property, staff's excessive use of force, and fatal incidents involving prisoners, the latter which increased by 6% to 334 in 2019 (PPO, 2019).

A third mechanism that has not sufficiently protected prisoner health is the independent monitoring board (IMBs). Established in 1898, its function is to act as a watchdog for the daily life and regime in an individual prison; it is empowered to investigate complaints from prisoners regarding their prison conditions (Livingstone et al., 2008). These boards consist of over 1,300 volunteers from local communities who visit prisons 50,000 times a year and report their findings to the Secretary of State on the conditions and treatment of prisoners (ibid.).

By recruiting members from the community, the boards have an important role in highlighting and preventing abuse, as well as upholding public accountability (Bennett, 2016; Lewis, 1997; Ramsbotham, 2003). However, IMBs have recently assumed a more managerial agenda: they are increasingly becoming a purely monitoring body, despite being involved in monitoring, in an independent and loosely defined manner (Behan and Kirkham, 2016; Bennett, 2016; Padfield, 2018). Additionally, findings from studies on the awareness of human rights among prisoners are inconsistent, thus creating scepticism about the boards' efficacy. For instance, one investigation revealed that "some prisoners are well-informed about their rights" (Hulley et al., 2011, p.20). However, Karamalidou (2017) identified an almost total lack of awareness of human rights amongst prisoners in English prisons.

Despite occupying a prison monitoring remit, HMIP, PPOs, and IMBs are not necessarily uniform in their foci and efforts, which could be detrimental to monitoring prison health. These organisations have expressed serious concerns about prison staff's failure to implement improvements following their reports—learning lessons, implementing changes, and sustaining resulting improvements (House of Commons Justice Committee, 2019b). However, HMIP has undermined the message by stating that the English prison service is not entirely in crisis,

although only a minority of prisons are relatively safe, calm, and professional and have caring staff (HMIP, 2019). However, the PPO, in its annual report, described the prison system as in crisis (PPO, 2017). Additionally, although these monitoring organisations lack formal powers, they were nevertheless observed to develop relatively informal mechanisms for implementing some level improvements (Hood et al., 1999). Thus, the establishment of these institutions alone cannot constitute an effective remedy for rectifying human rights breaches of prisoners.

3.6.4 Advocacy by voluntary organisations

Voluntary organisations, particularly those with an advocacy remit, can hold the government to account for its treatment of prisoners. They can do so by demanding transparency and accountability from governing institutions as part of their efforts to protect marginalised populations. Many of these organisations provide service and campaign for the improvement of services for prisoners (Kendall and Knapp, 1995), although there are some influential advocacy organisations—such as the Howard League for Penal Reform and the Prison Reform Trust—that solely focus on challenging the government through the policy and legal routes (Padfield, 2018).

Extant literature has suggested a reorientation of these organisations towards a neoliberal structure that has undermined this function. Social movements and human rights activists have witnessed equality and justice being morphed to fit within a consumerist logic (Clarke, 2008; Hall, 2011; Larner et al., 2007; Massey, 2011). Hall (2011) referred to ‘disaffected consent’, whereby the authorities use tactics, such as resource allocation, to disseminate their neoliberal logic via charitable organisations’ aims and objectives. As Newman (2012) proposed, these efforts raise a question regarding how far the local democracy, as championed by these actors, can serve as a challenge to hegemonic processes.

There is sparse research on how voluntary organisations, particularly those that are detached from the state, respond when expected to incorporate neoliberal mutations into their work. According to Harris and Raviv (1990), being a beneficiary of state financial assistance reinforces the principal-agent relationship and eventually erodes the autonomy of organisations. Increased dependence on state funding has raised concern that independence and autonomy of the voluntary sector would be undermined, especially when there are strains between service providing and advocacy roles (Baggott, 2013; Carmel and Harlock, 2008; House of Commons Select Committee on Public Administration, 2011; Kelly, 2007; Lewis, 2005; Martikke and Moxham, 2010). Although there is a consensus among theories regarding how the state’s extensive resources and political power could force voluntary organisations to conform to a top-down agenda (Baggott, 2013; Hodgson, 2004; Independence Panel, 2012), they have yet to be tested.

Furthermore, recent developments have shown these non-state actors can be readily silenced—in the form of gag clauses within their contracts—from challenging

the government's prevailing political ideologies (Gostin et al., 2019). The Lobbying Act of 2014 imposed restrictions on openly criticising government policies. The Citizens Advice Bureau was among the first major organisation to acquiesce to the clause, taking £51 million in contracts to provide advice to universal credit claimants in exchange for promising not to criticise publicly the Department for Work and Pension (Disability News Service, 2019). The then-chair of the National Association for Voluntary and Community Action, John Tizard, criticised the law, where he argued that the government was distorting England's pluralistic democracy and devaluing charities (The Guardian, 2019). How the gag clause will affect prison health organisations remains to be seen. Nonetheless, there is cause for concern that it could tamper with the independence of these organisations in challenging adverse treatment of prisoners.

Summary

This chapter has outlined the structure of governance and delivery for prisons and prison healthcare in England. The absence of a clear aim of imprisonment blurs the role of health and rehabilitation, especially when government prioritises punishment, cost-saving, and efficiency over rehabilitation.

While poor health precedes neoliberalism for prison healthcare, the prevailing nature of neoliberalism prioritises punishment and deprivation of liberty over health. The increasing level of privatisation continues this perspective, with misconceptions around moral legitimacy, service efficiency and quality being key to the extant academic discussion. Although various monitoring organisations exist, they lack sufficient power and independence to instigate reforms, with independent organisations—such as voluntary ones—being subjected to a gag clause in return for funding. The effects of this pervasive structure of neoliberalism will be seen in the next chapter, in which the current state of prisoner health will be analysed.

Chapter 4: Current state of health in English prisons

Introduction

This chapter concludes the literature review of the thesis by detailing the current state of health in English prisons. It commences by analysing the social determinants of prisoner health. In so doing, it discerns that poor health is a by-product of a punitive cycle that has evolved from neoliberalism in the current period. The cycle begins in the community and is reinforced in prisons.

Then the chapter discusses the sociological underpinning of prison health using the lenses of habitus, importation and deprivation. It considers the worsening of prisoner health during the austere time post-2010 and the government responses to it. Although the thesis focuses on governance and delivery of prison healthcare rather than on prisoners *per se*, this chapter essays to demonstrate how the prevailing neoliberalism limits political possibilities for reducing health inequalities among prisoners and the wider population, as well as causing human rights violations. To understand the impacts of austerity on English prison health governance and delivery of prison healthcare, appreciation of the context of health in English prisons is requisite.

4.1 Social determinants of prisoner health

According to the most recent figures, about 10.7 million people are held in penal institutions worldwide, predominantly as remand or sentenced prisoners (Walmsley, 2018). The prison population grew by 24% between 2000 and 2018, which is about the same as the estimated increase in the world's general population over the same period (ibid.). The picture by country, however, varies. The UK and Italy are experiencing progressive increases in the rate of imprisonment, whilst Romania, Ukraine and the Russian Federation are witnessing a gradual decrease between 2015 and 2018 (ibid.). In England and Wales, the current rate of incarceration is 174 per 100,000 people, notably higher than the global average rate of 132 per 100,000 (House of Commons Library, 2019a).

The health of people in prison has been a looming issue. As early as the 19th century, Buxton (1818, p.19) observed that incarceration "impaired [prisoners'] health, debased [their] intellect and corrupted [their] principles". Relatedly, Bentham (1864, pp.351-352) wrote that prisons comprised of "every imaginable means of infecting both body and mind," with "forced idleness" leading to "enfeebled faculties" and loss of "suppleness and elasticity" to prisoners' vital organs. More recently, Spencer (2001, p.18) argued that, "the seeds of poor health are sown for the majority [of prisoners] long before [they] entered the institution". He attributed these seeds to

prisoners' coming from the most deprived sections of society and often experiencing the greatest health needs (ibid.).

Existing scholarship has found a well-established link between poverty and social exclusion that compromises health (Marmot, 2005; Whitehead, 2006; WHO, 2014). Indeed, an extensive study by Davey Smith, Dorling and Shaw (2001) across two centuries demonstrated the long-standing association between poverty and ill-health. Not only is one's health experienced within settings of people's daily life (WHO, 1986), the unequal distribution of health-damaging experiences is a systemic combination of poor social policies, unfair economic arrangements, and bad politics (Marmot et al., 2008).

Overwhelming evidence has demonstrated that prisoners are more likely than others to suffer physical and mental ailments (Dolan et al., 2016; Fazel et al., 2016; Forrester et al., 2013; Herbert et al., 2012; Ritter et al., 2011; Stürup-Toft et al., 2018). Stürup-Toft et al. (2018) identified cardiovascular issues as the biggest killer in English prisons, exceeding mental health and substance misuse. In a sample of prisoners diverted from prisons to mental health institutions, over one-half had comorbidities of mental health and drug or alcohol addiction (NHS England, 2017). HMPPS and NHS England lack accurate data regarding the number of prisoners with mental health needs (House of Commons Committee of Public Accounts, 2017; NHS England, 2017). Many of the entrants in the criminal justice system have poor educational backgrounds, low incomes, meagre employment opportunities, transient abodes, and unstable family relationships (Prison Reform Trust, 2019). These circumstances may reflect prison conditions or the prisoners' chaotic lifestyles prior to imprisonment (Baybutt et al., 2014; Woodall, 2010). Indeed, these experiences are cumulative across multiple determinants (ibid.).

During a time of austerity, these experiences are even more pervasive and have a compounding effect on the population's health and well-being. Many local governments in England have impaired their Local Welfare Assistance Schemes, leaving vulnerable people and those facing emergencies without anywhere to turn (UN General Assembly, 2019). Homelessness is up 60%, fitful sleeping 134%, and use of food banks has increased four-fold between 2010 and 2018 (ibid.). Although austerity seemingly does not affect local authorities' public health budgets, it has nonetheless impacted the population's health. Progress in reducing preventable disease has flatlined since 2012, and the Institute for Public Policy Research (2019) attributes 130,000 preventable deaths in the general UK population to austerity. Moreover, large income differences have damaging health and social consequences (Wilkinson and Pickett, 2009). Such consequential precursors cause neglect, inequality, and discrimination—all of which prisoners cumulatively experienced.

4.2 Prison environment

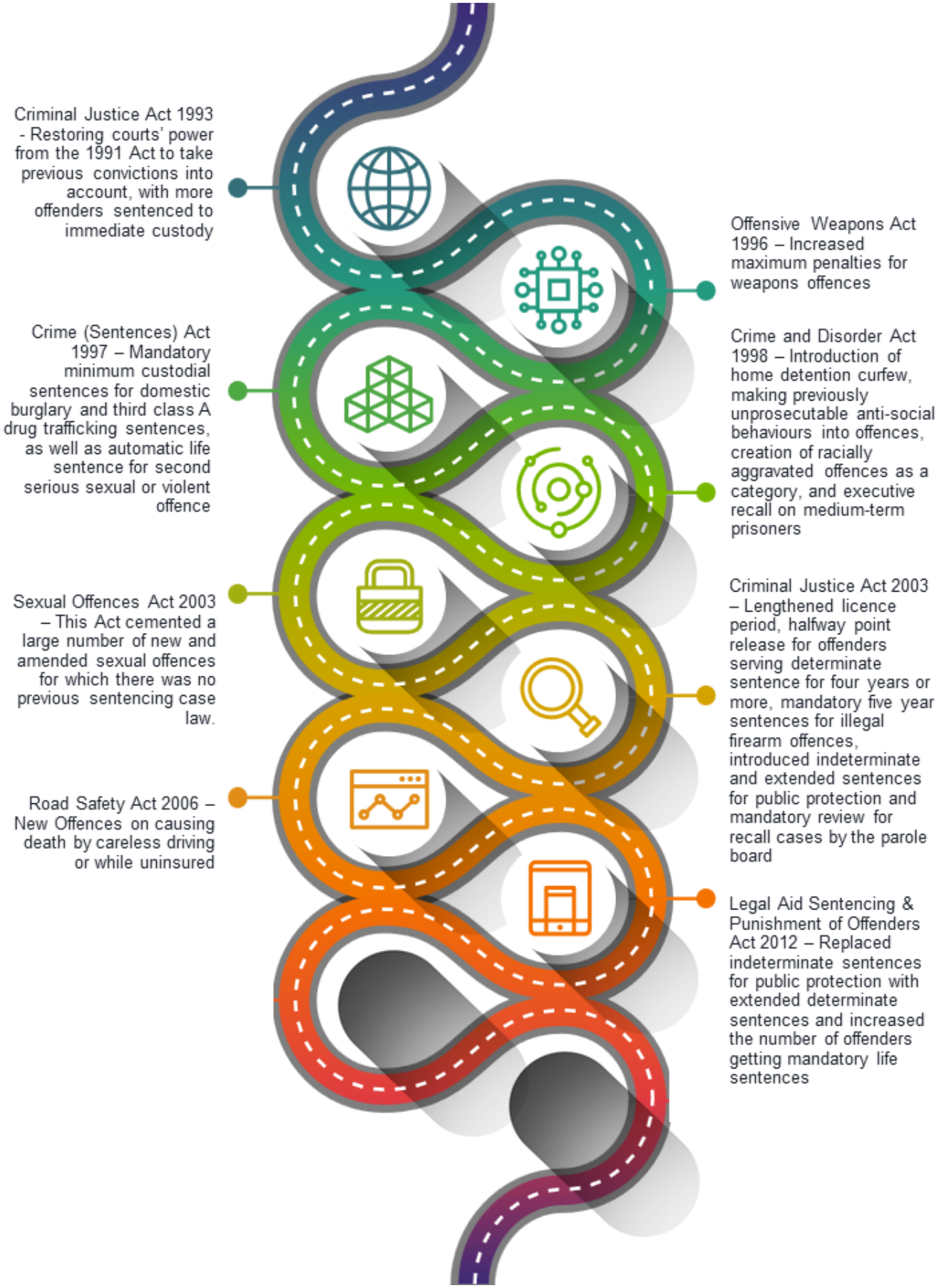
Discussions of the state of ill-health in prisons often discount living conditions that consist of the regime, social environment, and purposeful activities—all which are key factors in enabling or impairing prisoners' health. As early as 1990, the CPT highlighted the problem of overcrowding in English prisons (CPT, 2020a). Six in ten (n=70) prisons in England and Wales were overcrowded at the end of December 2019 (NAO, 2020), with most prisons exceeding their certified normal accommodation level, a measure that denotes an acceptable standard of accommodation (House of Commons Health and Social Care Committee, 2018). In fact, the ten most crowded prisons exceeded 147% of their operational capacity; this implied that many prisoners at these establishments shared cells designed for fewer people (NAO, 2020).

Official reports note that legislative changes have negatively affected the number of individuals entering prisons and their duration. Key legislative changes that contributed towards high imprisonment rates are illustrated in Figure 4.1. Ministry of Justice (2013) highlights key reasons for the increased incidence: 1) a rise in the number of offenders entering prison receiving an immediate custodial sentence; 2) the growth in recall populations who stayed longer in prisons; 3) an augmented overall average of custodial sentence length; and 4) a decrease in parole rates since 2007.

The Ministry of Justice (2019c) also highlighted that offence groups that rarely receive home detention curfew or release on licence—including those convicted of violence against the person, drug offences, and sexual offenders—had the largest impact on increasing the prison population. Successful prosecutions for sexual offences and continued incarceration of those imprisoned under indeterminate sentences (a total of 2,223 prisoners)—despite being abolished as an option in 2012—also play a role in the rising prison population (Prison Reform Trust, 2020). Given the decreasing trajectory of crime rates in England and Wales since mid-1990s, the resulting increment in the average length of stay in prison reflects not a need but an unabated punitive legislative framework and public opinion concerning criminal activities, as well as politicians eager to please the public through a tough-on-crime policy (Hough and Roberts, 2012; Roberts et al., 2011).

Figure 4.1

Key legislative changes from the 1990s that increased volumes of individuals entering prisons and their length of stay



Source: Ministry of Justice, 2013.

4.3 Habitus, importation, and deprivation

Bourdieu's (1977) concept of *habitus de classe* denotes social orchestration without a conductor. It reflects the impacts of people living in different communities and how these impacts lead to different lifestyles and life outcomes. Social issues associated with relative deprivation, including imprisonment, are strongly linked to society's unequal income distribution (Wilkinson and Pickett, 2009).

Prisoners tend to come from deprived areas with entrenched poverty; this complicacy reflects class-related experiences that determine inequalities in health (Williams, 1995). The more deprived the neighbourhood, the more likely it is to have social and environmental problems presenting risks to health (Marmot et al., 2008). The *modus operandi* of the government's concentrated budget cuts has transpired in the most deprived regions (Beatty and Fothergill, 2017; Taylor-Robinson and Gosling, 2011)—such as areas that in previous generations depended on employment in mines, steelworks, and shipbuilding. These areas never fully recovered from the deindustrialisation of the 1980s or the failure of miners' strike and the long decline of working-class agency through the trade union movement (Milne, 2014). Premature mortality is greater (Taylor-Robinson and Gosling, 2011), and there are much more clearly defined patterns of social deprivation and spatial segregation in such areas (Marmot, 2020; Pacione, 1997).

A reduction in local authority budgets between 2010 and 2015 and a further 56% reduction in central grant funding to local authorities between 2015 and 2020 (HM Treasury, 2015) reinforced the aforementioned inequalities. This accords with Spencer's (2001) observation that poor health in prisons is derived from prisoners' communities of origin; moreover, the implications of austerity are most severe in deprived areas where the need is greatest (Clifford et al., 2013; Jones et al., 2016; Marmot, 2020).

In the United States, austerity has crime increased in deindustrialised communities in a cumulative pattern over a long trajectory. American criminologists have found that street crimes rise as unemployment augments; after a lag period of deindustrialisation, more serious criminality develops (Linkon and Russo, 2002). Additionally, between 2001 and 2014, deindustrialisation and incarceration in the United States subtracted roughly two and a half years from the lifespan of the poor, pointing to their role as major health determinants (Nosrati et al., 2018). Furthermore, because recession is cyclical, each recession impacts these groups more harshly, and they have enhanced difficulty for recovery (Clark and Heath, 2014). US-type studies have yet to be replicated in the UK, but the rise in the use of prison is indeed associated with government decisions to withdraw from a welfare-based approach to solving social problems (Drake, 2018).

According to Crewe (2005), imprisonment provides an opportunity to improve prisoners' physical and psychological health. This view is consistent with Goffman's

(1968) importation theory that proposed that prisoners bring their life experiences with them into prison and that these experiences must be addressed during imprisonment. In fact, Wacquant (2002, p.388) has argued that health in prison or jail facilities cannot be described as “distortive and wholly negative” because imprisonment acts as a “stabilising and restorative force”, especially for those with many barriers to access healthcare in the community. Nevertheless, this situation manifests the failure of the welfare state: citizens’ need for healthcare can remain so underserved in the community that imprisonment offers an improvement.

In his classic study of a maximum-security prison, Sykes (1958) described imprisonment as the deprivation of physical liberty, goods and services, sexual relations, autonomy, and security. Prisons, in fact, diminish prisoners’ self-worth. Because this deprivation inflicts pain and hardship on prisoners, it is antithetical to the health values of autonomy, participation, and empowerment (Woodall, 2010). Contrary to the observation that imprisonment merely deprives prisoners of their liberty (Sparks, 1996), deprivation techniques—such as exclusion and social isolation—seek to remove individual control of prisoners and disempowers them, which has a detrimental effect on mental health (Rhodes, 2005) and exacerbates feelings of anxiety and hopelessness (Kurki and Morris, 2001). As previously discussed, prisoners with mental health issues are often criminalised, but the oppressive structure of imprisonment can worsen these issues.

4.4 Prison health during the era of austerity

The government imposed strict austerity that led to insensitivity towards the needs of the incarcerated population. This can be seen in reports post-2010 that correlate austerity and its impact on prisoners’ inaccessibility to healthcare, prisoners’ degrading living conditions, and lack of availability of purposeful activities, along with an increase in the levels of violence—collectively which hinder the aspirations of health and well-being in prisons. As described in the previous chapter, quotidian healthcare delivery is highly dependent on a stable prison regime, which is currently deteriorating. This dynamic is explored below.

4.4.1 Impeding access to prison healthcare

Reports by the HMIP, CPT and the Nuffield Trust document the regular cancellation of prisoners’ imperative hospital appointments owing to the lack of available discipline officers to escort them to their appointments. This situation also infers that the reduced number of prison officers has created up to a 12-week delay for the assessment and treatment of prisoners with mental health-related issues in HMP Foston Hall in Derbyshire and HMP Bronzefield in Surrey (HMIP, 2017). Additional observations by the CPT regarding severe delays in transferring prisoners to psychiatric hospitals and inappropriate placement of acute mental health prisoners in segregation units are rife (CPT 2017; 2020a). Further, insufficient general healthcare coverage was noted in HMP Doncaster, where a single general practitioner served

over 1,000 detainees; plus, several vacant posts within prison healthcare and substance misuse teams are extant (CPT, 2017; 2020a). The Nuffield Trust (2020) stated that 40% of prisoners' outpatient appointments (32,987) were not attended—more than double the number in the general population. Also, over 75% of missed appointments were partly blamed for the lack of staff and a cost to the NHS of £2 million (Nuffield Trust, 2020).

This inadequate health and social care support runs the risk of breaching Article 3 of the European Convention on Human Rights. This article bans torture and inhumane or degrading treatment or punishment. In two cases in which a complainant accused the UK of violating Article 3, *McGlinchey v United Kingdom* (2003) 37 EHRR 41 and *Price v United Kingdom* (2001) ECHR 453, the court held that the state has a literal obligation to protect the health and well-being of detainees, particularly when a prisoner is at increased vulnerability following severe health concerns—something increasingly prevalent in English prisons. Article 3 denotes absolute rights that the government cannot neglect, even in times of war or other public emergencies. Thus, the principles from *McGlinchey* and *Price* are binding on national authorities having a duty to develop and apply the common law in a manner that is consistent with the convention. The conditions reported in the above official documents clearly violated these obligations, although it has yet to make any material improvement to the existing situation.

4.4.2 Degrading living conditions

Prison overcrowding imposes degrading conditions on English prisoners. Lengthy confinement within locked and poorly maintained cells can accelerate the progression of disease. This deplorable condition is evidence that the overall prison regime is inhumane or degrading. Prisoners in HMP Doncaster and HMP Liverpool suffered from overcapacity conditions: 152% and 112% beyond the certified normal accommodation rate, respectively, along with unsanitary cells (CPT, 2020a). These circumstances included pest and vermin infestations and dilapidated bathroom facilities, with no plans for refurbishment due to inadequate funding (HMIP, 2017). Additionally, at HMP Pentonville, most prisoners live, eat, and sleep in cells designed for single use, with filthy toilets that are either only partially or totally unscreened (CPT, 2017).

Two cases that applied Article 3 in Greece and one that applied it in Bulgaria, *Dougoz v Greece* (2002) 34 EHRR 61, *Peers v Greece* (2001) 33 EHRR 51, and *Kehayov v Bulgaria* (application no. 41035/98), suggest that such inimical conditions in English prisons also violate Article 3. The point of law in *Karalevicius v Lithuania* (application no. 53254/99) and *Staykov v Bulgaria* (application no. 49438/99) stipulates that a lack of financial resources does not absolve the state from its obligations to protect prisoners from inhumane or degrading treatment.

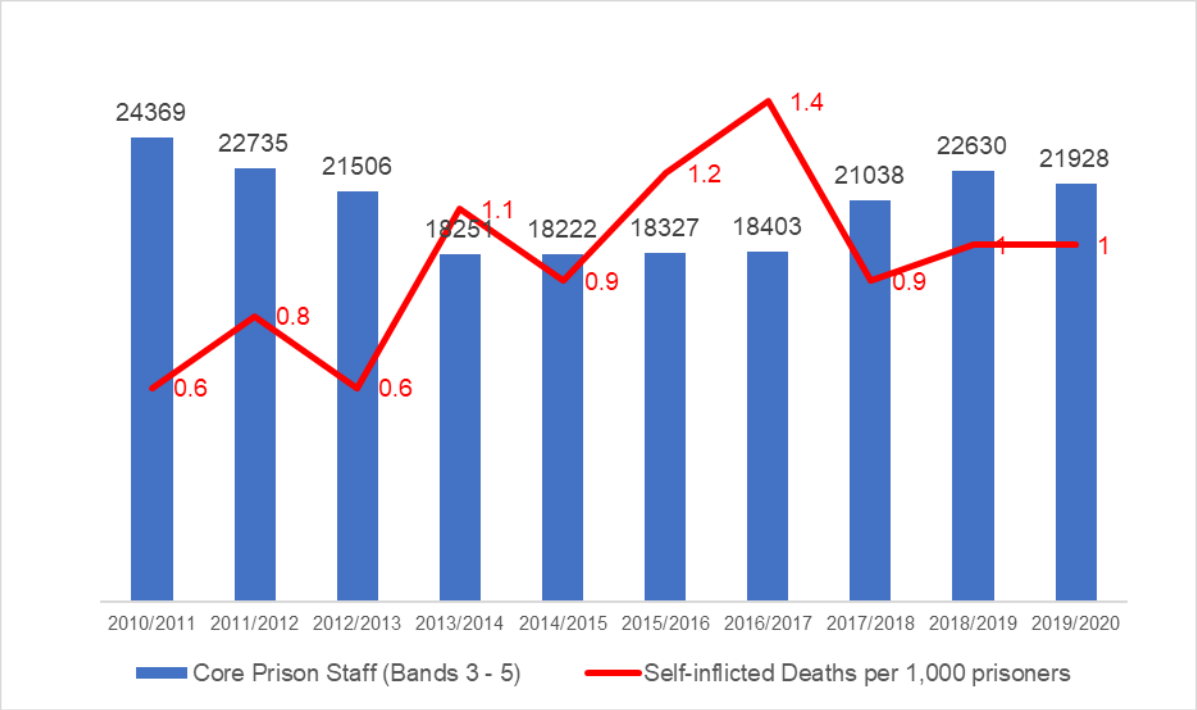
4.4.3 Lack of access to purposeful activities

Staff shortages have been linked to limitations on prisoners' entitlement to access purposeful activities. Despite a recommendation that prisoners should spend a minimum of eight hours daily outside their cells, prisoners in HMP Winchester in Hampshire and HMP Wormwood Scrubs in London spent up to 22 hours per day in their cells without opportunity for educational or social activities (CPT, 2017). Additionally, the HMIP has found that prisoners in HMP Full Sutton (York), HMP Elimley (Kent), and HMP Swinfen Hall (Staffordshire) had very limited time outside their cells to demonstrate improvements in their behaviour (HMIP, 2017). Moreover, in HMP Pentonville, 36% of inmates did not have entree to employment or education, despite the wide range of activities available to them (e.g., textile and art workshops, sports, and internal employment) (CPT, 2017). Although there had been improvements in the out-of-cell time for employed prisoners at each prison visited by the CPT in 2019, prisoners who were unemployed were spending 21 to 23 hours a day confined to their cells (CPT, 2020a).

Collectively, these incidents contradict the expectation of the HMIP that prisoners should be unlocked for at least 10 hours a day and are supported by a survey that found that only 3% of prisoners realised this goal (HMIP, 2019). The lack of access to purposeful activities represents not only an inhumane condition, it also imperils prisoners' health, especially their mental health. Self-inflicted deaths in prisons per capita increased 37% between March 2010 and March 2020 (Figure 4.2) (House of Commons Library, 2017). Purposeful activities might help prisoners deal with the boredom and stress of imprisonment in productive ways (HMIP, 2017). A lack of access to opportunities for education, employment, training, and volunteering suggests that the government has minimal interest in using rehabilitation as a core driver for reducing incarceration rates.

Figure 4.2

Self-inflicted deaths per 1,000 prisoners compared to the number of core prison staff



Source: Ministry of Justice, 2020e; Ministry of Justice, 2020g.

4.4.4 Increasing levels of violence

The growing number of violent episodes in English prisons has been directly linked to the decreasing number of prison staff. Deployment of tactical intervention teams from the National Tactical Response Group is redolent of this situation. These teams responded to hostage-taking and concerted riot incidents between 30 and 40 times a month in 2015 (House of Commons Justice Committee, 2016). There were also nearly 2,000 reports of deliberate fires in 2015, which represented a 57% increase compared to the previous year (Ministry of Justice, 2017b). The conflagrations prompted the former Prime Minister, David Cameron, to describe the English prison system as ‘scandalous’, ‘failing’, and ‘shameful’ (Prime Minister’s Office, 2016).

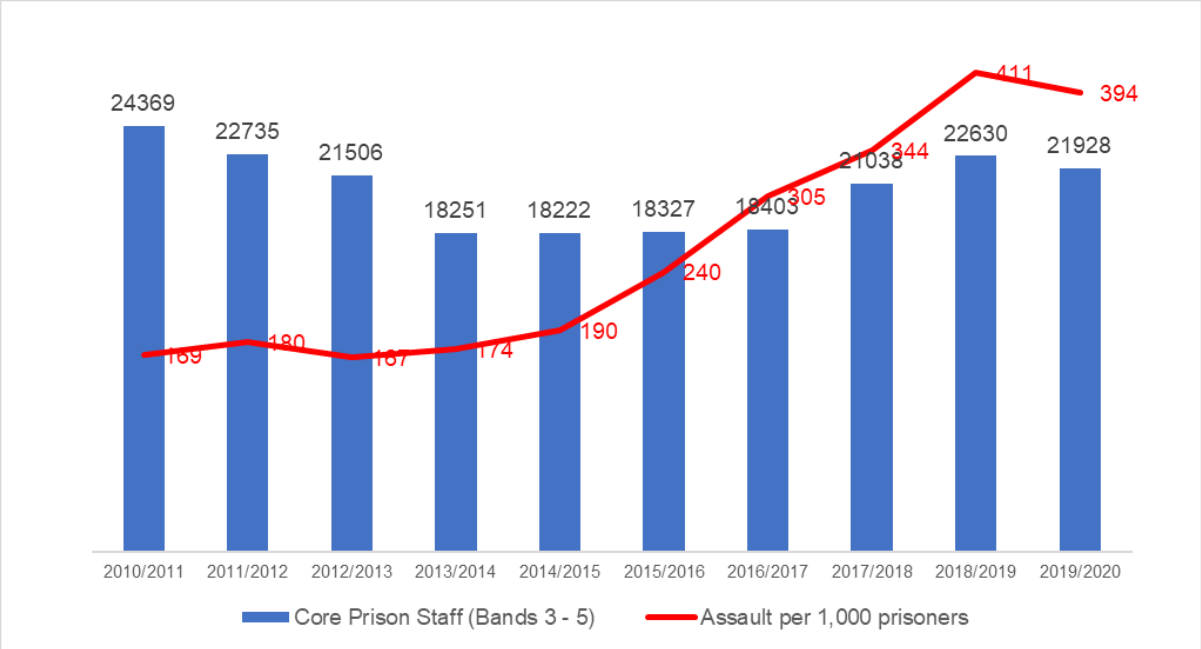
Even worse, prisoners in both HMP Doncaster and HMP Pentonville complained that prison staff did not respond promptly to incidents of violence. Such nonresponse fuelled an atmosphere of fear and a lack of confidence in the prison management and staff in maintaining institutional safety (CPT, 2017). This observation was further demonstrated when several violent incidents were not adequately reported or were reported to be less serious than they were (ibid.); as such, a true picture of the severity of the situation in English prisons went unrecorded. Essentially, the CPT recommended that the UK government should provide additional investment in English prisons to prevent violence from becoming a norm, as well as calibrating strategies to ensure that staff can control prisons (ibid.).

Despite acknowledgement by some politicians of the precarious conditions in English prisons, safety in custody measures have continued to deteriorate. According to the

HMIP (2017), violent incidents in English prisons have become worse since 2012. The number of assaults has increased since 2010 (Figure 4.3): at the end of March 2020, there were 31,568 recorded incidents of assault, including both prisoner-on-prisoner and prisoner-on-staff (Ministry of Justice, 2020f). The number of assaults is rising even with the addition of new staff (Ministry of Justice, 2020b; 2020f; 2020g). This represented a 53% increase since March 2010, although it is likely to be an underestimate given inadequate reporting practice across prisons (CPT, 2020a). Beyond the direct impact of such incidents on the targets of violence, they create a general feeling of danger among prisoners that has a negative psychological impact (HMIP, 2017).

Figure 4.3

Assaults per 1,000 prisoners compared to the number of core prison staff



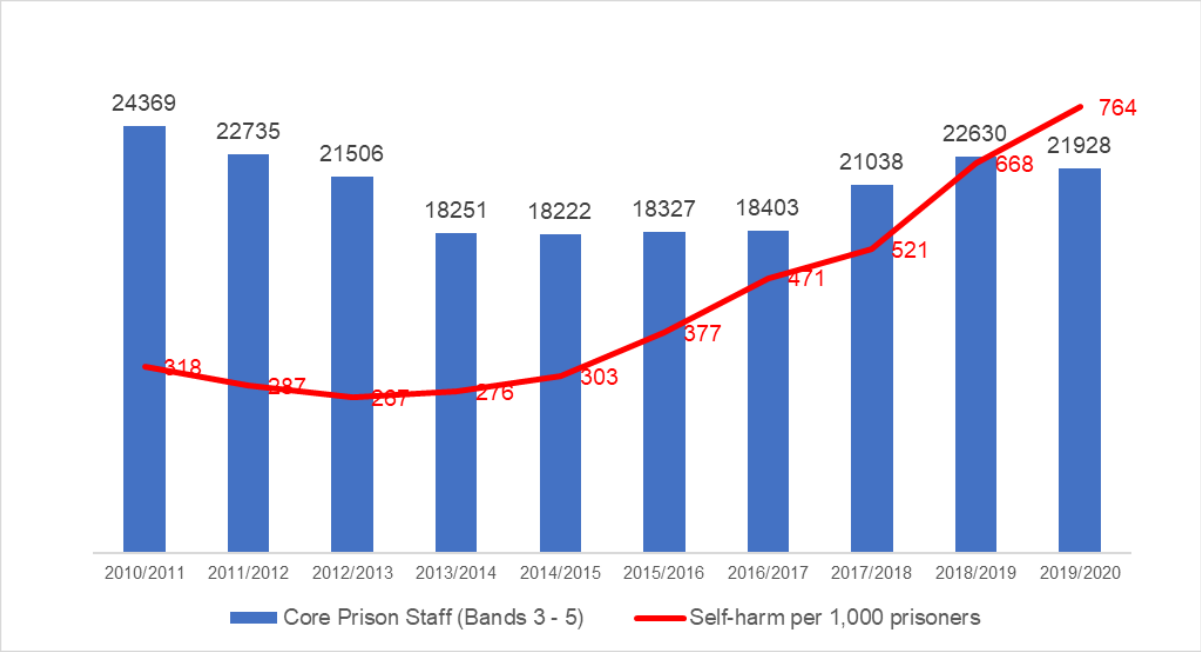
Source: Ministry of Justice, 2020f; Ministry of Justice, 2020g.

4.4.5 Self-harm

The Ministry of Justice Safety in Custody Statistics Bulletins provides an accounting of incidents of self-harm. It registered a 61% increase in March 2020 over the number of incidents in March 2010 (Figure 4.4, Ministry of Justice, 2020f). Similar to the assault figures, these are likely to be underestimated given the poor recording practice across prisons. Self-harm in prison is a risk factor for suicide (Hawton et al., 2014). A systematic review of 34 studies identifying other clinical, psychosocial, and environmental risk factors for suicide in prison included recent suicidal ideation, psychosis, depression, alcohol misuse, a sense of hopelessness, family history of suicide, poor social support, and prior experience of the death of a partner or a child as key precursors (Marzano et al., 2016).

Figure 4.4

Self-harm per 1,000 prisoners compared to the number of core prison staff



Source: Ministry of Justice, 2020f; Ministry of Justice, 2020g.

4.4.6 Novel Psychoactive Substances

Drug use has long been a central feature of prison life for reasons such as prolonged engagement with drug use prior to imprisonment, self-medication, and a time "killer" (Bullock, 2003; Cope, 2000; Crewe, 2005; Penfold et al., 2005). Staff reductions have also hampered stemming the flow of illicit drugs in prison. New psychoactive substances, such as *Spice* and *Black Mamba*, have been increasingly linked to medical emergencies and violence. At the end of the fiscal year 2019, these substances were seized in 6,699 instances, a dramatic increase from the 15 recorded seizures in 2010 (Ministry of Justice, 2019b). These drugs have been linked to increases in organised crime and prison gangs operating both within and beyond the prison walls. Transnational studies reveal that criminal groups create and administer the governance of institutions (Skarbek, 2011). Although Maitra (2010) suggested such groups are less entrenched in English prisons, recent research indicates otherwise: sophisticated financial trading and ease of consumption (Gooch and Treadwell, 2020) have enabled organised crime and prison gangs to engage in coercion, violence, and usury, and facilitate overdoses. Such adverse efforts lead to a decline in the legitimacy of prison authority. The National Drug Strategy (HM Government, 2017) included a plan to address the growing presence of NPS in prisons via intelligence, treatment, and legislative measures; to date, though, it has yet to achieve this aim.

4.4.7 Ameliorating strategies that appear to maintain the neoliberalism stance

The government has responded to crises in English prisons through investment, but only when spending coheres with its neoliberal vision of recruiting more prison officers and building more prisons. Following a speech at the Conservative Party conference in 2016, the former Justice Minister Liz Truss allocated £291 million to recruit 2,500 additional prison officers (Ministry of Justice, 2016). This reform was incorporated into the Prison Safety and Reform White Paper 2016, which also sought, *inter alia*, to enhance the commissioning autonomy of prison governors, increase the transparency of prison monitoring, and build new community prisons for women (Ministry of Justice, 2016). While most proposals from this White Paper were halted because of the UK General Election in June 2017, the policy implementation on the staffing levels of the 2016 White Paper have been carried forward by the subsequent Justice Ministers.

A further allocation of £10 million was provided by the former Prison Minister, Rory Stewart to reduce violence and restrict drugs in ten underperforming prisons (Ministry of Justice, 2018a). The government managed to recruit an extra 4,500 prison officers from September 2016 to September 2019 (Parliament UK, 2020). Although prison officer numbers are nearly at the same level as they were seven years ago, the workforce is now much less experienced. In March 2019, 50% of prison officers had less than five years' experience compared to 22% in March 2010 (Institute for Government, 2019). Just under one-half (46%) had at least 10 years' experience, down from 56% in 2010 (ibid.). As the HMIP (2019) observed, new and inexperienced staff sometimes struggle to challenge poor prisoner behaviour.

The government responded to the CPT's (2017) statements of concern by unveiling a plan to build enough prisons to house 7,000 additional prisoners (CPT, 2018). Also, after a follow-up inspection in 2019, there are plans for further space to accommodate an extra 20,000 prisoners (CPT, 2020b). The government reasoned that it should never be asked to set an arbitrary rate of imprisonment (ibid.); this assertion was in response to the CPT's (2020a) recommendation to reduce the rate. These super-prisons do not seem to eliminate existing overcrowding and degrading living conditions in English prisons. In fact, Garland (2001) argued, building new prisons can potentially lead to more imprisonment, which does nothing to address the effect of austerity on prison institutions. Building more prisons signifies a motivation to use imprisonment as a tool of social control and management of perceived risky communities. These motives accord with neoliberal ideology but fail to improve the safety of English citizens. Attending to prisoners' entitlement to health fails to receive attention with this approach.

For 2020/2021, the government recommended a 4.9% increase (in today's monetary value) in the budget for the Ministry of Justice, as well as a commitment of £2.5 billion to build an additional 10,000 prison spaces and an extra £100 million to introduce body scanners in prisons (HM Treasury, 2019a). Although partially seeking

to address concerns over drugs and violence, these efforts took the focus off the existing issue of chronic overcrowding and degrading living conditions in English prisons.

Summary

This chapter highlighted the growing health disparities within the growing and increasingly diverse prison population in England. It largely theorised using underpinnings from social determinants of health, habitus, importation and deprivation. It sought to operationalise the notion of imprisonment from a sociological approach rather than a pathogenic and biomedical model of health. Because the current political economic system prioritises neoliberalism over moral and ethical standards, prisoners suffer from a lack of access to acceptable healthcare. They live in substandard conditions and do not have access to purposeful activities. The vector of violence in English prisons remains uncurbed. This creates ongoing instability in English prisons, hampers the aspiration of the rehabilitation agenda, and increases the likelihood of breaching the principles of the European Convention on Human Rights. The state's inadequate and inept response to the crisis and its limitations, unless vigorously challenged and then modified, will continue to support human rights violations against prisoners and their health.

Conclusion

These literature review chapters appraised the existing literature of austerity against the wider backdrop of neoliberalism, the governance of prisons and prison healthcare in England, and the current state of health across English prisons. It theorised the ways in which austerity policies—despite being ideologically rather than economically driven—have intensified the deepening health inequalities within the wider population. Although existing studies have yet to illustrate the impacts of austerity on prison health governance and delivery, the stance of tough-on-crime and the privatisation of prison services over the past few decades have demonstrated that the guiding norms of neoliberalism permeate management of the English criminal justice system.

Although there is a robust structure in governing prisons and prison healthcare and its delivery, incoherent policies concerning imprisonment, a fragile institutional base at all levels of governance, and persistent political intrusion weaken the potential for sustainable health gains. There have also been signs of a diminishing state presence following an increase in the privatisation of the criminal justice sector. This ethos continues the traits of neoliberalism, with continual impotence of prison and prison healthcare's monitoring structure, given the lack of power and independence to instigate reforms.

This chapter also outlined the current state of health in English prisons. The prevalence of poor health among increasingly numerous and diverse prison

populations in England illustrates how their ill-health originates from pre-incarceration and is further impaired during incarceration. The pervasive impact of austerity since 2010—as illuminated by the literature on the lack of access to healthcare, demeaning living conditions in prisons, and growing levels of violence—has contributed to ongoing prison instability and poor governance for prisons and prison healthcare. It also has enhanced the potential that England will breach international and European human rights principles regarding humane treatment during prisoners' detention.

The current literature clarifies the effects of top-down government implementation of austerity measures across the public sector, including prisons, and the potential breach of international obligations that seek to protect prisoners' entitlement to health. However, it does not contextualise the impact of austerity on prison health governance and delivery in England. Thus, understanding the views of experts in the English prison health field is a necessary prerequisite. The next chapter on the methodology and methods used in this research will describe the qualitative research processes undertaken to obtain 87 prison health experts' views on the impact of macroeconomic austerity on prison health governance and delivery in England.

Chapter 5: Methodology and Methods

Introduction

Existing literature (see Chapters 2, 3, and 4) elucidates how austerity has been utilised as a vehicle in strengthening the principles of neoliberalism. However, the literature does not contextualise the manifestations and impact of austerity on prison health governance and the delivery of healthcare services in England. Specific impacts on different prison establishments remain unknown. Additionally, governmental responses towards incidents that were directly linked to austerity remain under-theorised. Notably absent from the academic and policy debates are discussions around remedial actions to counter the effects of austerity on prison health.

To unpack these discussions, this study investigated the topic critically from the perspectives of actors who occupy positions in this governance structure—namely international and national experts in prison health. Additionally, local prison governors and officers, as well as representatives from private and voluntary sector organisations which were commissioned to mobilise the prison healthcare agenda in England, also took part in this research.

This chapter presents the rationale and philosophical underpinning of the research, for which constructivist grounded theory provides the core approach. Subsequently, it offers an overview of the research design by explaining the process for accessing and recruiting participants and the procedures for data collection and analysis. These expert interviews highlight issues pertaining to ‘studying up’ with elite participants, as well as challenges involved in undertaking health research in a highly regimented environment with ‘street-level bureaucrats’ (Lipsky, 1980). Given the qualitative nature of the study, measures were undertaken to establish the trustworthiness of the research project, including the principles of credibility, ethical conduct, and sincerity.

5.1 Grounded Theory

The approach of grounded theory employed in this study helps to examine the many dimensions of austerity in governing and delivery prison health. It is an inductive approach used in qualitative research to build theory (Strauss and Corbin, 1998), characterised by a juxtaposition of systematic and flexible guidelines for collecting and analysing data, as theory construction takes place (Charmaz, 2006). By operationalising grounded theory, the study was able to co-construct (Silverman, 2013) the meaning of austerity with the participants, grounded in empirical data from their experiences in prison and prison health experts at the international, national, and local levels of prison health governance and delivery in England.

Despite its widespread use as a qualitative methodology in various social science fields over the last five decades (Glaser and Strauss, 1967), grounded theory remains under-utilised in prison research. Qualitative prison health research to date typically focuses on the lived experiences of the prisoners or takes a 'studying down' approach to the phenomenon (Morris, 2015). What remains scarce, however, is 'studying up'—particularly in examining the interactions of actors and institutions—as well as the study of specific sectoral cultures, especially when they undergo systemic reorganisation (ibid.). As grounded theory positions itself as a suitable methodology for a new, emerging phenomenon that has yet to be theorised, especially the impacts of austerity on prison health governance and delivery (Birks and Mills, 2011; Charmaz, 2006), this methodology is considered particularly pertinent for this study.

This study adopts a constructivist approach to grounded theory (Charmaz, 2006). This was a fully conscious choice made from an epistemological, ontological and subjective point of view, and which is underscored by the research imperatives and practicalities of the project. In keeping with Charmaz's (2006) proposal, constructivist grounded theory has an axiological orientation; that is, it views research as a tool for advancing social policy. Applying this observation to my own study, I interrogated a social justice issue (prison health), together with its prevailing structural conditions (political and economic position) and internal structure (organisations and actors who are mandated to implement the policies). Unlike the classical approach of grounded theory that proposes a distant relationship between the researcher and the participants (Glaser, 1978), the constructivist stance brings many practical benefits to the co-construction of knowledge.

First, from an epistemological standpoint, constructivism asserts that knowledge and meaning about the world are constructed by participants (Appleton and King, 2002). Meaning is not waiting to be discovered, but rather is constructed as participants interact with, and interpret, the subject (Crotty, 1998). A constructivist stance encourages a study 'with the participants'. This involved providing them with a safe space to engage with the topic, humanising the research interactions and avoiding a mechanistic process of engagement. This approach also recognises the relativism of multiple social realities (Charmaz, 2003; 2009). Truth or meaning, according to Crotty (1998), only comes into existence when we engage with the realities of our world. The informants' experiences, along with the context within which these experiences took place, played a key role in theorising the impact of austerity on prison health governance and delivery. These research interactions enacted a symbiotic relationship between the participants and me. Through the prolonged one-to-one engagement with each participant, my interaction was heuristic, using discourses to unpack the phenomenon of austerity and how it influences and restructures the overall governance of prison health and the delivery of healthcare in England. Simultaneously, rather than positing the view that truth can only be discovered in a posteriori knowledge, the ontological perspective of constructivist grounded theory acknowledges the existence of multiple realities. Realities, as

constructed by the research participants, are shaped by the intersections of political, cultural and social norms, and lead to a theory that “is situated in time, place, culture and situation” (Charmaz, 2006, p.131).

Second, from a viewpoint of subjectivity, an approach based in constructivist grounded theory acknowledges overtly the subjective role of the researcher in the process of both generating and analysing data (Charmaz, 2014). More specifically, there were two key dimensions to my subjective position as researcher: 1) my professional experiences as a health commissioner prior to entering academia; and 2) the prior knowledge of the topic generated via an initial literature review. My background as a former community and prison commissioner in the public health sector for nearly a decade has helped ensure that I am conversant with the prison health governance and the delivery of prison healthcare services in England.

Many grounded theorists have been criticised for not attaining a sufficiently close level of familiarity with the phenomenon under investigation (Lofland and Lofland, 1984). Instead, their views remain partial and superficial (ibid.). To overcome this potential weakness, I ensured that I used my professional background to my advantage in appreciating the threat posed by austerity to the delivery of the health services in English prisons. The constructivist approach used in this study incorporates me as part of the heuristic journey, rather than imposing an artificial tabula rasa (i.e., remote observation) and the passive theorisation of the social phenomenon being examined (Birks and Mills, 2011; Charmaz, 2003; Lincoln et al., 2011). Acknowledging that researchers play an active role in telling the story and constructing the theory (Charmaz, 2006), my background has, to a certain extent, ensured that I have not examined the phenomenon superficially, since I can draw upon my first-hand experiences witnessing this phenomenon across prison institutions. As Kools and colleagues (1996) suggest, it is rare for researchers to abandon subject or methodological knowledge to understand a complex social norm. Thus, this heuristic journey runs parallel to the ontological assumption that reality is socially constructed and, therefore, that it cannot be viewed as independent from those who have co-constructed it (Creswell, 2007).

In embracing practicality, constructivist grounded theory encourages me to be acquainted with the existing literature, with the aim of augmenting my knowledge prior to entering the field. Conducting a literature review within a grounded theory framework is an issue of recurrent epistemic struggle. Classical grounded theorists objected to engagement with the existing literature prior to beginning data collection (Glaser and Holton, 2004). Hunter (2000), for example, proposes that approaching a research problem without preconceptions will eventually lead to the emergence of a theoretical framework for the data. Indeed, Glaser and Strauss (1967) even went as far as to argue that researchers should “literally ignore the literature of theory and fact on the area under study” (Glaser and Strauss, 1967, p.37).

However, this stance does not reflect the reality in which real-world research studies are conducted. Researchers, like myself, do not exist in a vacuum. Thus, the context around individual perceptions and their conceptual frameworks cannot be side-lined. In fact, as Charmaz (2014) indicates, “data do not provide a window on reality. Rather, the discovered reality arises from the interactive process and its temporal, cultural, and structural contexts” (p.524). Having background knowledge reinforces my knowledge and credibility, and, in turn, contributes to the authority of the ensuing arguments. As Dey (1993) puts it, “there is a difference between an open mind and an empty head” (p.65).

Equally, I was also mindful that familiarity with a wide range of existing literature should not place limits on my theorisation. Efforts were taken to remain open to concepts that were missing from the initial literature review and to adopt a creative attitude (Charmaz, 2006; Henwood and Pidgeon, 2003). One practical example here is the participants’ discussion of the denial of the impacts of austerity by a minority of policymakers. Denial, as a theme, was not covered in the initial literature review. I avoided being resistant towards what were unexpected and newly emerging data. In so doing, I ensured I was not acting so as to enable a self-fulfilling prophecy (Thornberg and Dunne, 2019). At the same time, it also demonstrated my empathy and sensitivity towards the participants’ disclosure.

In addition, research gatekeepers often require researchers to demonstrate prior knowledge of the field, which can be evidenced via a prior literature review.[8] Beyond identifying relevant works and establishing connections between the research and earlier studies, it was also necessary for me to convince research collaborators of ‘what was in it for them’ and how, in return for their contribution, the outputs from this research could support their strategic and operational aims. Undertaking a thorough literature review before entering the field ensured that I was capable of articulating the potential academic originality of my study to these gatekeepers, including its theoretical and conceptual contribution, and this was a notable advantage of my awareness of the grounded theory paradigm that would suit the mode of enquiry. Thus, as Strübing (2007) confirms, the important insight from a literature review lies in how the researchers make proper use of extant knowledge to further themselves in the field, rather than questioning whether that previous knowledge should be used prior to beginning the research.

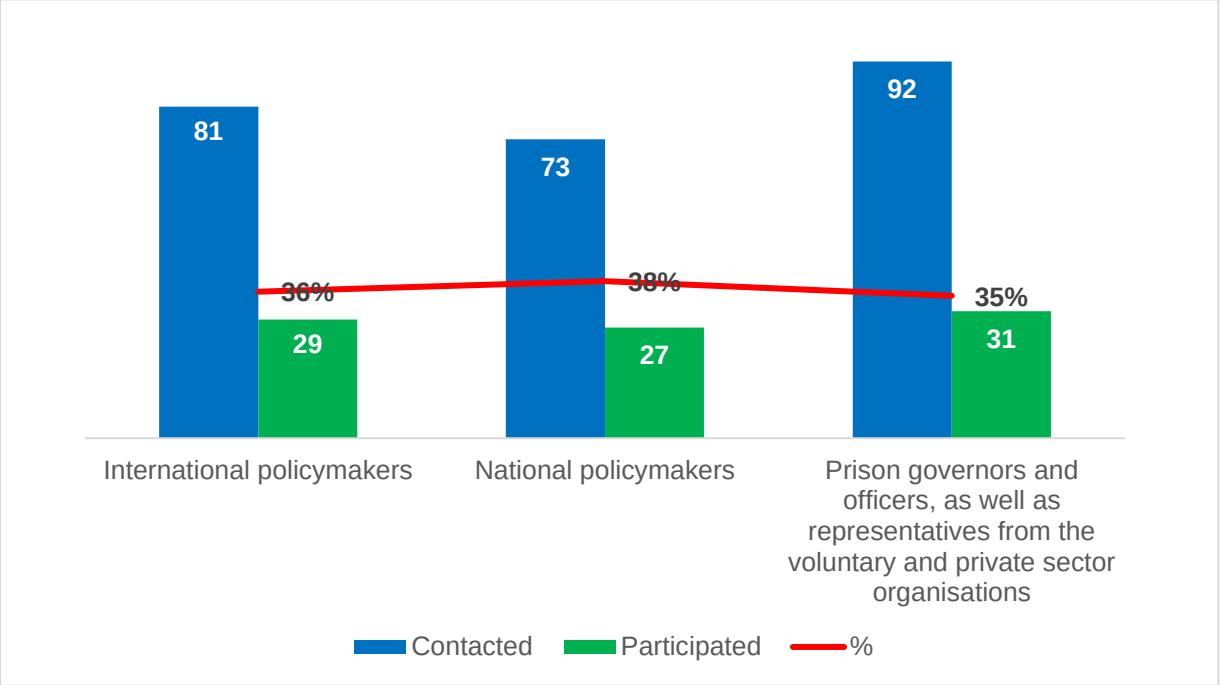
[8] To obtain the funding for my doctoral study, I was also required to demonstrate how my research is in line with the priority research areas of the Economic and Social Research Council (ESRC), namely ‘understanding the macroeconomy’ (ESRC, 2016), whilst explaining how my research proposal was original within the existing research in the area.

5.2 Access to participants and their recruitment

A 13-month period of research fieldwork was undertaken intermittently between January 2018 and September 2019, with 87 prison health professionals who operate within the international, national and local governance structures. Given the interdisciplinarity and scale of the investigation into the governance strata of prison health in England, the sample size was inevitably large. Figure 5.1 below demonstrates the number of participants who were contacted and subsequently participated during the three phases of this research. Out of 246 potential participants who were approached, 87 (35%) agreed to take part. Drawing upon a large group of potential participants helped to minimise the uncertainty around non-participation.

Figure 5.1

Number of participants who were contacted and participated in the research



Although the Findings chapters (Chapters 6, 7, 8, 9 and 10) will report the cross-cutting themes across all participant groups, for pragmatic reasons, this research was divided up into three stages of fieldwork, each dealing with a different group. At the first fieldwork stage, 29 policymakers from key organisations relevant to international prison work, such as the UN, the WHO and the Council of Europe, were invited to provide accounts on the research topic, together with those from other non-governmental organisations, such as Amnesty International and the Association for the Prevention of Torture. This was followed by the second wave of fieldwork, where 27 national policymakers participated, from governmental (e.g. HMPPS, NHS

England and PHE) and non-governmental organisations, reflecting the broad composition of the prison health terrain in England.

To reflect ground-level experiences, 22 prison governors and officers across 17 prison sites–ranging from high, medium and low security prisons, as well as resettlement prisons, and with a mixture of public and private sector institutions – took part in the final stage of the research. Additionally, nine representatives from the voluntary and private sector organisations who were commissioned to deliver the prison health agenda across English prisons, took part in this research.

Table 5.1 below details each participant's professional standing, association, mode of interview, and the total length of the interview. The participants' details were anonymised to ensure that their actual credentials were not exposed, while at the same time providing enough information for the readers to judge the range of their background and experience.

Table 5.1

Participants, their professional designation, geographical setting, mode of interview, and duration of interviews

Participant ID	Professional Designation	Geographical Setting	Mode of Interview	Duration (Minutes)
Participant 1	Academic advisor to a European probation organisation	International	Online	42:24
Participant 2	Consultant for an international health organisation	International	Face-to-face	54:05
Participant 3	Lead of a European prison research institute	International	Online	62:19
Participant 4	Advisor to a European intergovernmental human rights organisation	International	Online	62:56
Participant 5	Member of a European anti-torture committee	International	Face-to-face	62:28
Participant 6	Strategic lead of a non-governmental criminal justice organisation	International	Face-to-face	96:09
Participant 7	Advisor to a European intergovernmental human rights organisation	International	Online	61:03
Participant 8	Policy lead of a European public-sector trade union organisation	International	Telephone	70:03
Participant 9	Advisor to a European Union administration organisation	International	Telephone	37:28
Participant 10	Academic and advisor to a European anti-torture organisation	International	Face-to-face	82:52
Participant 11	Advisor to a European intergovernmental human rights organisation	International	Online	33:55
Participant 12	Advisor to a European intergovernmental human rights organisation and leader of a national medical organisation	International	Telephone	51:55
Participant 13	Former head of a prison inspectorate	International	Face-to-face	67:43
Participant 14	International human rights advocate	International	Face-to-face	27:34
Participant 15	Academic and former cabinet office advisor	International	Face-to-face	73:31
Participant 16	Head of a European prison education association	International	Telephone	40:54

Participant 17	Advisor to a European intergovernmental human rights organisation	International	Online	49:32
Participant 18	Academic and advisor to a European administration organisation	International	Online	36:37
Participant 19	Former president of a European anti-torture committee	International	Online	50:19
Participant 20	Public health specialist at an international health organisation	International	Face-to-face	50:29
Participant 21	Regional lead of an international health organisation	International	Face-to-face	47:47
Participant 22	Advisor to a European intergovernmental organisation	International	Telephone	38:01
Participant 23	Advisor to a European intergovernmental human rights organisation	International	Face-to-face	56:09
Participant 24	Member of a European anti-torture committee	International	Face-to-face	41:57
Participant 25	European law and human rights specialist	International	Face-to-face	77:54
Participant 26	Legal advisor to a supranational court institution	International	Face-to-face	45:09
Participant 27	Head of a European penal advisory committee	International	Face-to-face	53:53
Participant 28	Former head of a prison inspectorate	International	Face-to-face	40:09
Participant 29	Academic and consultant for an international health organisation	International	Online	42:03
Participant 30	Senior commissioning lead at a justice ministry	National	Face-to-face	50:41
Participant 31	Head of custodial services at a justice ministry	National	Telephone	71:39
Participant 32	Regional health and justice lead of a national health organisation	National	Telephone	50:01
Participant 33	Regional health and justice lead of a national health organisation	National	Face-to-face	109:50
Participant 34	Head of a national prison health charity	National	Face-to-face	53:34
Participant 35	Regional health and justice lead of a national health organisation	National	Face-to-face	40:29
Participant 36	Assistant head of health and justice of a national health organisation	National	Face-to-face	70:17
Participant 37	Health and social care lead of a national social care organisation	National	Telephone	67:00

Participant 38	Policy lead at a health and social care organisation	National	Telephone	38:34
Participant 39	Policy lead at a national penal reform organisation	National	Face-to-face	34:01
Participant 40	Head of a national penal reform organisation	National	Face-to-face	64:02
Participant 41	Regional prison director of a justice ministry	National	Telephone	37:53
Participant 42	Chief economist of a national think tank	National	Face-to-face	41:05
Participant 43	Research lead of a national think tank	National	Face-to-face	
Participant 44	Criminal justice lead of a nursing trade union	National	Face-to-face	61:03
Participant 45	Lead officer of a nursing trade union	National	Face-to-face	
Participant 46	Regional prison director of a justice ministry	National	Face-to-face	36:13
Participant 47	Project lead of a national penal reform organisation	National	Face-to-face	56:12
Participant 48	Lead investigator of a regulatory organisation	National	Face-to-face	51:27
Participant 49	Investigator of a regulatory organisation	National	Face-to-face	
Participant 50	Head of legal of a national penal reform organisation	National	Face-to-face	34:56
Participant 51	Legal officer of a national penal reform organisation	National	Face-to-face	
Participant 52	Head of policy of a national penal reform organisation	National	Face-to-face	44:11
Participant 53	Regional head of health and justice commissioning of a national health organisation	National	Face-to-face	60:39
Participant 54	Health and social care specialist of a parliamentary committee	National	Face-to-face	61:42
Participant 55	Commissioning lead of a national health organisation	National	Face-to-face	50:44
Participant 56	Regional head of health and justice commissioning of a national health organisation	National	Online	43:55

Participant 57	Head of prison governor's union	Local	Face-to-face	53:25
Participant 58	Prison governor of a closed prison with an urgent notification status	Local	Face-to-face	51:06
Participant 59	Senior prison officer of a closed prison with an urgent notification status	Local	Face-to-face	68:01
Participant 60	Healthcare officer of a closed prison with an urgent notification status	Local	Face-to-face	35:16
Participant 61	Prison governor of a high security prison	Local	Face-to-face	52:48
Participant 62	Prison governor of an open prison	Local	Face-to-face	64:17
Participant 63	Prison officer of an open prison	Local	Face-to-face	61:10
Participant 64	Head of prison officers' union	Local	Face-to-face	42:30
Participant 65	Service manager of an NHS Trust in a closed prison	Local	Face-to-face	57:04
Participant 66	Head of a substance misuse service operating in various closed prisons	Local	Telephone	49:14
Participant 67	Prison governor of an open prison	Local	Face-to-face	40:04
Participant 68	Prison governor of a resettlement prison	Local	Face-to-face	33:32
Participant 69	Prison officer of a resettlement prison	Local	Face-to-face	33:28
Participant 70	Healthcare manager of an NHS Trust in a resettlement prison	Local	Face-to-face	32:04
Participant 71	Prison governor of a resettlement prison	Local	Face-to-face	49:37
Participant 72	Prison officer of a resettlement prison	Local	Face-to-face	46:12
Participant 73	Head of a private healthcare organisation of a resettlement prison	Local	Face-to-face	37:07
Participant 74	Senior prison officer of a resettlement prison	Local	Face-to-face	36:01
Participant 75	Prison governor of a closed prison with an urgent notification status	Local	Face-to-face	74:14
Participant 76	Head of social services charity covering various closed prisons	Local	Face-to-face	34:51
Participant 77	Manager of a mental health charity covering various closed prisons	Local	Face-to-face	41:04

Participant 78	Senior prison officer of a closed prison	Local	Face-to-face	46:32
Participant 79	Deputy governor of a closed prison with urgent notification status	Local	Face-to-face	60:01
Participant 80	Governor of an open prison	Local	Face-to-face	58:24
Participant 81	Governor of an open prison	Local	Face-to-face	61:09
Participant 82	Senior prison officer of a high security prison	Local	Telephone	42:09
Participant 83	Governor of a high security prison	Local	Telephone	30:21
Participant 84	Director of a private, closed prison	Local	Telephone	50:43
Participant 85	Healthcare manager of a women's prison	Local	Face-to-face	54:49
Participant 86	Prison governor of a women's prison	Local	Telephone	33:36
Participant 87	Social care coordinator in a closed prison with urgent notification status	Local	Telephone	60:23

Despite the varied sample, all stakeholders were guided to address the same aim, namely to highlight the impact of austerity on prisons, regardless of the stratum that they occupied. As Charmaz (2006) indicates, “the studied experience is embedded in larger and, often, hidden positions, networks, situations and relationships. Subsequently, differences and distinctions between people become visible” (pp.130–131). As such, I was alert to similarities and differences between participants, in order to ensure that all perspectives were considered sufficiently.

While all the participants of this research are experts who occupy positions in the governance structure for prison health, they are clearly sub-divided into two groups: elite participants and ‘street-level bureaucrats’ (Lipsky, 1980). International and national policymakers may be considered fall into the former category, while prison governors and officers, as well as the representatives from private and voluntary sector organisations, fall into the latter category. The processes for gaining access to these two groups and recruiting from them are explained further below.

5.2.1 Elite participants: international and national policymakers and experts

Of the 87 study participants, 56 of them were international and national prison and prison healthcare policymakers and experts who can be considered as elite participants. Dexter (1969) defines ‘elites’ as a group whose members are “the influential, the prominent, and the well-informed” (p.19). Although the elite participants included in this study cannot be neatly defined as a homogeneous group, they share several of the following traits: engagement with policy-making activities in prison health (Lilleker, 2003); occupations with authoritative positions in the field (Littig, 2009; Mikecz, 2012); professional skills and competencies; and the ability to exert influence through social networks, social capital and their strategic positioning within social structures (Harvey, 2011). They have also exerted greater influence on political outcomes than general members of the public (Richards, 1996).

It was important to obtain their perspectives on the research topic because of their potential involvement in shaping and implementing policy imperatives relating to prison health governance, and because of their direct or indirect experience of responding to the policy imperatives that resulted from austerity regimes at the international and national level. Previous research concerning elite communities in prison health is almost entirely absent. This omission follows directly from Hunter’s (1995) and Ostrander’s (1995) suggestion that elite participants are an understudied population in general, because of their position in an asymmetrical distribution of knowledge and their insularity from the public, which can be attributed to their power. Lilleker (2003) suggested that elites are in the position to “provide insight into events about which we know little: the activities that take place out of the public or media gaze, behind closed doors” (p.208). ‘Studying up’, in the form of interviews with elites provided insight into the hidden elements of the austerity phenomenon, specifically how it has been formulated and implemented in the prison health system in England.

5.2.1.1 Recruitment of elite participants

Recruitment of the elite participants was purposive and theoretical, and employed a snowball sampling technique. Purposive sampling was used by "seeking out individuals where the processes being studied are most likely to occur" (Denzin and Lincoln, 1994, p.202). Participant selection was based on four inclusion criteria: 1) perspectives that reflect the diverse disciplines covered by this research; 2) the richness of experiences that reflect participants' seniority in the field; 3) participants' decision-making capacity, based on their position in the organisational hierarchy; and 4) familiarity with the English prison landscape—particularly, the principle of equivalence, that is, that the NHS delivers health services in both prisons and the community (Till et al., 2014)—together with some additional involvement with other prison systems across Europe for comparative purposes.

While elites are generally quite visible, they are also relatively inaccessible. Previous research on qualitative elite interviewing warns that approaching elite participants can be administratively and logistically challenging (Laurila, 1997; Ostrander, 1995; Sabot, 1999; Thuesen, 2011; Welch et al., 2002). For this reason, invitation strategies were carefully planned and executed. These strategies included examining official documents on international and European prison health, where the names of the authors and consultees were recorded. Additionally, several international and national research organisations agreed to provide advice on the research design, recommend potential participants for the interviews, and furnish their contact information.[9] I also made use of my attendance at both of the WHO's Joint International Meetings on Prisons and Health, in Lisbon, Portugal, in December 2017 and in Helsinki, Finland, in March 2019, where I met with potential research participants and exchanged business cards with them. These initial encounters enabled me to collect their contact details and refer to our conference conversation in the subsequent formal invitation which possibly increased the likelihood of their participation.

These recruitment strategies yielded 56 (36%) of the 154 participants approached in phases 1 and 2 of the study. The majority of the participants initially declined to participate in the study, citing logistical and institutional barriers, such as time constraints, lack of familiarity and involvement with the English prison system, and the confidential nature of the work. The majority of those who declined the invitation also believed that the interdisciplinary nature of the research was a cause for concern. That is, they believed that they would only be able to articulate their point of view from a particular disciplinary position. They were conscious that their

[9] These collaborators include the following: the UK Collaborating Centre for WHO Health in Prisons Programme for the European Region (England), the European Prison Observatory (Italy), the Association for the Prevention of Torture (Switzerland), the Ludwig Boltzmann Institute of Human Rights (Vienna), PHE (England), and NHS England (England).

background, for instance in Law, which they perceived to be at the periphery of prison health, would limit their response. I attempted to reassure them by reiterating that the research positively welcomed these interdisciplinary perspectives. Moreover, I shared a copy of the topic guides (Appendix 4) with these tentative participants to ensure that they were able to judge whether their contribution would be fruitful for the research.[10] In all 56 cases, I managed to secure their participation.

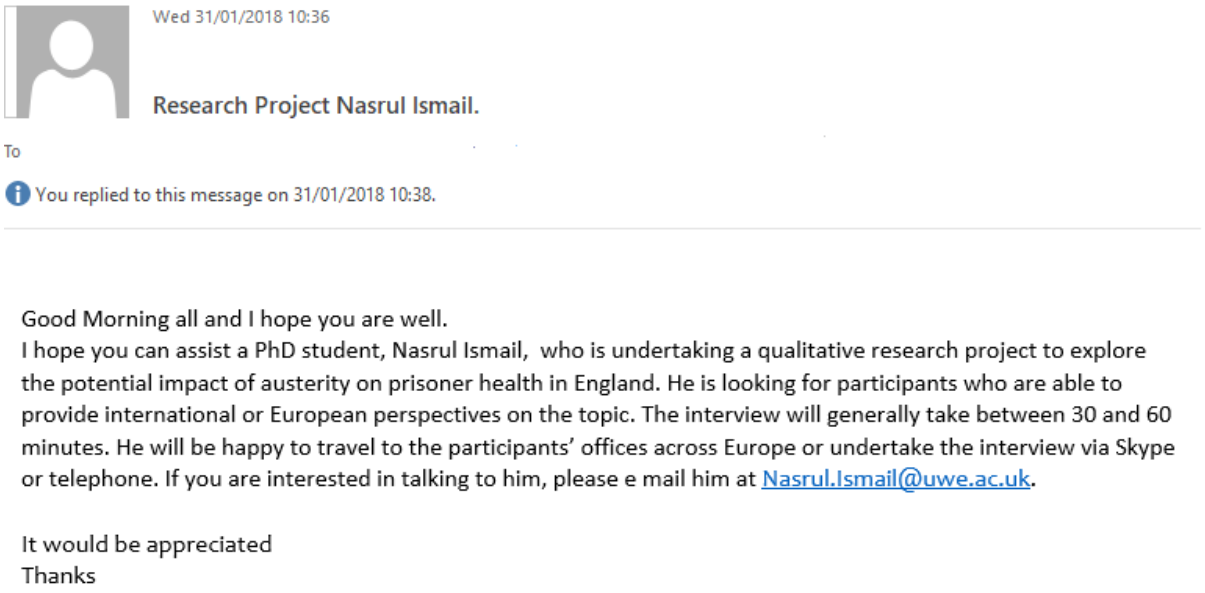
Mason (1996) defines theoretical sampling as "selecting groups or categories to study on the basis of their relevance to your research questions, your theoretical position […] and most importantly, the explanation or account which you are developing" (pp.93–94). In general, theoretical sampling is characterised by its link to preliminary data analysis (Glaser and Strauss, 1967). That is, theoretical sampling involves "much calculation and imagination on the part of the researcher" (Strauss, 1987, p.39). Theoretical sampling was implemented when, following preliminary data analysis, some data categories became saturated and participants introduced new concepts (Milliken and Northcott, 2003). For instance, to provide a more nuanced discussion on the emerging issue of privatisation, I reached out to new participants who might have perspectives that could either further support or challenge these provisional findings (ibid.). As theoretical constructs evolved, further information was sought to refine the emerging ideas.

Finally, snowball sampling was used during the participant recruitment process. In this way, participants were identified by drawing on the professional contacts of the researchers and collaborators. By using known contacts and affiliates, it became possible to establish my credentials with the interviewees and avoid cold canvassing. There is general agreement in the literature that one should work through existing networks to try to find a known sponsor who can provide referrals or facilitate entry into the field (Patton, 2002; Vallance, 2001; Weiss, 1994). At the end of each interview, the participants were speculatively asked, "Who else should I talk to about this research?" This strategy proved to be useful. On many occasions, I was given the contact details of potential interviewees and, after interviewing them, I asked the same question, which allowed me to use their authority to access colleagues operating in a similar, or deeper, way within the same field (MacDougall and Fudge, 2001; Thomas, 1995). At times, the participants introduced me directly to other potential participants. On one occasion, a participant sent an email request to his 12 contacts (Figure 5.2), which yielded a third of the participants (n=4) from the policymaking field.

[10] Occasionally, participants also requested a copy of the topic guide to aid their preparation; this was more frequent among the policymakers who were less experienced in dealing with research interviews. Having a topic guide might have made the interviews slightly mechanical rather than more free-flowing, although in some cases it might have improved the data quality.

Figure 5.2

Introduction email by an international policymaker to his network



Wed 31/01/2018 10:36

Research Project Nasrul Ismail.

To

You replied to this message on 31/01/2018 10:38.

Good Morning all and I hope you are well.
I hope you can assist a PhD student, Nasrul Ismail, who is undertaking a qualitative research project to explore the potential impact of austerity on prisoner health in England. He is looking for participants who are able to provide international or European perspectives on the topic. The interview will generally take between 30 and 60 minutes. He will be happy to travel to the participants' offices across Europe or undertake the interview via Skype or telephone. If you are interested in talking to him, please e mail him at Nasrul.Ismail@uwe.ac.uk.

It would be appreciated
Thanks

The familiarity with their colleagues and the trust in their recommendations were beneficial for gaining access to international networks of prison health wider than I would have been able to otherwise. This opportunity would have been missed without such referrals. Indeed, as Thuesen (2011) points out, "networks, social capital, and trust are often paramount for gaining access to elites" (p.620). Hence, by being a part of the trusted circle, I was able to conduct research within the close-knit community of powerful and influential participants.

5.2.1.2 Contacting elite participants

Following ethical approval to conduct this study (see section 5.5.2 below on ethical conduct), a multifaceted recruitment plan for the international experts was implemented over a 17-week period from 13th December 2017 to 17th April 2018. Additionally, a recruitment plan was implemented over 16 weeks, between 13th February 2019 and 30th May 2019, for the national experts.

All elite participants were initially contacted via email. I found that these elite participants were highly receptive to email communication, since all had access to smartphones, either personal or work-related, or both. Previous literature has suggested that researchers should send formal letters, followed by phone calls and emails only as the last resort (Conti and O'Neal, 2007; Stephens, 2007). However, these means of communication seemed redundant, considering that technological advancements permit elite participants to work beyond the normal 9 to 5 routine.

Previous literature has also illustrated that elite groups are harder to reach because they are more adept at negotiating the terms of the interview and can prevent access to others (Cochrane, 1998; Desmond, 2004; England, 2002; Sabot, 1999). However, I found that this community holds academic research in high esteem, and they were willing to participate in the research. All of them perceived social research as an impetus for policy and political change, and, therefore, they welcomed this research as a lever to voice their opinion, particularly on such an important and enduring issue.

Persistence and perseverance were keys to initiating contact with the elite participants. On a few occasions, I had to either wait longer for a response or send multiple emails. I began to develop an understanding that emails sent between 7 am and 9 am usually received prompt responses compared to those sent at other times, which suggested that the majority of the participants responded to their emails during their commuting times. Peabody et al. (1990) emphasise that gatekeepers, such as personal assistants, secretaries, and office managers, will attempt to protect the interests of their organisation and personnel. In my case, however, most of the elite participants were able to respond directly using their smartphones. The gatekeepers in question were only involved in the logistical arrangements.

In addition, I deployed the techniques proposed by Welch and colleagues (2002). These techniques drew the informants' attention to the researcher's professional credentials, publications, affiliations, and standing, or alerted them to a personal connection that helped to establish trust. In my case, each letter used the UWE letterhead with the ESRC logo. The invitations were personalised, and the content of each letter emphasised that the recipient had experience and insights that would be of value to the wider community. This departs from the previous research undertaken by Lilleker (2003), who suggested that a standard letter used with a mail-merge facility would be able to reach all correspondences at the touch of a button. In fact, the high rate of participation in this study can be largely attributed to the tailored correspondence. The letter (Appendix 5) was accompanied by a two-page summary of the research project that was written free of academic jargon (Appendix 6).

On numerous occasions, I had to overcome the logistical barrier of 'ghosting' by potential participants. This occurred when those who were approached remained silent, despite being approached repeatedly, which intensified the data collection and analysis process. For each research phase, participants who did not respond to the initial invitation would be reminded every two weeks until the completion date of that wave of interviews was reached. In total, up to seven reminder emails were sent to each potential participant. In my research, the ghosting issue was most prevalent among the monitoring and voluntary sector organisations. Debriefing sessions were held with research collaborators who provided valuable insights into the factors relevant to these constellations of actors. These included the potential perception of my research as competing against their own workstreams and institutional agendas

and concern that speaking out might put their funding position in jeopardy, institutional secrecy, and competing priorities. To mitigate these factors, good research management skills were adopted: being resilient and facing challenges as they surfaced, being politically astute, exploring alternatives, and balancing between persistence and politeness throughout the interactions. Managing the data collection process called on my soft skills as a researcher: organisational skills, patience, persistence, the ability to deal with uncertainty in a conciliatory manner, and creativity in looking for different options to ensure that the setbacks did not derail my fieldwork.

Elite participants were given the opportunity to be interviewed at a date, time, and venue that was convenient for them (Harvey, 2010; Odendahl and Shaw, 2002; Thomas, 1995). They were contacted at least two months in advance. Scheduling each interview was kept open and flexible throughout the recruitment phase, acknowledging that the participants were busy. This flexibility included being available for interviews on evenings, weekends, and Bank Holidays. Sometimes the interviews had to be rescheduled due to circumstances that included urgent briefings with ministers, court appearances as expert witnesses, and last-minute requests to chair intergovernmental meetings. In these circumstances, my willingness to be flexible with the fieldwork was appreciated by the participants.

5.2.2.1 Recruitment of the 'street-level bureaucrats'

According to Lipsky (1980), the term 'street-level bureaucrats' denotes frontline staff who use power and discretion in delivering public services. Prison governors and their officers, as well as the workforce of the private and voluntary sector organisations who deliver healthcare provisions in English prisons, fall into this category.

From the outset, invitations were primarily circulated to 34 prison governors, with the intention that prison officers from those particular sites were also invited to participate. In total, 17 prison governors and five prison officers provided accounts on the topic. The range of prison establishments was selected in order to meet the following different characteristics: public and private prisons, male and female prisons, and prisons with older prisoners' wing. The sample also included the different categories of prisons: either high-security, local or training, open or resettlement prisons. Other key factors were also considered as part of the research: institutions requiring pressing improvement, based on the urgent notification triggered by the Chief Inspector of Prisons to the Secretary of State for Justice (HMIP, 2019), were selected, as were the ten most challenging prisons affected by high levels of violence and drugs (Ministry of Justice, 2018a). Finally, stakeholders who were part of the management structure of the Prison Governors' Association (PGA) and the POA were approached to provide input for this research project.

Much academic literature suggests that the prison typology and the security level of

the proposed sites (high, medium, or low) can impact on the feasibility of the fieldwork process. According to Martin (2000), high-security sites may be less amenable to taking part in the research, because of the trade-offs between research and resources, and this contrasts with open prisons where minimal involvement of prison officers is required. My research, however, confronts this intuitive reasoning, as it was critical for me to ensure coverage from all the major prison categories and security levels in order to understand how austerity impacts different kinds of prison establishment. Coverage from all type of prisons was pivotal, as this would support me in triangulating the varied viewpoints and experiences of the participants in each of these establishments (Shenton, 2004). When similar results emerge from different sites, the findings are deemed to be credible, which contributes to the trustworthiness of the research and its conclusions.

Securing the participation of prison governors and officers was contingent on three factors. Having ethical approval from the National Research Committee of the Ministry of Justice (discussed in the Ethical Consideration section below) provided some level of assurance for these participants. Participation by the prison officers was also reliant on the availability of officers on the interview day. In contrast to the work of Martin (2000), it was more challenging to secure participation from prison officers in open prisons. Because of their low security setting, these establishments do not have as many prison staff as other closed prison establishments. Availability was also dependent on the time of the interviews, so that it was easier to secure their participation in the morning. Finally, the fact that these were one-to-one interviews was perceived to be an advantage by most governors, as they would not take up as great a commitment of time and human resources from their institutions. In fact, one governor commented explicitly as follows: “luckily your visit only involved one-to-one interviews. If it involved prolonged observations [i.e. ethnography], I would have declined your invitation.” In contrast, the recruitment process for potential participants who came from the private and voluntary sector organisations was linear, in that it did not have to go through gatekeepers who could complicate issues of access. In total, 18 potential participants were approached from these sectors, nine of whom participated in the research.

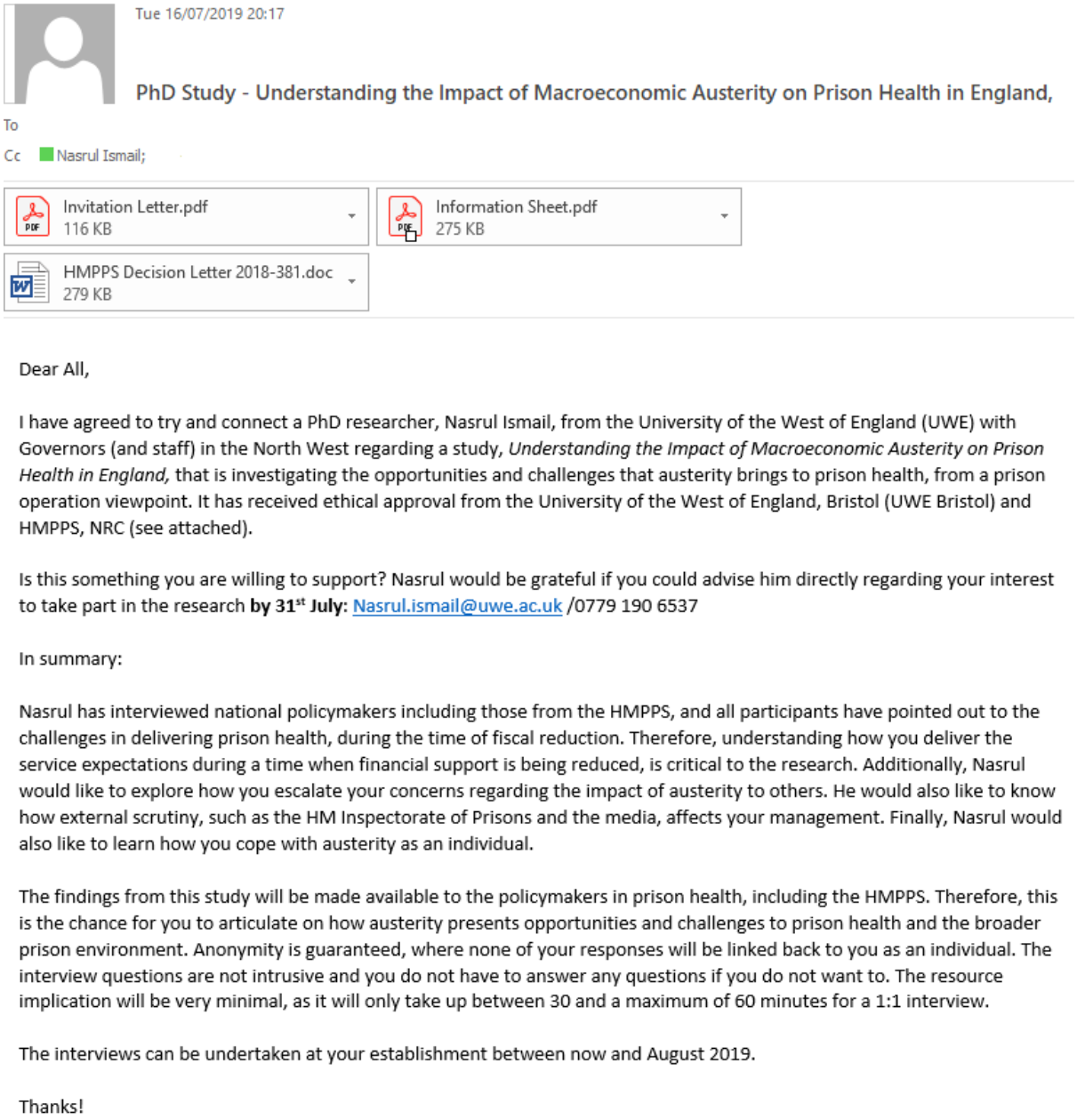
Similar to the process with elite participants, theoretical sampling was adopted to explore new concepts that had not emerged from the initial literature review. For instance, there was the emerging issue of how closed, medium-sized prisons are perceived to be more heavily impacted by austerity, compared to high-security or open prisons. Pursuing these emerging avenues required me to work simultaneously on data analysis and participant recruitment in order to support or challenge the emerging account.

Finally, snowball sampling was put into practice. On a small number of occasions, academic collaborators from PHE and an academic institution served as a conduit, by introducing me to five prison governors, four of whom immediately accepted the

research invitation (Figure 5.3).

Figure 5.3

Introduction email to five prison governors by a research collaborator



Tue 16/07/2019 20:17

PhD Study - Understanding the Impact of Macroeconomic Austerity on Prison Health in England,

To

Cc Nasrul Ismail;

Invitation Letter.pdf 116 KB

Information Sheet.pdf 275 KB

HMPPS Decision Letter 2018-381.doc 279 KB

Dear All,

I have agreed to try and connect a PhD researcher, Nasrul Ismail, from the University of the West of England (UWE) with Governors (and staff) in the North West regarding a study, *Understanding the Impact of Macroeconomic Austerity on Prison Health in England,* that is investigating the opportunities and challenges that austerity brings to prison health, from a prison operation viewpoint. It has received ethical approval from the University of the West of England, Bristol (UWE Bristol) and HMPPS, NRC (see attached).

Is this something you are willing to support? Nasrul would be grateful if you could advise him directly regarding your interest to take part in the research **by 31st July**: Nasrul.ismail@uwe.ac.uk /0779 190 6537

In summary:

Nasrul has interviewed national policymakers including those from the HMPPS, and all participants have pointed out to the challenges in delivering prison health, during the time of fiscal reduction. Therefore, understanding how you deliver the service expectations during a time when financial support is being reduced, is critical to the research. Additionally, Nasrul would like to explore how you escalate your concerns regarding the impact of austerity to others. He would also like to know how external scrutiny, such as the HM Inspectorate of Prisons and the media, affects your management. Finally, Nasrul would also like to learn how you cope with austerity as an individual.

The findings from this study will be made available to the policymakers in prison health, including the HMPPS. Therefore, this is the chance for you to articulate on how austerity presents opportunities and challenges to prison health and the broader prison environment. Anonymity is guaranteed, where none of your responses will be linked back to you as an individual. The interview questions are not intrusive and you do not have to answer any questions if you do not want to. The resource implication will be very minimal, as it will only take up between 30 and a maximum of 60 minutes for a 1:1 interview.

The interviews can be undertaken at your establishment between now and August 2019.

Thanks!

By using known contacts and affiliates, I established a connection with the interviewees and avoided cold canvassing. Notably, the snowball sampling was used least in the street-level bureaucrat interviews because the Ministry of Justice controls the permission to contact potential prison establishments. I had to obtain permission from the Ministry prior to approaching these new establishments, explaining how these establishments would fit within my snowball sampling criteria for this study while demonstrating that I was mindful of the potential impact of these requests on

establishments that were already resource-stretched.

5.2.2.2 Contacting the street-level bureaucrats

Invitation strategies were carefully planned by personalising email invitations to these bureaucrats by emphasising how their experience, alongside the insights of prison officers, would be of value to the wider community. Aside from demonstrating that the research had received ethical authorisation from the Ministry of Justice, I also drew their attention to my professional credentials, affiliations, and standing in order to help establish their trust. Interestingly, the rapid turnover of governors at these institutions meant that it was not unusual to receive bounced emails or for my emails to be redirected to the successor governors, which inevitably prolonged the recruitment process.

Interviews were arranged at least two weeks prior to the visit, although last-minute arrangements were also to be anticipated. Decision to participate in the research was polarised. There were several occasions where the governors were content to take part in the research but where they refused permission for their staff to be taken away from their daily duties to participate. Some prisons–especially private prisons–refused point blank to take part in the research. It was not unusual for email reminders to be sent up to five times before receiving a response from these participants.

When institutions declined to participate, this was predominantly due either to operational barriers or research fatigue (i.e., the institutions had already participated in several research projects in the current financial year). To deal with these issues, it was important that I was adaptable to the situation while remaining courteous. This proved to be useful where, on one occasion, I accepted a rejection from a prison governor of a female estate. Following my preliminary data analysis, it was apparent that the perspective of the female estate was missing. I contacted this governor again in order to determine whether she had any availability to participate, explaining how it would be beneficial to obtain the perspective of a women's prison perspective, which at that time was lacking, and reassuring her that the interview would only take up to an hour, whereupon she agreed to do so. In another situation, a Head of Healthcare did not arrive at the interview appointment, following an internal altercation that had taken place with the prison management earlier that day. These scenarios taught me to be flexible and to remain professional in the face of adversity.

Similar to elite interviewing, interviews with street-level bureaucrats rarely proceeded according to plan. Given the fragility of the institutions with increasing levels of suicide, self-harm, and assault (Ministry of Justice, 2019b), the research process was uncertain and iterative, meaning that security, protection, and pragmatism had to be prioritised over research engagement. There were two actual postponements, resulting in interviews having to take place on alternative dates. Following a riot in

HMP Winchester that received national press coverage (BBC, 2019), two participating governors were called upon to form a task and finish group in transferring those violent prisoners from this institution to another one. Fortunately, a deputy governor was briefed and agreed to fill in, while the other governor postponed his interview to the following week. Additionally, there were several occasions where prison officers were not available on the interview day because of sickness. In all cases, I attempted to be adaptable to the situations and take into consideration the broader context which informs the uncertainty of the prison situation.

5.2.3 Consent and confidentiality

In both the elite and street-level bureaucrat groups, all participants were informed verbally during the interview of its aim, the procedures that would be followed, and the questions that would be asked. They were given the opportunity to ask questions before giving their consent for participation. Written informed consent was obtained from all participants. Participants were assured that their consent was ongoing and that they could withdraw from the study at any time. Before commencing the interview, all participants were given time to read the information sheet, ask any questions, and sign the consent form. They were also guaranteed confidentiality at both organisational and individual level, in order to promote candour, considering that austerity is a politically contentious topic. Equally, they were informed of reciprocal arrangements allowing them to access the findings of the research to assist their policymaking.

The participants were informed that the interview would last between 30 and 60 minutes. This range of time allowed some leeway as I chose to “specify a time a little, but not much, less than the normal time which interviews on the particular project take” (Dexter, 2006, p.49). Nevertheless, the length of the interview was predominantly dictated by the participants. Nearly a third of the interviews exceeded the maximum allotted time, which suggested there was a high level of engagement and interest in the research topic.

5.3 Data collection

Data were collected via face-to-face, telephone, and online interviews. In keeping with constructivist grounded theory, a semi-structured interview format was used to "elicit data on perspectives of salience to [interviewees] [and] balancing the researchers' agenda with the capacity to leave some room for the interviewees to provide his or her own insights and reflections" (Barbour, 2014, p.120). Through directed, but open-ended, exchanges with participants, the aim of the interviews was to elicit the participants' own accounts of their experiences and perspectives, which are usually absent from official documents on prison health. My intention was to construct a variegated picture by talking to several people, comparing one person's version with that of the others, tackling important issues from different angles, and by carefully probing and triangulating participant responses with previous literature.

5.3.1.1 Face-to-face interviews

Considering the nature of the research topic, face-to-face interviews were prioritised. A total of 61 face-to-face interviews were conducted. The average duration of this interview was 53 minutes. The interview length helped to establish rapport and trust with the participants to elicit more in-depth responses (Lincoln and Guba, 2000; Morris, 2009). The interviews supported the premise that reality is constructed both individually from the sum of experiences and in a relationship and conversation with others (Birks and Mills, 2011; Charmaz, 2006; Gergen, 2001; Gergen, 2009). I also attempted to create a positive atmosphere that simulated natural, day-to-day conversations (Carr and Worth, 2001; Opdenakker, 2006).

For the elite interviews, most participants were interviewed at their respective office locations. The majority of participants were based in major cities in their respective countries.[11] Travelling to these cities involved a great deal of waiting between flight and train connections. I attempted to capitalise on my presence in these cities by scheduling more than one meeting a day, although, at times, there were time gaps in between appointments. Many of these participants showed sensitivity towards my welfare. Some even apologised for insisting that I meet them at their offices. I explained diplomatically that this is a norm in research and that face-to-face interviews are considered the gold standard in qualitative research, particularly as I would be eliciting responses on a sensitive topic. I frequently used my free time for reading, writing chapters and publications, and, where possible, networking with research collaborators, if they were located in the same cities.

I wore a suit and tie to all interviews with the elite participants because this is the norm in these professional communities, while opting for less formal attire with prison governors and officers to match the informal environment of prisons. This enabled

[11] These locations included England (i.e., London, Reading, and Oxford), as well as major European cities, such as Vienna, Geneva, Amsterdam, Strasbourg, and Dublin.

me to blend in, create a good impression, and build a rapport with the participants (Cochrane, 1998; Richards, 1996). While most interviews took place at their offices, for three elite participants, the interview was held at another location out of office hours, specifically: in Vienna at a cafe over coffee and pastries, in a café in London, and in a restaurant and a hotel bar in Leeds. Elwood and Martin (2000) contended that meeting outside the elite's offices may enable them to talk more freely about their opinions. My experience confirmed this observation. I perceived these three participants to be more fluent, open, and transparent in their responses. Nevertheless, interviewing in public places had unique challenges, particularly because of noise, so that the participants and I had to lean toward the audio recorder and speak louder to overcome the impact of the background noise.

In addition, it was not uncommon for these senior participants to bring a junior colleague with them to the interviews. In my research, this happened on four separate occasions. They believed that their junior colleagues would be able to assist with the statistical details and policy documents, as these officers were often involved in devising these documents on the ground.[12]

Similarly, most interviews with prison governors and their staff, as well as with representatives from the private and voluntary sector organisations, took place at their establishments. According to Martin (2000), prisons have their own subculture—behaviours, rules and attitudes—which is familiar to those who work and live there. The way that the governors responded to my invitation–either directly or through an intermediary, in a collegial or authoritative manner–was reflective of their leadership and the working culture that they instilled for their organisation. In most cases, professionalism, openness, accommodation, and honesty were my immediate impression when corresponding with them and meeting them and their workforce for the first time.

Visiting most prison establishments was logistically challenging. Given my reliance on public transport, it could take up to four train journeys before I reached the destination.[13] I was escorted to all places within each establishment, save the toilet. Going from one interview venue to another within the same establishment was less fraught, however, particularly when most interviews were undertaken in the management wing. I also had an interesting glimpse of day-to-day prison life during my short visits, from drug dog training and prisoner carpentry workshops, to

[12] There were good dynamics in these group interviews. Indeed, participants' comments often complemented or supplemented other's remarks, thus filling knowledge gaps and actuating peer participants. As one participant said, "So, we'll chip in, and I'll let you know if I forget something, then [my colleague] will remember it, and, and vice-versa." Beyond this immediate situation, that dynamic reflects the level of collegiality, trust, and understanding within each organisation among the senior management and staff.

[13] On one occasion, there was no public transport nor taxi or footpath available for me to reach the establishment, which could have compromised my safety.

prisoners' being escorted to hospitals or family visits.[14] These experiences provided contextual insights into the diurnal operations in prisons and revealed their human side.

Similar to the elite interviews, creating a good impression was key. As Hammersley and Atkinson (2007) indicate, impressions which might hamper access must be avoided or countered as much as possible, while those which facilitate access should be encouraged, within the limits set by ethical considerations. I was aware that, as part of the exchanges, I too was being interviewed and evaluated (Zuckerman, 1972). By appearing empathetic to their stories, I managed to gain their trust and ensure openness throughout the process.

5.3.1.2 Telephone interviews

Telephone interviews (n=16, average: 48 minutes) were conducted as a substitute for in-person interviews when the participants had time constraints that could not accommodate meeting in person. Donovan et al. (1997) and Stephens (2007) argue that telephone interviews can be more time-efficient, as they are relatively easily administered when the interviewer and interviewee are in different regions.

Considering that telephone interviews are a second-best interviewing medium, they were only offered if suggested by informants. Disclosure on what is considered to be politically sensitive topic is easier in person (Sturges and Hanrahan, 2004), particularly as I was unknown to some participants prior to the research engagement (Polit and Beck, 2012). Hence, it was more difficult to establish trust over the telephone than in person (Healey and Rawlinson, 1993). The participants provided less detailed responses via telephone interviews. They may have felt uncomfortable sharing stories over the phone, particularly in the absence of visual cues (Garbett and McCormack, 2002; Sturges and Hanrahan, 2004). As Cohen et al. (2007) contends, "telephone interviews can easily slide into becoming mechanical and cold" (p.153).

I attempted to maintain my overt presence in telephone interviews by echoing what the participants said and by using verbal fillers like 'hmm', 'I see', and 'OK', while also conveying different tones of voice and asking follow-up questions that included the participants' own words to demonstrate my active listening. Telephone interviews prevented me from familiarising myself with the participants' environment and thereby acquiring an insight into their surroundings. Sometimes, the participants could be distracted by their environment, for instance, by barking dogs, children requiring attention, and their partners or colleagues who were not aware of the recorded conversation. In this instance, I agree with Harvey (1987) and Fontana and

[14] On one occasion, my visit coincided with a staff appreciation day. I was invited to attend the award ceremony and join their lunch barbecue. The prison governor jokingly commented, "We knew you were visiting us today, so we did this as part of the show!"

Frey (1994) that telephone interviews should be reserved for short, close-ended, and highly structured questions, and that face-to-face interactions remain the ideal mode of engagement.

5.3.1.3 Online interviews

There were 10 online interviews conducted via Skype. Each interview lasted an average duration of 49 minutes. Online interviews have been considered in the literature as an alternative to the gold standard of face-to-face interviews (McCoyd and Kerson, 2006). Skype helps to eliminate the drawbacks of telephone interviewing, because the participant can see the researcher and vice versa (Hooley et al., 2012). Apart from minimising the number of opportunities that would have otherwise been lost because of access and distance (Burkitt, 2004; Deakin and Wakefield, 2013; Evans et al., 2008; Sedgwick and Spiers, 2009), it is also possible to achieve rapport, sensitivity, and degrees of collaboration using this medium (Oates, 2015). It was also possible to avoid encroaching into the participants' personal space, in that they were able to choose a neutral venue that suited them (Hanna, 2012; Rowley, 2012).

Despite the many advantages of online Skype interviewing, visual and interpersonal aspects of the interactions remained key barriers. A poor internet connection with one participant interrupted the visual display. Drop-outs were relatively common and to be expected, where the conversation had to be stopped, because the screen had frozen and the participant was unable to hear my questions or I could not hear their response. On one occasion, this resulted in me having to type some of the interview questions. Even when the internet connection did not drop, there were issues hearing the participants' words correctly and clearly. This was problematic, considering that qualitative interviewers seek to capture the participant's experiences "in their own words to show how they make sense of the world" (Yilmaz, 2013, p.313).

The inaudible segments were challenging for transcribing the recorded interviews. I had to listen to the audio recording multiple times, and I had to refer to notes jotted during the interview to fill in the blanks. Furthermore, the position of the camera made it difficult to make eye contact with the participants, which may have impeded building trust with them (Petralia, 2011; Seitz, 2015). Additionally, it was not possible to conduct online interviews with street-level bureaucrats, as the lack of IT facilities and the risk-averse culture in prisons that prioritises safety and security prevented this technology from being used in that context. In this instance, I arrived at the conclusion that face-to-face interviews should still be prioritised over online and telephone interviews for prison-related research.

5.3.2 Participants' profiling

Each participant's background information was evaluated prior to each interview. Basic data on participants' professional backgrounds were collected prior to scheduling to interviews. The exception to this were the prison officers, as their details were not provided to me until I arrived at the prison establishment.

Participant profiling was undertaken for triangulation purposes, which allowed the participants' statements to be verified (Davies, 2001; Lilleker, 2003), rapport to be built by making references to the information before each interview, and cross-checking that each participant qualified for the study according to the selection criteria. This information was obtained via internet searches, especially via official publications, institutional webpages, press releases, and soft intelligence from the research collaborators. Other sources include social media: half of the participants were active on Twitter and almost all the participants were active on LinkedIn. Figure 5.4 provides an excerpt of a participant profile devised before the interview.

Figure 5.4

Example of a participant profile

Participant 4

Participant 4 works with a European intergovernmental human rights organisation, with an extensive background in prison law, prison policy, and human rights principles concerning detention. His LinkedIn profile suggests that he has been involved extensively in monitoring prison standards across Europe over the last 20 years, which is manifested by his frequent visits to prisons in Western Europe (including the United Kingdom) and the Balkan countries. Participant 4 is highly conversant with the prison system in the UK and, in particular, England. He previously worked as a prison governor in [a country]. His diverse background will be useful for comparative approaches between austerity in England and other European countries. From his organisation's website, it is apparent that Participant 4 has been involved in producing several policy documents for an organisation on prison standards. This involvement, if it is capitalised on properly, could provide rich data for the project and create pathways to impact for the research at a later stage, particularly in the policy-making domain.

Several studies have emphasised the importance of thorough preparation prior to interviewing, as part of "impression management", particularly in projecting a serious and positive image of the interviewer to gain the participants' respect (Berry, 2002; Harvey, 2011; Mikecz, 2012; Thuesen, 2011; Zuckerman, 1972). My experience confirmed the proposition that preparation prior to the interviews is vital, where the researcher's knowledge of the participants helps establish rapport, trust and credibility. On several occasions, for example, I was asked, "How much do you know about my work and the work of my organisation?"

5.3.3 Interview guide

Prior to data collection, an initial interview guide was created. This interview guide was completed using two processes. First, a preliminary literature review was conducted. Charmaz (2006) suggests that conducting a literature review prior to fieldwork can help to develop theoretical sensitivity. Critics often dismiss such an approach, maintaining that preconceived questions impede participants' ability to generate their own accounts and performances (Rapley, 2001; Silverman, 2013). However, as we noted in the discussion of grounded theory above, undertaking a literature review before the study acknowledges that researchers do not exist in a vacuum, but rather that they are influenced and informed by their context. Additionally, researchers like myself do not come to the field with a clean slate (Charmaz, 2006). However, efforts were made throughout to remain open towards concepts that were missing from the initial literature review (Charmaz, 2006; Henwood and Pidgeon, 2003). This included a discussion about the repercussions of the continuation of the austerity regime on the governance and delivery of prison health.

As a new researcher, having background knowledge reinforced my credibility and the authority of the resultant arguments. Additionally, constructing an interview guide helped me address issues relating to the content, pacing, and intensity of the interviewing, as well as prevent—or minimise—potential intrusiveness of the questions.[15] The interview guide began with an open question (i.e., 'In what ways did this study appeal to you?'), followed by a list of broad, provisional topics that would help guide the interview process loosely, while also allowing my approach to remain informal and flexible. The questions moved from the non-intrusive to the more intrusive (Lilleker, 2003). No loaded questions, closed questions (i.e., yes or no), or poorly structured questions were used.

The participants were encouraged to talk freely. Where appropriate, I provided latitude for the participants to deviate from the initial question and then returned to the questions using the interview guide or prompts. At times, I adapted the broad questions according to the participants' responses (Lofland and Lofland, 1984). Profiling participants prior to the interviews also ensured that I could adapt the interview questions to the participants' experiences. Balancing my own requirement to elicit responses to the interview questions, while also being mindful of the need to

[15] Peabody et al. (1990) advocate that researchers should ask their questions using colleagues and friends before posing them to interviewees; doing so can help clarify and refine the questions. In this instance, I piloted the questions with a senior research fellow at the Centre of Public Health and Well-being at UWE to determine appropriate questions and their flow and sequencing. I was reminded to use probing techniques more frequently, a recommendation I adopted in my actual fieldwork. I also circulated the draft questions to research collaborators for feedback. Following some minor changes to make the questions more user friendly, these individuals all agreed that the questions were appropriate to solicit the significance and meaning of austerity for English prison health governance and delivery.

allow the participants to reflect on the questions and their broader experiences, demanded active listening with the participants (Noaks and Wincup, 2004).

5.3.4 Probes

It was apparent during the interviews that some participants' responses lacked meaningful depth. Some studies have testified that elite communities are particularly adept at reducing their responses to 'soundbites' (Hallin, 1992). The soundbites perhaps arise because the participants are familiar with media interview processes, which require them to be succinct in their messages or cautious not to divulge anything that could be misinterpreted (Petkov and Kaoullas, 2016). Similarly, elite participants are proprietors of confidential and sensitive information, which means that they may be accustomed to being cautious from divulging information that can potentially be misinterpreted.

Indeed, a subset of participants–predominantly several national policymakers, prison governors, and prison staff–are civil servants. Given the politically contentious topic, there was a risk that these informants might not be entirely forthcoming in their responses. This could potentially lead to superficial responses, which might subsequently affect the rigour of the findings.[16] Going beyond mere soundbites was critical, as in-depth and rich responses are vital to the trustworthiness of qualitative research (Shenton, 2004; Shenton and Hayter, 2004). When necessary, then, I drew on Patton's (2002) and Lilleker's (2003) techniques for probing participants:

- 'Detail-oriented probes' helped to obtain more information about the phenomenon described by the participant. I used this with Participant 59, a senior prison officer of a closed prison with an urgent notification status, when I asked: "Were any channels made available to you to enable you to raise your concerns regarding the impact of austerity on prison health?"

- 'Elaboration probes' required the participants to expand their initial response. I used this with Participant 6, a strategic lead of a non-governmental criminal justice organisation, when I asked: "You had briefly mentioned about one of the impacts of austerity on prisons, which is the reduction in numbers of prison officers. How is this impacting the delivery of the prison health agenda in English prisons?" I also used elaboration probes that included non-verbal cues such as nodding and silence.

[16] This was evident in several interviewees' responses. Those occupying senior management positions in the civil service were adamant that they would refuse to answer questions that they considered to be averse to the official stance of the current government. Some were skilled at deflecting sensitive questions (Ostrander, 1995): "I have a personal view, but that is not the point of this interview." At other times, they provided "on-the-fence" answers to questions addressing contentious topics—such as the increased privatisation of the prison sector.

- ‘Clarification probes' were used by rephrasing the participants’ answers. I used this with Participant 30, a Senior Commissioning Lead of a national justice ministry: “You observed that Brexit is a huge factor in diverting your organisation from the core business in managing offenders in prisons and the community. Would you be kind enough to expand on your response, please?”

- ‘Contrast probes’ provide participants with something to push off against. I used this with Participant 3, a lead of a European prison research institute when I asked: “You mentioned that the government has obligations under the European Convention on Human Rights to protect the rights of prisoners to healthcare provisions. But it seems that the UK government has ignored it based on the restricted access to healthcare services. How would you reconcile these two conflicting situations?”

- ‘Criticism probes' included introducing criticism from the previous interview to the next participant to help understand what his or her position was and to obtain a new perspective, as part of data triangulation. I asked participant 61, for example, a governor of a high-security prison: “Previous interviewees believed that high-security prisons, like your establishment, would be immune from any financial cuts. They felt that the government could not afford to have escapes from high-security estates, which would be career-ending for the justice ministers. Where do you stand on this view?”

The use of the probes signifies active listening, a non-judgmental approach, and a willingness to reciprocate between parties (Charmaz, 2006; Kvale, 1996; Taylor and Bogdan, 1984). Fluid and dynamic exchanges occurred between the research participants and me as a result of establishing rapport with the participants. I reassured the participants that the interviews were a collaborative learning process, where there were no right or wrong answers. Furthermore, I emphasised the point that their anonymity would be protected by ensuring that their answers would not be attributed to their name or professional credentials. Such measures help to establish the rapport and trust necessary to elicit more in-depth responses (Morris, 2009), which then separates the “front page performance” from the “behind closed doors reality” (Goffman, 1959, pp.106 and 140). Sometimes the participants said, “but don’t quote me on that.” Often, they were referring to the background and contextual information relevant to the point that they were making, including their encounters with ministers, the forthcoming policy development that needed to remain confidential, or disagreement with the imposition of policies by their superiors. Their requests to guarantee anonymity were honoured.

Following each interview, I sent an email thanking the participants for their cooperation in the study. This gesture not only served as a reminder, in case the interviewee had something more to say, but it also kept the door open for follow-up questions. Post-interview cooperation can be helpful. All interviewees were offered the opportunity to check their transcripts for accuracy, which helped to ensure trustworthiness (Welch et al., 2002). However, none of them took up the offer. Perhaps, they did not want to unnecessarily prolong their engagement with the research because of their busy schedule, or they trusted me to represent their accounts accurately. Nevertheless, the post-interview engagement also led to some unexpected opportunities. For example, I was offered access to their networks, research ideas for a postdoctoral project, and a placement with an international organisation prior to completion of my PhD and was invited to present at European conferences.

5.3.5 Transcribing

All interviews were audiotaped and transcribed verbatim. The duration of the interviews was considered appropriate to understand the reality and meaning of the experience, and to understand the process from both an emic and an etic perspective: that is, respectively, the viewpoints of the participants who experienced austerity in their working environment on a daily basis and my observations as a researcher. Overall, the transcripts generated over 1474 pages and 689,664 narrative texts for analysis.

Interviews were transcribed within one week of the interview to ensure that the data collection and analysis processes would simultaneously occur. A university-approved transcriber was appointed to transcribe a sample of the interviews. Based on my experience, there was no material difference regarding the data analysis between undertaking my own transcriptions and outsourcing the task to another professional. My research supervisors were given the opportunity to listen to a sample of interviews and review selected transcripts to identify errors and, where applicable, provided feedback for improving the interviewing technique. No significant errors were noted, suggesting that a simultaneous review of all the transcripts was not required, as well as demonstrating the reliability of the research (Silverman, 2013).

5.4 Data analysis

The analysis stage took place concurrently with the data collection for each interview phase, in an iterative way. The data were analysed and used to inform future data collection (Pope et al., 2000), prompting a refinement of the interview questions while highlighting emerging avenues of further inquiry. The challenge here is to strike a careful balance between embracing the messiness of the process while also demonstrating rigour in the data analysis. Some academics caution that fluidity and incoherence in grounded theory do not necessarily provide a guaranteed level of certainty in scrutinising data (Goulding, 1998; Pulla, 2016). To mitigate against the perceived flexibility of the analytical process in grounded theory, I ensured that I followed the constructivist grounded theory process closely, especially in terms of data preparation and coding, as will be elaborated below.

5.4.1 Data preparation

Transcripts were each read four times prior to the coding. This helped me to immerse myself in the data and to be empathically introspective, while also giving me the opportunity to identify the broad themes of each interview and correct any transcription errors (Liamputtong, 2010; Maykut and Morehouse, 1994). All transcripts were imported into NVivo 12 software (QSR International, Australia) to organise the data for coding. In particular, NVivo assisted with managing data that were created by multiple interviews, helping to manage complex data, to identify emerging ideas and patterns, and to link meanings to different parts of the analysis. NVivo takes manual labour out of the organisational process, allowing the researcher to focus on creative thinking about the data (Serry and Liamputtong, 2013).

Despite the availability of NVivo to assist with the data analysis, as a researcher, I remain responsible for the interpretation of the data. Hesse-Biber (1996), Fielding and Lee (1998), Glaser (2003) and Bazeley (2007) suggest that the use of the software could inhibit researchers' creativity and destroy the intimacy between researchers and their data. In fact, the use of the data management software demonstrates a diligent and disciplined approach towards data management. As Tesch (1991) suggests, "the computer does not make conceptual decisions, such as which words or themes are important to focus on, or which analytical step to take next. These analytical tasks are still left entirely to the researcher" (p.37).

Charmaz's (2014) constructivist grounded theory was incorporated throughout the data analysis process, especially when I went ''beyond the surface in seeking meaning in the data, searching for and questioning tacit meanings about values, beliefs, and ideologies'' (Mills et al., 2006, p.31). At the same time, care was taken during the data analysis to ensure that I did not separate the participants' accounts from their context. I also took time to listen to their stories in their own environment, in order to aid detailed understanding of the construction of austerity on prisoners'

health in England. In addition to coding the interview data, I was also able to annotate contextual information as part of the NVivo process.

5.4.2 Coding

The coding process involves forming short phrases, each of which "symbolically assigns a summative, salient, essence-capturing, [and] evocative attribute for a portion of language-based data" (Saldaña, 2013, p.3). Coding provides a critical link between data collection and the explanation of meaning. In grounded theory, coding is a non-linear and iterative process, denoting the concurrent process between collecting data and analysing it. I began data analysis early in the research project, by systematically breaking up the data, sorting it, comparing and synthesising segments of the data through cycles, and coding it until a theory emerged from this analytical process (Charmaz, 2006). To ensure consistency with the grounded theory approach, three stages of coding were undertaken: (a) open coding, (b) focused coding, and (c) axial coding. Further, I devised an additional stage, which I have called 'The Fourth Order', to consolidate the axial codes to form a central research thesis, which is further elaborated in the thesis contribution section of the Conclusion chapter.

First, the open coding process started with the labelling of each line of text by focusing on specific words or phrases. This ensured that I remained close to the data and open to nuances that might otherwise be overlooked (Charmaz, 2006; Strauss and Corbin, 1990). According to Silverman (2013), this type of microscopic and granular analysis, allows the text to be broken down into its key elements, so that they can be compared to other elements according to what is a constantly comparative analytical approach. In keeping with grounded theory, I coded using gerunds in order to capture the opinions directly described by the participants (i.e., 'in vivo' themes; Alvesson and Sköldberg, 2000; Charmaz, 2014; Saldaña, 2013). Apart from remain close to the data (Charmaz, 2006), using gerunds enabled me to reveal links and relationships between data, rather than treating them rigidly as separate, discrete units. I reduced each transcript to create as many nodes as possible. This ranged from 16 to 77 nodes per transcript.

By being faithful to the participants' accounts, the coding process motivated me to examine hidden assumptions in the language that the participants and I had used during the interviews (Charmaz, 2014). As a critical social scientist, I am attuned to the concepts of power, equality, equity, and agency, and this called upon a certain amount lateral thinking. One notable challenge during the coding process was ensuring that I was able to see the bigger picture when the data were fractured. Grbich (2007) suggests that there is a fine line between fracturing the data too much and not fracturing them enough. Therefore, care was taken to ensure the data were broken up in such a way that they provided meaningful insights for theoretical development.

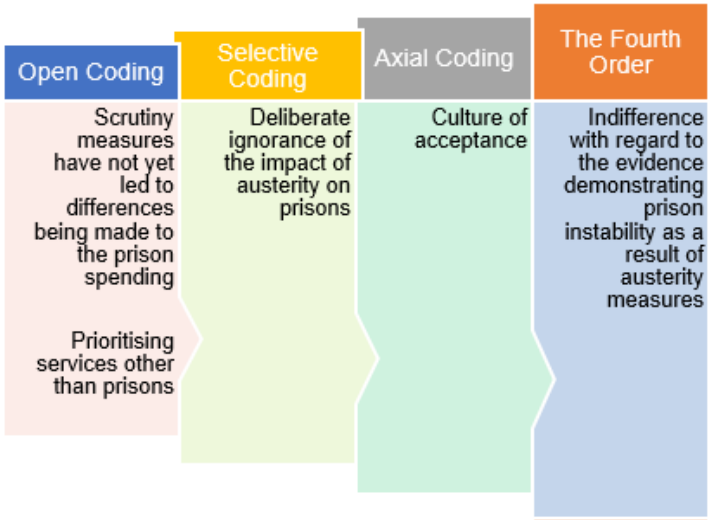
Subsequently, the coding process became more focused, as the differences in codes were reconciled and as the categories were matched to other categories as part of the analysis (Dey, 1993). To fulfil theoretical sufficiency (Dey, 1999), a thorough analysis of the line-by-line coding was undertaken, where all of the codes were revisited to ensure that they contributed to theoretical development. At this stage, the coding became focused and the emerging theories were reviewed.

Interpreting the observed data and matching it to the best explanation helped to form a tentative theory, which then needed to be confirmed or disconfirmed with the help of further data collection and analysis. This procedure was repeated until the most plausible interpretation of data was found (Charmaz, 2006). Finally, the process continued with axial coding, a process which reassembles the data to give coherence to the developing theory (Charmaz, 2006; Strauss and Corbin, 1990). Throughout each phase, I moved toward the development of theory and shifted between levels of abstraction, which subsequently formed a central category. Figure 5.5 illustrates examples of how data were coded.

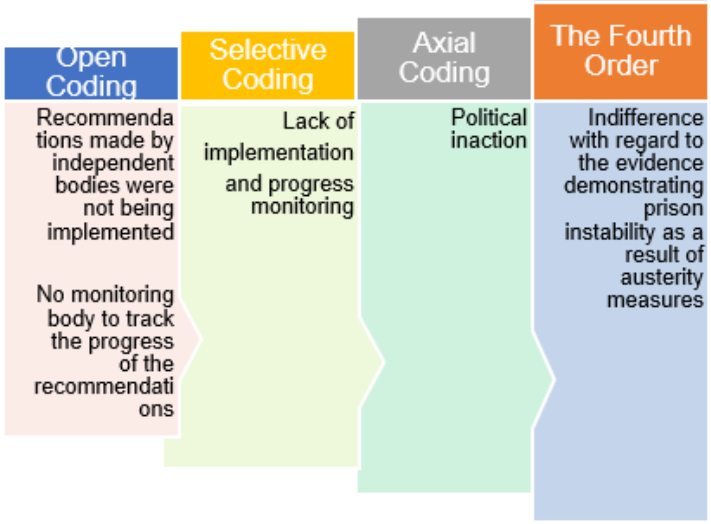
Figure 5.5

Examples of coded data from the interview transcript

[Last year], the Human Rights Select Committee focused on the prisons' operation…[T]hen there was the Public Accounts Committee, which considered prisons and their problems. There was also National Audit Reports [highlighting issues] in prisons. But, the question is, do they make a difference to the Treasury? And the answer seems to be no. So, the question I have would be why not? [T]here is an ideological reason why the government has decided not to spend more money on prisons. It has the money; it can spend it. It is just that it chooses to spend it in other areas. They chose to spend it propping up the ranks rather than on marshalling up disadvantaged populations. (Participant 12, Advisor to a European intergovernmental human rights organisation).



We see recommendations being made all the time, from the Chief Inspector, from the Prison and Probation Ombudsman, from Independent Monitoring Boards. Recommendations are made and then they are not implemented. There is no national oversight mechanism and there is no independent organisation that is (a) tracking what the recommendations are, and (b) tracking whether they have been implemented properly, or enforcing them or holding anyone to account. (Participant 52, Head of policy of a national penal reform organisation)



From the outset, condensing the data from 87 interviews and devising cross-cutting theories across all interviews seemed an unsurmountable task. I was conscious that the large sample size might prove too great to ever establish theories that would provide thorough coverage of the key issues under investigation. After the open, focused, and axial coding stages with the different participant groups, I introduced a new analytical stage, which I termed 'The Fourth Order'. Here, all the axial categories from the different interview phases underwent a further deductive and synthetic process to form a central research thesis.

Four additional data analysis techniques were used to help theorise the findings: (a) constant comparison; (b) memoing; (c) categorising; and d) data saturation (Charmaz, 2009; Saldaña, 2013).

a) Constant comparison

A constant comparative method was employed to identify patterns and to compare meanings among the codes. This method entails going back and forth during data analysis, so that the data are inspected thoroughly at each stage and the relationships between the emerging categories identified. The constant comparative method was particularly beneficial for moving from theoretical findings to conceptual development. As Bowen (2008) indicated, "the constant comparative method serves to test concepts and themes with a view to producing a theory grounded in the data" (p.139).

At the same time, the constant comparison helped me to remain flexible during the data analysis process, particularly when encountering data that did not fit the theory. Charmaz (2006) encourages researchers to "learn to tolerate ambiguity [and] become receptive to creating emergent categories and strategies" (p.168). Allowing the data to emerge serendipitously, as well as tolerating cognitive dissonance, I made sense of the inconsistencies in the data by keeping the wider picture and context in view.

b) Memoing

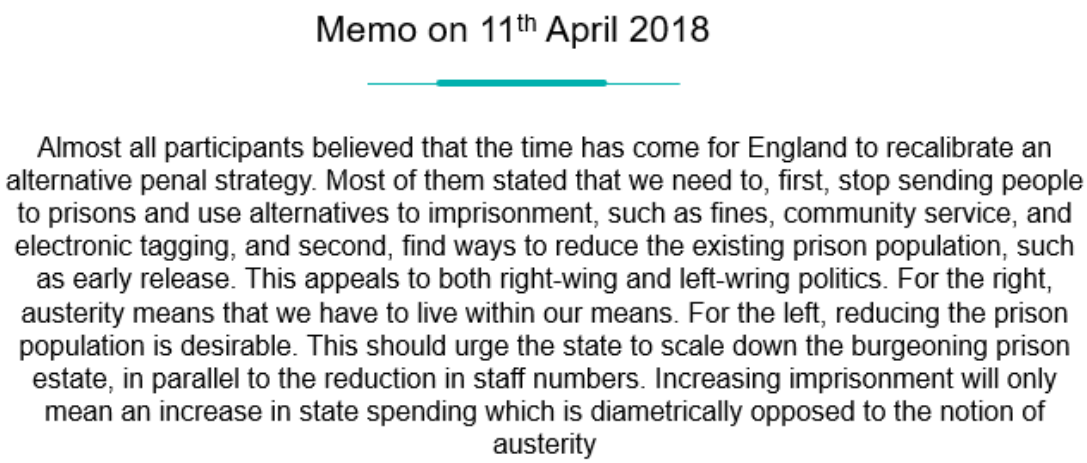
Memos are written interpretations about the data. These conceptualised my ideas about the data that I came across and situated them into my broader analytical process. This process also assisted me in devising provisional conclusions for a code or prompted the need for further data. Apart from serving as an aide memoire, memos helped to define and clarify the property of each category and each category's connection to the other categories.

Saldaña (2013) suggests that when significant data or an emerging theory comes to mind, researchers should stop and write a memo. My experience echoed this suggestion. Memoing took place predominantly during the data analysis stage. It

also occurred when I was in a liminal state, either thinking or not thinking of the data. As a minimum, each code had one memo appended to it (see Figure 5.6).

Figure 5.6

Example of a memo



This memo refers to the development of a conceptual understanding of an alternative to imprisonment, a strategy against the government's austerity regime. It illustrates how the memoing process contributed to the conceptual development of the study. My memoing technique confirmed Tweed and Charmaz's (2012) observation, that early memos tend to be exploratory and tentative, while later memos are likely to be more precise and refined. It is through memo writing, and not simply through coding, that "the interpretative and theory generation processes happen" and where the "final theory starts to take shape" (Gordon-Finlayson, 2010, p.165).

c) Categorising

Categorising was used as part of my coding strategy. Patton (2002) suggests that data analysis involves a well-defined process that begins with basic descriptions and then moves to conceptual ordering and theorising. In constructing a central category, Strauss and Corbin (1998) suggest a taxonomy comprising five criteria:

- It must connect all major categories
- It must appear frequently in the data, with indicators pointing to the chosen concept
- It is logical and consistent with the data
- It should be sufficiently abstract that it can lead to the development of a more general theory

- It should grow in depth and have explanatory power, with each category related to it via statements of relationship.

This study theorised that austerity measures deteriorates the governance structure of healthcare and the supporting regime of prisons, and perpetuated double punishment on prisoners when the government imposes strict austerity. This central theory fulfils all of the requirements outlined by Strauss and Corbin (1998).

d) Data saturation

The transcripts were analysed until data saturation was achieved. Data saturation was reflected when new data do not add any further insights to the core categories (Charmaz, 2006). Saturation occurred at 29 interviews with the international participants, at 27 interviews with the national participants, and at 31 interviews with the institutional participants. This data saturation was achieved by continuing to code through the entire dataset, returning to what seemed to be the most divergent stories within the sample and looking for deviant cases, where the theory did not fit, and by looking at contextual and intrapersonal influences that the model did not address (Charmaz, 2006; Strauss and Corbin, 1990).

Academics' concerns relating to data saturation stem from the perception that data saturation can never be achieved in real research. Marshall (1996), for example, is concerned that "an iterative, cyclical approach to sampling, data collection, analysis and interpretation makes predicting sample size in advance difficult" (p.523). To date, guidance on how to achieve data saturation has been vague. For instance, Kvale (2007) advises that researchers should interview "as many subjects as necessary to find out what you need to know" (p.43), whilst others go as far as suggesting a 'magic number' for the sample size, for instance, somewhere between 20 and 30 participants (Creswell, 2007; Polit and Beck, 2012). Yet, no consensus has been reached when data saturation is achieved. To resolve this ambiguity, I drew upon a five-dimension framework (Aldiabat and Le Navenec, 2018; Bonde, 2013; Bowen, 2008; Morse et al., 2009):

- **The scope of investigation:** the scope of the investigation includes the nature and complexity of the study, which subsequently manifests itself in the research questions. The nature of my research cuts across many disciplines, which necessitates more time interviewing and making meaning out of the theories that emerged from the fieldwork. The gathering of data continued until saturation occurred. Charmaz (2014) suggests that, when the categories and focused codes are saturated, they are compared and analysed to identify the interactions and relationships between them and to create a constructivist theory.

- **Heterogeneity of sampling strategy:** The heterogeneous sample in this

study–predicated on the interdisciplinarity of the research–means that data saturation cannot be achieved in a small number of interviews. In this regard, 87 participants helped to achieve data saturation and to reflect the experiences of the interviewees at all layers of the prison health system.

- **Theoretical sampling:** Theoretical sampling helped achieve data saturation by connecting the categories together to form an emergent theory (Glaser and Strauss, 1967). It directed me to inspect the data and, subsequently, to focus further data collection on the emerging theories from the initial interviews. Using this strategy was beneficial for determining the sampling size. Many academics have difficulties articulating what is an acceptable sample size (Creswell, 2007; Glaser and Strauss, 1967; Guest et al., 2006; Morse, 1995). Bloor and Wood (2006) suggest that this apparent obsession with the number of interviews, and epistemic tension associated with it, should be put aside, and theoretical saturation should be the regulator of data saturation. The constant comparative method and theoretical sampling were used to investigate the data to ensure that 'there was no stone left unturned' (Morse et al., 2009) and that "one keeps on collecting data until one receives only already known statements" (Seldén, 2005, p.124).

- **Triangulation of sample:** Aldiabat and Le Navenec (2018) suggests that triangulation should be applied to sample selection. Applying Aldiabat and Le Navenec's premise, data saturation was achieved via snowballing sampling. At the end of interviews, I asked for recommendations for additional potential participants for the research. Here, I devised a new concept called 'participant saturation', which describes the situation where researchers have been given recommended names but those names have already been approached for interviews. Discussions with each participant, as well as research collaborators, usually confirmed that all key stakeholders had been approached for the interviews and that most of them had agreed to participate in this research. Once this kind of saturation is achieved, it will be futile to interview additional stakeholders for the research.

- **Experience of the researcher:** Given that the researcher is the central instrument for data collection (Denzin and Lincoln, 1994; Miles et al., 2014), novice researchers, like me, need to use subjectivity and intuition to determine data saturation. Having some previous research experience on a related topic helped me judge whether data saturation was achieved. Frequent discussions with supervisors and research collaborators also helped sense-checking the data analysis section of the thesis to demonstrate data saturation.

5.5 Establishing trustworthiness

It is important that qualitative research establishes the trustworthiness of findings at each stage of the data collection, analysis, and interpretation (Elo et al., 2014; Guba and Lincoln, 1981; Shenton, 2004). Shenton (2004) and Tracy (2010) define trustworthiness as research that demonstrates both credibility and plausibility. Using Shenton (2004) and Tracy (2010) as a pedagogical compass, this section presents an overview of the specific measures related to credibility, ethical conduct and sincerity that contribute to the trustworthiness of the study.

5.5.1 Credibility

To establish credibility, thick descriptions, multivocality, data source triangulation, member checks, and peer debriefing were undertaken.

- Thick description

The hallmark of achieving credibility in qualitative research is the provision of thick descriptions. Thick descriptions are accomplished via in-depth illustrations of the phenomena being examined (Geertz, 1973) and through concrete details (Bochner, 2000). I made a challenging decision about which findings to report to ensure that the findings were in-depth, concrete, and authentic. In doing so, I used Guba and Lincoln's (2005) questions, "Are these findings sufficiently authentic […] that I [and the research participants] may trust myself in acting on their implications? More to the point, would I feel sufficiently secure about these findings to construct social policy or legislation based on them?" (Guba and Lincoln, 2005, p.205). In this instance, I sought to provide rich and varied findings from different participants with diverse backgrounds to achieve thick descriptions of the phenomenon under investigation in the Findings chapters of this thesis.

- Multivocality

Multiple and varied voices attest to the richness of the data. These varied voices support the requirement of credibility in qualitative analysis. Multivocality is pertinent to this research, because the 87 participants represented many different organisations and seven different disciplines. Multivocality emerges from the verstehen practice of analysing social action from the participants' point of view, which requires thick descriptions of the interviewees' responses (Lindlof and Taylor, 2002). Multivocality was also achieved through a prolonged collaboration with the participants, shifting from 'studying the participants' to 'studying with the participants' (Tillman-Healy, 2003).

- Triangulation

The triangulation of data sources was used during the interview phase to look for similarities or dissimilarities between the viewpoints and experiences of the participants (Shenton, 2004). These prompts were given to several participants from different institutions to reduce local factors that may have been unique to the particular institution:

- "Some participants believed that England and the UK, in general, should take comfort from the fact that the human rights conditions in English prisons are not as bad as other countries, such as Ukraine, where prisoners have to ask their family members to purchase medications for their consumption in prisons. I would be interested to know your opinion on this suggestion."

- “Are the impacts of austerity on the prison workforce and prison establishments similar to other establishments that you are familiar with?”

Diverse data from various sources can strengthen the credibility of the findings. Rubin and Rubin (2012) suggest that the process of triangulation can also protect and delimit the research from the investigator’s personal preferences. However, the triangulation of the data does not mean that the analysis will lead to a single and consistent picture (Pope et al., 2000). Rather, the data should be complementary to build an accurate picture (ibid.).

Van Maanen (1983) proposes another form of triangulation based on using a wide range of informants. This wide range of informants allows for each individual’s views to be compared to others, which helps to enrich the phenomena under scrutiny. In other words, it can reduce the idiosyncrasy of local factors relating to one organisation or country. When similar results emerged from different sites, findings were deemed to have credibility. Dervin (1983, p.7) calls this “circling reality”, where a stable view of reality can be achieved based on a wide base of observations.

- Member checks

According to Lindlof and Taylor (2002), member checking is a process of “taking findings back to the field and determining whether the participants recognise them as true or accurate” (p.242). While many academics recommend member checking to help build the trustworthiness of results (Doyle, 2007; Lincoln and Guba, 2000), a full member check exercise was not undertaken for this phase of research. All the participants were offered the opportunity of reviewing their own transcript and none of them took up the offer. Although there may have been the risk of a tokenistic involvement on the part of participants (Estroff, 1995), the broader context of interviewing elite participants and street-level bureaucrats should be considered. That is, the participants were extremely busy professionals who did not wish to

engage with research in a protracted manner. They may have perceived member checking as a waste of time (Birt et al., 2016).

To date, in mitigating against the lack of member checking, I have produced a two-page briefing note which was circulated to the international and national policymakers who participated in the research (Appendix 7). In producing this briefing note, I was guided by two questions: 1) Does it have relevance to the participants in their substantive field?; and 2) How applicable are these findings for policy and practice?[17]. A more immediate way to mitigate against the superficiality of the findings and guard against their misrepresentation is the peer debriefing strategy discussed below.

- Peer debriefing

Peer debriefing describes activities that were undertaken to present the tentative findings of the study with the aim of further refining the theory generated. Apart from sending each participant the preliminary summary findings of the study, to date I have also presented my findings at five conferences in Europe and North America between May 2018 and November 2019 (Appendix 8).

I was interested in my peers' views on my findings and what they might find to be missing or needing improvement. Their questions and recommendations were useful to inform the research phase and provide alternative interpretation for some data. In a sense, these presentations may serve as a form of external review for this study (Ely et al., 1991; Erlandson et al., 1993; Glesne and Peshkin, 1992; Lincoln and Guba, 2000; Merriam, 1998) by providing further analytical insight into the developing theory.

Given the close-knit community of the prison sector, several research participants were, in fact, in attendance at these presentation sessions. Feedback on the findings were solicited from them, in which they unanimously agreed that I had represented their account accurately and that my theories resonated with their policy and practice experiences. Hearing their opinion on the findings mitigated to a certain extent the current lack of member checking.

5.5.2 Ethical conduct

The participation risks of this research were reviewed through procedural and relational assessments (Tracy, 2010). The ethical requirements of the university, sponsor (ESRC), and gatekeeper (Ministry of Justice) were abided by at all times. At the time of these ethical applications, the General Data Protection Regulation (GDPR) was yet to be implemented at UWE Bristol, although the good practice

[17] This note was accompanied by my recent publications in BMC Public Health and the Journal of Public Health (Ismail, 2019; 2020a)

relating to consent to participation, data storage, management, privacy, and respect towards participants had already been embedded as part of the research project to meet the highest ethical standards possible.

- Procedural ethics

In terms of procedural ethics, ethical approval was granted by the Faculty Research Ethics Committee at UWE Bristol in December 2017 (reference number: HAS.17.11.054) for the research involving international policymakers (Appendix 9). Approval for this study was obtained from the Ethics Committee within a week of submission. For the research with the national policymakers and the local prison actors, approval from the National Research Committee of the Ministry of Justice was obtained in January 2019 (Appendix 10). This was followed by an approval from the University Faculty Research Ethics Committee in February 2019 (Appendix 11).

Given the sensitivity of the topic, a full review of the research by these ethics committees was required. The core principles of ethical research set out by the ESRC (2019) were used as guidance: research should aim to maximise the benefit for individuals and society whilst minimising risk and harm; the rights and dignity of individuals should be respected; participation should be voluntary and informed; research should be conducted with integrity and transparency; there should be a clear definition of responsibility and accountability; and the independence of the research should be maintained.

Obtaining institutional ethical approval is a multifaceted, resource-intensive, and time-intensive process. The key was to begin the process early. When completing the ethics application to the Ministry of Justice, I reviewed my application against the following seven criteria prior to submission (HMPPS, 2017b) that ranged from linking the research to one of the HMPPS priorities to anticipating demands on resources for each individual establishment (Appendix 12).[18]

It is also crucial that prison researchers develop a close relationship with their key contact on the Ministry of Justice's National Research Committee. The relationship with this gatekeeper was useful in requesting necessary time extensions to the fieldwork, and in gaining access to additional sites to boost the sample size. The end date of my fieldwork had to be extended three times to accommodate the availability of the prison governors and their officers. Through this gatekeeper, I was also able to get the Committee's permission to gain access to additional prison sites on two occasions, to ensure access a larger sample size. Forming and nurturing a good

[18] I was also invited to submit relevant supporting documents, such as my curriculum vitae, a research proposal, a research invitation letter, a topic guide, and a consent form. This was to ensure that the committee understood the full picture of the research, which would help them in their decision-making process.

working relationship with the National Research Committee is instrumental to prison health research, not only to ensure that the researchers are accountable within the parameters of institutional ethical approval, but also to ensure their understanding of the challenges faced by researchers in undertaking fieldwork in prison institutions.

- Relational ethics

In terms of relational ethics, the ESRC (2019) mandated that researchers should consider potential physical and psychological harm, discomfort, stress, or reputational risk to the participants and their organisations. Fulfilling this requirement is demonstrated at a number of points in the research: during the snowball sampling stage, when dealing with enquiries from the participants about other participants' details and data, and in the dissemination of the findings. Each of these will be dealt with in turn below.

There was an ethical conundrum regarding the snowballing exercise, because some participants might not have felt able to refuse their colleagues' invitation to participate, which essentially amounts to coercion. However, using my experience as a researcher, it was important to reiterate that participation was voluntary and that the participants were given sufficient time and space to reflect upon the invitation before making a decision. In addition, these participants hold senior positions within their respective organisations, and, therefore, this potential vulnerability could have been mitigated, because they had the capability to decline my invitation. For prison officers, although the invitations were made via their institutional governors, it was made clear throughout all of their interviews that the invitation was not being imposed upon them by their governors, but rather that they wished to contribute voluntarily towards the research. In fact, all participants demonstrated a keen interest in the topic, illustrated through their responses to the first question of the interview that attempted to determine their motivation for participating in the research.

Considering that the health and justice community are closely networked and that individuals know one another or know of one another, there was also a risk of breaching confidentiality during the interview process (Damianakis and Woodford, 2012). Often, the interviewees were inquisitive about who else I had been or would be interviewing. They also enquired as to whether their responses were in line with other stakeholders who participated in the research. Here, I was particularly vigilant about not disclosing the names of the participants or the content of discussions to other participants, to ensure that all discussions remained confidential. Additionally, I was also mindful of the effect of snowball sampling, which could compromise participants' anonymity. To mitigate this impact, I was careful not to share the details of who had agreed to participate in the research with the gatekeepers. Moreover, those who agreed to participate in this study contacted me directly without copying in the gatekeepers' email addresses.

Finally, I ensured that the dissemination activity, predominantly via journal publication and, eventually, this PhD thesis, did not explicitly identify any participants. Particular care was taken when describing the data or the professional role of participants to ensure that they were not identifiable, while also balancing the need to be transparent and ensuring that the patterning of the data analysis was not compromised. I also ensured that I did not misrepresent their views to further my research agenda in highlighting the presence of austerity across each layer of prison health governance and delivery in England.

5.5.3 Sincerity

Researcher reflection on my part is the hallmark of an ongoing, honest assessment of my strengths and weaknesses as a researcher. This type of reflection represents sincerity, which consists of self-reflexivity and transparency (Tracy, 2010).

- Self-reflexivity

Self-reflexivity was realised through self-awareness about my background and my views that could have possibly shaped the research process. According to Charmaz (2006), reflexivity requires researchers to scrutinise their ‘‘research experience, decisions and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher's interest, position, and assumptions influenced inquiry'' (pp.188-189). To demonstrate sincerity, I maintained a reflective journal and general field notes before and after the interviews. These notes provided an audit trail that provided clear documentation on my views and various decision-points concerning changes to methods throughout the study (Creswell and Miller, 2000; Seale, 1999). Moreover, I used this opportunity to reflect on my concerns and the challenges I faced during the research process.

While my background in prison health commissioning, policy, and the law has been useful in facilitating my understanding of this topic, I was mindful of my own thought processes, so that I did not unduly influence the participants' accounts. Indeed, in keeping with Shenton (2004), one's background should also support the credibility of the research by demonstrating knowledge of the topic area. The constructivist paradigm allowed me to construct the meaning of austerity and its impact on prison health and, therefore, I contributed to shaping the research process, including data collection and analysis (Charmaz, 2006). This enhanced my ability to identify nuances in the data, which helps to reinforce the trustworthiness of the study.

In addition, I opted for self-disclosure of my insider status to the participants using my email and letter signature, which included a link to my university profile. At the beginning of each interview, I mentioned my background and how I came to be investigating this area. This disclosure of insider status, according to Bosworth et al. (2005) and Dickson-Swift et al. (2007), is useful in building rapport, balancing the

power between the participants and researcher, and gaining their respect. The participants in this research did not consider it unusual that I had prior knowledge, experience, and interest in the prison health field. In fact, it helped instil confidence in me, as they viewed me as one of their colleagues. This could be seen from the use of such phrases as “Well, going to prisons as we do” or “You know this already from your work.” Additionally, the support from a prestigious funder, the respected reputations of my supervisors, and the robustness of the institutional ethical governance were used as legitimising markers to ease my access into the field.

I also reflected on my overall experience as a new researcher in the field. Admittedly, some of my earlier interview sessions were quite formal and rigidly structured, but, as they progressed—owing to increased confidence and awareness of the process—the interviews began to flow better, and I was able to settle into a more conversational style of interviewing. As well as piloting the interview questions with a senior research fellow, I drew upon my experiences of teaching students on qualitative research methods module, by applying these pedagogic skills to the interview situation that requires building rapport, active listening, and sustaining dialogue with participants. Frequent debriefing sessions with my supervisors helped to develop my understanding of the research methods and provided a sounding board to develop my ideas related to the research (Shenton, 2004).

Self-reflexivity also raised the question of intersectionality and the power dynamic between the participants and me. For instance, elites were portrayed in the literature to be male, older, and of a higher social class compared to the researcher (Winkler, 1987). Similar observations were also made for prison governors and staff, although the class portrayal of this group was absent in the academic literature. This representation proved to be true to a certain extent in my case, although it did not play a critical role in conducting the research. Nearly three-quarters of the participants were men. In all cases, there was an age gap between the interviewer and interviewees. Nevertheless, I felt like I was treated as an equal. This was partly because of my insider status.

Equally, in line with Herzog’s (1995) proposal that informants have an interest in the information they provide, participants in this research viewed the interview process as a mechanism to further their own perspectives on the impact of austerity in their work. This was particularly the case with several participants who were considered civil servants, where they wished to vent their frustration towards policies that they viewed as harmful, but where they were unable to do so in an overt way. This was evident from their honesty in answering the interview questions, the profanity of language used to emphasise their points, and their reflection at the end of the interviews: for example, “I would like to say thank you for choosing to ask me those questions. It has been quite therapeutic unloading it all.” Research interviews, therefore, were seen as a safe space to do so, where the views expressed could be reported anonymously.

- Transparency

In terms of transparency, I explicitly identified power dynamics between the elite community and myself. Feminist scholars, such as Conti and O'Neil (2007), have been attentive to these issues by recognising that the power dynamics between an interviewer and an interviewee will have direct implications on the type of knowledge that is constructed. Many publications problematise this power dynamic as being asymmetrical. That is, elites have the authority and power to set the terms for being studied, and they can control the overall flow of the research process (Burnham et al., 2004; Bygnes, 2008; Desmond, 2004; Mikecz, 2012; Ostrander, 1995). Some of the other tactics for controlling the interview and flow of research include shutting down or deflecting questions (Batteson and Ball, 1995) and manipulating the dissemination process (Sabot, 1999; Welch et al., 2002). Paradoxically, elites may also feel exposed and vulnerable (Schoenberger, 1992).

Similarly, for the ground-level participants, many publications problematise this power dynamic as being asymmetrical. Liebling and Arnold (2004) and more recently Tournel (2014) have depicted the complexity of conducting research in prisons, which is perceived as a low-trust environment. Implicit in these theories is the suspicion of outsiders who attempt to understand the prison lifeworld. It is not uncommon that prison researchers have to choose sides (Becker, 1967; Tournel, 2014). Additionally, several studies postulate that security and institutional order often implicitly determine the prison health agenda (Arnold, 2008; Woodall, 2012), raising potential idiosyncrasies whereby this research was considered a non-priority.

Although I patently acknowledge the contributions of germane previous literature, my personal and professional experience challenged the certainties surrounding these foregoing claims. I rarely felt that the interview space consistently manifested asymmetrical power relations favouring interviewees. In fact, I was frequently surprised by the level of self-reflection, uncertainty, and nervousness evident in some of the most senior interviewees, as well as their willingness to share their thoughts—despite the challenging interview questions. Participants were articulate and knowledgeable and spoke freely about the issues under investigation.[19]

A diverse range of existing literature overwhelmingly depicts the position of elite and prison interviewing as one of 'us against them'. This is the opposite of my own interactions, which tended to be non-adversarial, reciprocal, and symbiotic. I had a positive experience and felt grateful for the participants' openness in sharing their

[19] Sometimes, they seemed guarded by using such phrases as "this is between you and me only" or "this is confidential, right?". These infer that I might have had the power to do or undo certain things with their information that I possessed. On several occasions, they expressed the following: "You asked hard questions!" Or they casually informed another colleague within the prison health sphere that my interview questions were unexpected and, to a certain extent, challenging.

views on a politically contentious topic. When the fieldwork went smoothly, I was also mindful of the dilemma of seduction. Elites in particular are considered to be minor celebrities in their field, who are often highly respected, even idolised, because of their power, position, and contributions to the field. Delaney (2007) suggests that interviewers, like myself, could often overly empathise with the interviewees, in a manner akin to the Stockholm Syndrome, a condition which could cause me to develop a psychological alliance with the interviewee, which may challenge the objectivity and trustworthiness of the study. Several strategies proposed by Delaney (2007) were adopted during this research, which included being objective and focused during the interviews, using probes to ask the participants to elaborate, challenging their viewpoints rather than merely accepting their propositions and, at the same time, being able to view and analyse the data collectively as a body of evidence, rather than focusing primarily on the interview subjects at the analysis stage.

Conclusion

This study is the first in-depth, large scale qualitative study exploring the impact of macroeconomic austerity on prison health governance and delivery in England. Guided by the methodology of constructivist grounded theory, semi-structured qualitative interviews were conducted with 87 experts in the international and national prison and prison healthcare fields (termed ‘elite participants’), as well as in prisons and their extended workforce from voluntary and private-sector organisations (termed ‘street-level bureaucrats’). The process focused on ‘studying up’, which was imperative in understanding interactions of actors and institutions when they underwent systemic reformation that was predicated by austerity. Although previous research concerning elite participants framed the suspicion of ‘us against them’ among these participants, my experience was the opposite: it was amenable and mutual. Their willingness to participate in this research demonstrate their perception that social research is an impetus for policy and political change, and welcomed this research as an opportunity to raise their concerns regarding the impacts of austerity on prison health governance and delivery.

This chapter also advances several methodological contributions. It is one of the largest prison health studies in the world, which can enable greater transferability of findings across the prison health system. It addressed academic concerns’ relating to data saturation that often frames as out-of-reach particularly for novice researchers. Additionally, it introduced the concepts of the ‘Fourth Order’ in refining the analytical categories during the analysis stage. Although grounded theory is a fluid methodology, in a world that is driven by credibility, rigour, and transparency, these methodological innovations were operationalised as valuable research compasses.

The next chapter examines the findings of the research, including the themes that emerged to answer the central research question: “How does austerity affect prison health governance and the delivery of prison healthcare services in England?” In particular, it will examine the development, implementations and impacts of austerity on the governance and delivery of healthcare in English prisons, analyse how the governmental responses towards incidents that were directly linked to austerity remained under-theorised and explore potential remedial actions against the effects of austerity on prison health.

Findings

Introduction

The next five chapters present five major categories and sub-categories of findings resulting from 87 interviews regarding the impact of austerity on prison health governance and delivery in England. To answer the primary research question—"What are the impacts of austerity on prison health governance and delivery of prison healthcare in England?"—each chapter begins with a brief introduction and description of its structure and main argument. Then, each chapter reviews the main categories and sub-categories that emerged during the research. An overview of these categories is provided in Figure 6.1.

Grounded in participants' perspectives, Chapter 6 presents their views on the effect of the government's austerity programme on prison healthcare governance and delivery, as well as on the broader prison regime. Participants cited the Benchmarking programme of the Ministry of Justice, implemented in 2012, as being responsible for executing the government's reduction of prison spending. This chapter articulates participants' responses towards the government's rationales for austerity, which were explained with such verbiage as "unavoidable", "inevitable" and "unnecessary".

Chapter 7 describes the austerity programme's manifestations in prison healthcare and the broader regime that supports it. It catalogues crises directly experienced by prisoners—namely, decreased access to health services, reduced access to purposeful activities, and increased drug use among prisoners. It also analyses the impact of austerity on different types of prisons. Participants' views on the burgeoning effect of continued austerity measures on prison health governance and delivery are also outlined. Additionally, the chapter analyses participants' observations of the challenges in commissioning healthcare services under the government's austerity agenda, alongside the increasing privatisation of the prison healthcare services and prison establishments.

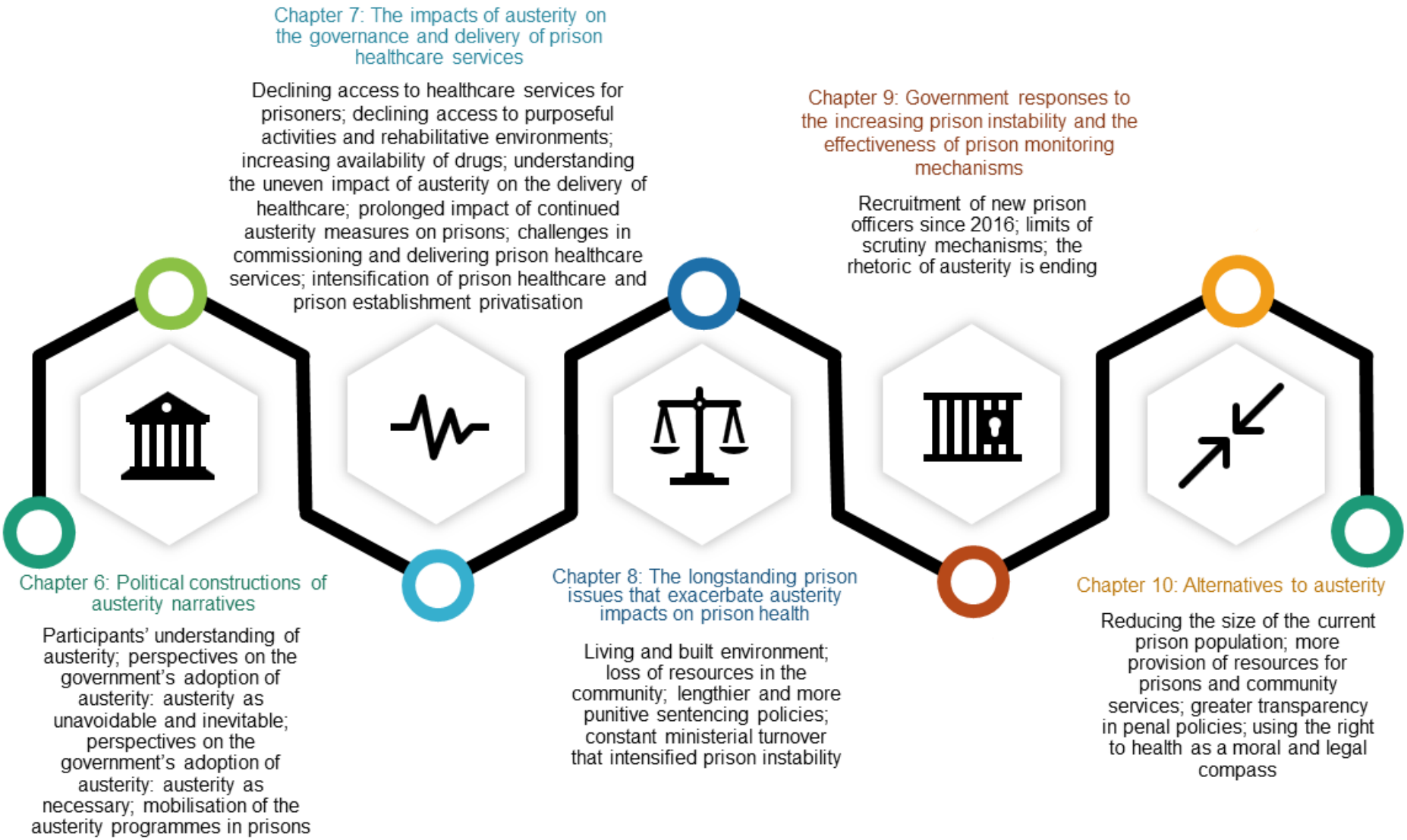
Chapter 8 articulates participants' observations on how the extant context of English prisons—overcrowding and poor living of prisons, and the lengthier and harsher sentencing commitment—have intensified the adverse experience from austerity in administering and delivering prison health governance and the overall prison regimes. It provides participants' views on the impact of the rapid turnover of justice ministers over the last ten years, as well as the effects of reduced welfare provisions in the community—which increasingly have relegated prisons to the role of first responders for vulnerable adults. This chapter thus reveals how these contextual factors have further reinforced the existing prison instability during austerity, which has compromised the administration and delivery of healthcare services in English prisons.

Chapter 9 explores governmental responses to incidents that reflected the ongoing prison instability that participants believed was directly linked to austerity. Their opinions predominantly pivoted on recruitment of new prison officers since 2016, which the government believed would increase prison stability. The chapter retails participants' scrutiny of the effectiveness of internal and external feedback channels. It concludes by presenting participants' thoughts about recent political announcements, delivered in 2019, regarding the end of austerity.

Finally, Chapter 10 discusses participants' proposed policy solutions that could counterpoise austerity. Their recommendations include reducing the current rate of imprisonment, increasing investment for prisons and community services, enhancing transparency in penal policies, and using the right to health as a moral and legal compass.

Figure 6.1

Major categories derived from the study analysis



Chapter 6: Political constructions of austerity narratives

Introduction

This chapter explores participants' understanding of austerity and how austerity measures has been operationalised in the policy and delivery of prison healthcare and prison services. It investigates participants' perspectives on the construction of political narratives that have made austerity economically unavoidable but yet seemingly a necessity, as well as offers supportive evidence for this claim. It concludes by unpacking participants' views on the mobilisation of austerity programmes in English prisons.

6.1 Participants' understanding of austerity

This section explores participants' understanding and interpretation of austerity. It reveals their awareness of the political undercurrent of the austerity measures, as well as how these measures have been translated into policymaking and delivery of prison healthcare and prison services in England. In so doing, their accounts reveal a depiction of both austerity as financial cuts and austerity as a political ideology and how both perspectives have shaped the policy and delivery of prison healthcare and prison services.

Almost unanimously, participants agreed that austerity meant government funding cuts directed at public services. Several participants serving at the macro- and meso-level of governance level adopted a definition of austerity that included such common phrases as "demand and supply" and "purposeful disinvestments". As illustrated by Participant 43, a research lead of a national think tank:

> We focus on the important relationship between the extent to which demands on the prison service and prison healthcare services have gone up at the same rate as, or faster than, the spending they see. To put this in simpler terms, these services have not seen the spending that they need to match the demand at the same time.

As explained by Participant 41, a regional prison director of a justice ministry, austerity denoted a tight control of financial expenditures from one year to another:

> I associate austerity with tight control of spending. Usually, in our business, that means that less is spent on running prisons, and that particularly impacted snacking budgets—certainly in the period from about 2012 to 2016 or 2017. That meant we were going to year-on-year producing budgets. That is what austerity meant to me on a practical basis.

Moreover, phrases such as “overstretched and under-resourced services” (Participant 59, senior prison officer of a closed prison with an urgent notification status) and “no flexibility in the budget, compared to the pre-austerity era” (Participant 75, prison governor of a closed prison with an urgent notification status) were common refrains.

Often, participants, irrespective of the level of governance they occupied, linked the imposition of austerity to the political ideology of the current government. Several participants mocked the reasons politicians used to justify austerity. In so doing, they referred to such political rhetoric as “maxing out the national credit card” and “the need to balance the economy”, as is exemplified by the following excerpts:

> The way in which politicians like George Osborne[20] talks: “We have maxed out the national credit card.” That is just economically illiterate. That is a whole pile of bollocks, but, of course, people buy that reason that if we have spent up to the whole limit on our credit card, then we have to pay it back. (Participant 10, an academic and advisor to a European anti-torture organisation)

> These politicians have never to my satisfaction justified long-term austerity. They tend to revert back to the balancing the books thing that is based on their neoliberal ideology. Now, a well-managed economy is versatile. You can do different things with it depending on the needs of the day and also long-term prospects. Balancing the books is such a primitive approach to economic management. (Participant 15, an academic and former Cabinet Office advisor)

Reinforcing the perception that austerity is a vehicle to advance political ideology, Participant 50, head of legal of a national penal reform organisation, clarified that economic rationing has always been political in character, regardless of the economic condition:

> So, irrespective of how the economy is performing or ways in which the economy could be managed, the way actually it is being managed, and the way the decisions are made all come down to being political decisions.

In translating the political mandate of austerity into resource allocation for prison healthcare and prison service, many participants functioning close to the delivery of prison healthcare articulated difficult decisions that they had had to undertake to

[20] Chancellor of the Exchequer under Prime Minister David Cameron from 2010 to 2016, who introduced the programme of austerity post-May 2010 UK General Election.

keep their services afloat. Ineluctably, the costs of delivering services frequently trumped quality and best practices, as reflected by Participant 66, a head of a substance misuse service operating in various closed prisons:

> We try to, as far as possible, deliver our mission, which is to help people turn their lives around, keep them alive and help them to move away from drugs and crime. But we are walking a tightrope, between quality and cost, to win healthcare contracts in prisons. It is a constant battle. We always try and come up with more efficient models, but they were rarely driven by evidence and good practice, they were driven by "How do you do this for 30% less?" Constantly, questions such as "Do you pay your staff less?" or "Do you provide a weaker service?" or "Do you rely on volunteers more?" popped up more frequently.

Beyond cost saving efforts, many participants were aware of the political undertone that riddled the resource allocations for prison healthcare and prison service. These programmes were perceived as predicated on unsound economic decisions. The top-down imposition of austerity programmes upended difficult decision-making processes, with participants witnessing scaling back of services and trade-offs between cost-cutting and delivering quality prison healthcare services.

6.2 Perspectives on the government's adoption of austerity: Austerity as unavoidable and inevitable

This section illustrates the shared perception among participants about how the government's political narratives of austerity had been presented as economically unavoidable. It investigates participants' belief that such a claim was not evidence-based and that this hollow assertion was further reinforced by limited public scrutiny.

Despite the political narrative attempting to justify austerity as economically unavoidable, several national participants, particularly civil servants, noted that commitment across all post-2010 election manifestos reduced public sector spending. As reflected in the comments of Participant 35, a regional health and justice lead of a national health organisation, the government engaged in politically motivated efforts to provide justification to the financial cuts, in the process disparaging the opposition, even though it did so without utilising measured approaches.

> The [politicians] justified it politically, didn't they? They justified it politically on the basis that we have got less money, and we have all got to make sacrifices. They did not justify it on the basis that they could deliver it. They did not do any kind of analysis of what the impact would be. They had no

> understanding of what the impact of cutting funding would be and what the impact of that would be on life.

The government's failure to complete a cost-benefit assessment of the impact of reduced state spending on the prison system led Participant 10, an academic and advisor to a European anti-torture organisation, to argue that austerity was an ideological, rather than economic, decision:

> I do not believe that austerity is about making things more efficient. George Osborne, who was basically the architect of all this financial mess, had a target to reduce state spending […] a decision that was not based upon cost-benefit analysis. It was a priori an ideological decision that he had taken.

Some participants also believed that the government tended to blame previous Labour governments (that had held office between 1997 and 2010) for leaving the country in a state of debt, thereby making austerity unavoidable (Gamble, 2014). Yet, after a decade of austerity policies, austerity measures remained in situ. Participant 55 (a prison health lead of a national health organisation and magistrate) stated:

> Whenever I have heard government ministers being challenged about austerity, you will hear the same old broken record of "it is because of the previous Labour government leaving us with debt". Actually, there is only so long you can keep saying that. Is that a good enough excuse for allowing everything to fall apart?

Although small in number, several participants articulated a nuanced view that framing austerity as a technical economic "fix" limits the public's ability to engage in the austerity debate. These participants argued that because politicians set the terms of the debate and framed austerity as economically inevitable, it removed the public's efforts to scrutinise the austerity programme that blighted public services. For example, as Participant 19 observed:

> These austerity measures are presented but not justified. They are framed as unavoidable. [T]his has effects on the participation of people in politics. They cannot scrutinise these political strategies. If you present that something is just a technical issue and not a political issue, there is no space for public engagement. Austerity was presented in such a way.

In summary, this section illustrated the views of participants about the political narratives that justified the putative necessity of austerity. Despite being presented as an economic imperative, participants perceived austerity measures as politically

motivated. In particular, they felt that such action was bereft of underpinning evidence and that current politicians imputed the draconian measures to the previous administration's fiscal ineptness. They were querulous about the validity of this political framing.

6.3 Perspectives on the government's adoption of austerity: Austerity as necessary

This section will delve into a range of perspectives participants have on the government's justification that austerity is necessary, as well as the impact of their acceptance of this narrative. There were discrepancies in participants' reaction towards the language the government employed to justify the necessity of austerity. Their responses ranged from positive and passive acceptance to active resistance. The reactions were contextually driven and varied according to participants' location within the governance and delivery structure of prison healthcare in England.

Albeit a small group, some participants, notably those within civil service, explicitly accepted austerity as necessary. Their responses focused on prison healthcare and prison service policy and delivery. Several understood austerity to be a necessary evil, where "[it] makes people more aware that whatever they are doing is limited by the resources that are reducing" (Participant 55, a prison health lead of a national health organisation and magistrate). Others viewed it as an opportunity to streamline service delivery: "…identifying what is working within the system, and what is not working, [because] austerity exposes gaps much more" (Participant 35, a regional health and justice lead of a national health organisation).

Similarly, phrases prevalent in these civil servants' descriptions included "living within financial means" and "doing things differently," (Participant 34, the head of a national prison health charity) and "becoming more financial[ly] savvy" (Participant 35, a regional health and justice lead of a national health organisation). The response of these individuals denoted how they perceived that government justifications for the resource reduction were merely semantics. Unlike opponents of austerity measures, however, these participants did not regard the government's actions as politically motivated.

Other participant comments demonstrated compliance and a realisation that participants felt that they had no ability to challenge the situation. Participant 28, a former head of a prison inspectorate, argued that "the civil servants have no control over the resources they have got, and they have not got any control over the numbers of people that are sent to the prisons". Some simply accepted the narrative of austerity from a pragmatic standpoint. As Participant 20, a public health specialist at an international health organisation, stated: "There's no money left. Just put up with it […] people tend to accept it and try to avoid the subject altogether. Because what's the alternative?" Echoing this stance, Participant 22, an advisor to a European intergovernmental organisation and head of prison service, averred:

> I can simply [say], “Oh, economic austerity is terrible. We can’t do this; we can’t do that.” The fact is we have economic austerity. There is less public service. You can either be one of those people that is “I cannot do my job because I do not have enough money”, or you keep going. The fact of the matter is we have got to do our job whether we have enough money or less than enough money. You have got to look at how you do things in order to look at what you can do against what are your real priorities and what is the best and most efficient way to do that. That is a fact of life in public service austerity, because there is no cash cow coming to resolve that.

Evident from the interviews was that the majority of policymaking participants tended to avoid using the term “austerity”. Instead, they used euphemisms, such as “lack of funding” (Participant 17, an advisor to a European intergovernmental human rights organisation) or “working under financial pressure” (Participant 4, an advisor to a European intergovernmental human rights organisation) to express the continual austerity challenges they faced. Participant 29, an academic and consultant for an international health organisation, acknowledged this behaviour and stated: “[W]e hardly use the word austerity […], but we all know we are working in a resource-constrained environment”. They seemingly utilised such verbiage deliberately to maintain their neutral position and to ensure that they did not cross the political line.

Many participants provided a more nuanced approach, arguing that the catchphrases of “efficiency”, “economies of scale”, and “doing more for less” are masking the reality that prison healthcare and the prison service were eventually compromised. As articulated by two participants below, such language avoided confronting the reality of an increased demand for prison healthcare during a time when resources were being reduced. To some extent, the government’s response had become a public relations exercise in framing austerity as necessary and unavoidable.

> [Health organisations] have been given their budgets against the contracts that they have tendered for with the expectation they will deliver those contracts. We have seen a reduction in staffing for services such as drug treatment, and many uses of words such as “efficiency” and “economy”. In reality, we have not got the staff on the ground. Demands on health services, on the other hand, are increasing. It means that our services are not going to be as robust as they were before, in terms of those interventions for health. (Participant 32, a regional health and justice lead of a health organisation)

> The government is packaging [austerity measures] up to make it look like we are improving service. This will make it more

> efficient. They promise that there will be better communication, that the right people doing the right things and tackling all these complex issues. So, the public feels satisfied: “Good, they are actually going to do something about this now.” That is the sell. But the subtext beyond […] you cannot grow the prisoner population but cut the staff at the same time. You just cannot do that without having a negative impact. (Participant 44, a criminal justice lead of a nursing trade union)

Some participants expressed dissenting views, directly confronting the argument that austerity was a necessity. Although they acknowledged that there would always be room for improvement, participants perceived that their organisations had always been prudent with their resource allocation. As argued by Participant 55, a prison health lead of a national health organisation and a magistrate: “We were fairly good at [looking for value for money] anyway. It was not like we were wasting resources”.

This section has illustrated how framing austerity as necessary was actively resisted, passively accepted, or positively accepted by the participants. The majority felt that they were compelled to agree with the narrative of austerity, considering their inability to challenge it.

6.4 Mobilisation of the austerity programmes in prisons

The majority of participants cited the Prison Unit Cost Programme, also known as the Benchmarking Programme, and the Fair and Sustainable Programme as responsible for executing the government’s austerity efforts. Ultimately, they concluded that these programmes sought to reduce state expenditure in prisons by reducing the workforce size without reducing the prison population, thus resulting in a compromise in safety in operating the prison regime. Two participant quotations support this belief:

> I have looked at staff-to-prison[er] ratios in Trinidad and Tobago [and] all the West Indian islands. I have been to prisons in India, Australia, Germany, America, and Canada, the UAE, and Mauritius. All of them had a proper ratio of prison staff to prisoners. They never let the ratio fall between one [staff] to three prisoners. [In England], it is now one to six, which it was in 1960. You do not find a single European country where the staff numbers are so low. (Participant 18, an academic and advisor to a European administration organisation)

> My establishment [a men’s resettlement prison in Midlands] went through a change where the Benchmarking Exercise set the level of staff that we believed was wrong. As a result, we could not run our prison properly. We understand that

> everybody needs to make cuts. But in places like this, there needs to be a minimum of staff for it to be safe, for both the prisoners and the staff, because that is when the frustrations start. (Participant 74, a senior prison officer of a resettlement prison)

Participant 43, a research lead of a national think tank, observed a disconnect in how the reduction of prison workforce measures were executed based on the premise that savings could be made from a reduction in prison service. She argued that the time-lag effect suggested that the budget decrease continued to work for some time before prison stability began to deteriorate:

> They operated on the assumption that there was a lot of fat in public services – “Let’s just top-slice all the budgets and let people figure out how to do that”. The budget reduction suggests that that did work for a while. The quality of services did not decline in most areas for a while, but that has become harder and harder to sustain as time has gone on and more and more problems bubble up.

Taking into account the desire to localise the decision-making process of the budget cuts above, consistent international and national participants’ responses suggested that participants did not think that the UK government undertook a thorough assessment on what the reductions would mean in practice for the prison service. In particular, as highlighted by Participant 49, an investigator for a regulatory organisation, the lack of a thoughtful approach to reduce expenditure on prisons defied the logic of austerity as being necessary:

> There are risks to taking a lot of money out of budgets in a very unplanned way. The Ministry of Justice has lost an enormous amount of money. But, it also has fairly fixed costs. Prisons are a massive part of its expenditure; it has to provide prison places for the people who are sentenced to prisons. It is a very difficult financial situation. If you are going to perform radical surgery, you should know where the heart is. This is not the case for this Ministry.

Overall, participants with views against austerity measures noted the direct consequences of austerity measures to prison service. Via the Benchmarking Programme, they observed how the government’s unplanned approach in reducing the prison workforce without reducing the prison population compromises the system, albeit the impact was not immediately apparent.

Conclusion

This chapter has demonstrated how participants believed that austerity has been politically constructed and mobilised across all levels of governance and delivery of prison healthcare and prison services in England via three distinct ways. First, based on participants' arguments, austerity was a political choice, despite its reliance on economic measures for justification. Second, despite an awareness that the narrative was not evidence-based, the framing of austerity as necessary was accepted by participants, especially those who were part of the civil service, compatible with the ruling government's will. This was perceived as the lack of an alternative to austerity. Third, participants' accounts detailed the implementation of the austerity measures across prisons via the Benchmarking Programme, which was not executed in a considered way and compromised the system stability.

The next chapter will demonstrate how research participants perceived the implementation of austerity policies as leading to a deterioration in prison governance and prison healthcare delivery in England. It will critically examine participants' views of how the reduction in prison funding across England impacted prisoners' access to healthcare services and purposeful activities. The by-products of increasing prison instability—per participants' perspectives—created a ripple effect across the prison governance structure in which healthcare delivery is highly dependent. The chapter will also explore the participants' accounts on the intensified commissioning and delivery of healthcare across English prisons, as well as privatisation of prison healthcare and prison services (underway since 2012).

Chapter 7 – The impacts of austerity on the governance and delivery of prison healthcare services

Introduction

Following the preceding chapter's analysis of participants' views of how politicians had constructed, accepted, and mobilised austerity, this chapter illustrates the specific impacts of the austerity programme on delivery of healthcare and prison services in England. The barriers to accessing prison healthcare services, as well as prisoners' access to purposeful activities, and the increasing availability of drugs, are critically considered from participants' perspectives.

Participants' responses revealed how delivery of healthcare and supportive prison regimes in certain types of prison establishments suffered a greater impact from austerity measures than conventional male establishments. The prolonged effect of continued austerity on the government's aspirations for prison rehabilitation are also examined.

Subsequently, participants' beliefs about challenges in commissioning and delivering healthcare services across prisons are analysed. The chapter then explores their views of the concerted reduction in state interventions via increasing privatisation of prison healthcare and prison service.

7.1 Declining access to healthcare services for prisoners

This section details the analysis of the impact of reduction in the size of the prison workforce on prisoners' access to healthcare. Based on the participants' perceptions, these impacts will be examined in terms of the accessibility of healthcare services for prisoners. Also, given the broadly stagnant NHS England funding for prison healthcare, participants also highlighted the decline in the quality of services for prisoners, as well as how deterioration of services has affected the performance of the broader health system within prisons. An analysis of each of these themes is presented below.

Almost unanimously, and irrespective of the level on which they functioned, participants argued that the reduction of prison officers was a barrier to prisoners' accessing prison healthcare services. Participant 47, the project lead of a national penal reform organisation, noted: "There are a lot more lockdowns; people cannot leave their cells, and sometimes they cannot attend their healthcare appointments". A salutary prison regime that supports prisoners' availability to health care is critical, but reduction in prison staff diminishes such access. As asserted by Participant 21, the regional lead of an international health organisation: "Even if you have the most effective, efficient health system in the world sitting in a prison, it is not going to be able to deliver its service without the support and enablement of staff in the prison bringing patients to them". Participant 61, a high-security prison governor, further

highlighted the dependency of healthcare services on the availability of prison officers:

> Health services cannot operate in isolation in a prison. Prison officers need to be available in order to supervise clinical deliveries. They are not in the consulting room, but they are waiting outside, and they have to operate in a much tighter way. Sometimes these officers are late getting to the start of the clinics because they have to do a different job first before they go to clinics, whereas previously they would just be allocated to the clinics for the whole of the day. So that causes a lot of disruption and a loss of clinical time.

Inevitably, a few participants, notably health commissioners, mentioned their frustration about the decline on the healthcare delivery as not being within the control of NHS England. Participant 55, a prison health lead of a national health organisation and magistrate, highlighted the asymmetrical power by comparing the delivery of health services in prisons to other settings, such as hospitals, which had full autonomy in delivering services:

> Of course, we are completely reliant on the resources of HMPPS to facilitate our access to prisoners, outpatients, and for the environment in which we work. It is different than a hospital, where we have ultimate control over our clinic facilities or anything else. In a prison, we do not. We will set standards. We will expect the healthcare facilities that we are provided with to be appropriate and to be up to the NHS standard. That is actually not entirely within our control because it is prison service property.

Participants at the operational level of prisons observed that postponement or cancellation of health appointments became more frequent after the austerity programme was implemented. Consequently, it led to blockages and waste across the prison and community healthcare settings. As Participant 61, the prison governor of a high-security prison, exposited: “We do not necessarily have people available to supervise escort out of the prison, so that can lead to cancellations or reorganising appointments outside of the prison, which can be problematic for us and the health system outside.”

At a more strategic level, some participants noted how the service decline created a domino effect on the wider NHS performance, as both prison and community healthcare services fall within the same organisational umbrella. This point was made by Participant 35, a regional health and justice lead of a national health organisation:

> NHS trusts are struggling more, and the kind of 12-week waits here need turnaround. All performance figures starting to turn from green to amber to red, and you are seeing that more. That partly has had an impact on prison healthcare and the rest of the system struggles.

Similar to the healthcare services issues, many participants also observed deterioration regarding the quality of healthcare services. Longer waiting times and insufficient consultation time with medical professionals, they argued, further compromised the quality of prisoner healthcare. Participant 12, an advisor to a European intergovernmental human rights organisation and leader of a national medical organisation, stated:

> We often have just handfuls of sessions of psychiatry […] We have three days of psychiatry to manage a caseload of 300 men. The Royal College of Physicians says that we should have 30 sessions to manage that caseload […] People often do not get seen or they wait a long time to be seen or they get seen for shorter periods of time than they should be seen […] It is really inadequate.

From the prison officers' perspectives, they felt often forced to make difficult decisions that represented a trade-off between sending sick prisoners to hospitals for treatment, while remaining prisoners were locked in their cells because there were insufficient officers to supervise them.

> I have been in charge of the prisoners at night, when we have got absolute minimal staffing levels. I am covering my backside by using the dedicated healthcare phone line when prisoners are unwell, and then they cover their backside by saying to me, "Yeah you'd better send them to hospital". Then you are depleting your staffing levels because you have to send two members of staff out with that prisoner […] The next thing you know, we cannot even open a door because there are not enough staff now to let prisoners outside their cells […] And I am absolutely against there not being 24-hour healthcare. It has made life very, very difficult for us. (Participant 78, a senior prison officer of a closed prison)

In contrast to the majority opinion, Participant 31, a head of custodial services at a justice ministry, had a dissenting response to some of the negative accounts that linked austerity to the reduction of prison officers, which impacted the delivery of prison healthcare. In particular, Participant 31, the head of custodial services at a justice ministry, noted a lacuna between austerity and the current instability in prisons:

> I do not think it is all negative. I think some of it has been extremely challenging, things like the arrival of psychoactive substances. It probably has been as impactful on health as a range of other things. We do not have a clear evidential [base] that says the financial reduction causes instability […] It is very difficult to attribute certain effects that you might see to a particular cause, because there are so many other contextual and multiple factors going on that you cannot necessarily know.

Although Participant 31's statement highlighted the need for robust evidence on the association between financial reduction and current institutional instability, the analysis of other participants' comments suggested that his view was an outlier. The overwhelming sentiment of the other interviewees was that such a dismissive perspective amounted to "living in denial" (Participant 36, an assistant head of health and justice of a national health organisation), was simply "a lazy way out," (Participant 70, a healthcare manager of an NHS Trust in a resettlement prison), or sounded "outrageous" (Participant 40, the head of a national penal reform organisation).

Overall, the analysis of participants' responses implied that reduction in the number of prison officers often led to more frequent delays, postponements, and cancellations of health appointments in both prisons and community settings. Per participants' viewpoints, the quality of healthcare also suffered when prisoners had inadequate contact time with medical professionals. Because prison healthcare services were located within the NHS umbrella, inevitably the performance of the organisation deteriorated.

7.2 Declining access to purposeful activities and rehabilitative environments

Almost all participants, irrespective of their governance level, stated how the shortage of prison officers had contributed to the decline in access to purposeful activities and rehabilitative environments in prisons. In particular, they questioned how violent incidents, as well as the harmful built environment in prisons, could hamper government aspirations pertaining to the prison rehabilitation agenda.

First, almost all participants observed that prisoners had to spend long hours in their cells without opportunity to socialise with fellow prisoners and take part in the purposeful activities that were critical to their health and well-being. Participant 13, a former head of a prison inspectorate, compared the situation in England to his experiences when inspecting prisons in the Middle East:

> I went to inspect the prisons in the United Arab Emirates, where I discovered that they did not have one suicide in Dubai and Abu Dhabi since 1995. They said all landings are locked, but all

> cells are left unlocked, so by day everyone can mix freely with each other. It does not matter if you go and sleep in an overcrowded cell, because that is only by the night. But in England, we insist on separating people by day and doing nothing. That is not natural. I think that if you treat somebody like an animal, that is what you will get.

The majority of participants, especially those at the national and local levels, observed that being locked in cells for lengthy periods of time triggered boredom and restlessness. In these instances, they noted that minor squabbles among prisoners could turn into major riots that could halt delivery of healthcare services. Participant 53, a regional head of health and justice commissioning for the National Health Service, stated:

> The use of the Tornado Team [an elite squad tasked with bringing prison riots under control] has risen enormously. This team moves between prisons. We sometimes need to alert our healthcare providers. Going into prisons like we do, we hear a general alarm bell that [things have] gone through the roof. You just hear it more. You hear, “general alarm, general alarm, general alarm”. It is staggering.

Moreover, owing to being locked in cells for too long, most of these participants also cited self-harm and burgeoning suicide rates and assaults among prisoners and staff. Participants noted that these extreme occurrences of “lockdowns” were now becoming a daily norm. Despite governing two different institutions with dissimilar security levels, both Participant 81, the governor of an open prison, as well as Participant 61, the governor of a high-security prison, shared the following sentiments, respectively:

> When we do not have enough staff, prisoners cannot get to [engage in] purposeful activity. They are kept in cells longer and therefore frustrations run high. It brings with it reaction and violence amongst the prison population that happens almost every day across the estates, like violence against staff and other prisoners, self-harm episodes, and even suicides.

> Health is not just about a health service. It is about the whole environment supporting people’s health and well-being. The deterioration that we have seen in safety is a sign of a much less healthy environment in which people are having to live. They have to live in an environment where there is more violence, more self-harm […] that is going to affect, not just those individuals involved, but it is going to affect the general health and well-being of everyone who lives and works in a particular prison.

Numerous participants questioned the extent to which the prison rehabilitation agenda could be attained, owing to the lack of meaningful activities that the prisoners undertook to meet the rehabilitation aspiration.

> But in terms of prisoner well-being, it means that there are a lot more lockdowns, people cannot leave their cells, people have to spend more time in their cells, they have less time outdoors, and they have less meaningful activity. It means that people cannot be escorted to go to training, education, visits, do any kind of meaningful activity, that you would to actually make a prison experience in any kind of way useful. (Participant 47, a project lead of a national penal reform organisation)

Additionally, Participant 12, an advisor to a European intergovernmental human rights organisation and leader of a national medical organisation, observed the cumulative impacts of the increasing levels of violence that instilled fear among a small pocket of vulnerable prisoners. To him, this could lead the vulnerable prisoners to become disengaged from the prison regime:

> Prisoners always say to me [during our visits] that when they do come out, they do not feel safe […] Especially in busy remand prisons, where violence is commonplace, bullying is rife, and drug activity is the norm. If you are a vulnerable prisoner in such an environment, it might make sense just to stay in your cell and not engage with anybody because engaging might be problematic.

The majority of participants asserted that maintaining order safely and securely in their institutions had become increasingly fraught. Frequently, participants expressed fear and intimidation. For example, as Participant 78, a senior prison officer of a closed prison, stated:

> When the staffing levels [are] reduced so dramatically now, the prisoners know they can get away with it. They overstep the mark, and they keep pushing, and they keep pushing. Recently, I had a nose-to-nose with a prisoner, because he refused to take his dinner behind his door. He made a stand, and I looked at my watch and I thought, “Right, it is five to five. I want to go home at half past five in one piece”. No member of staff was there to back me up, and no-one was watching. The likelihood is, if I [had] carried on and stood my ground, he would either [have] spat [or] punched me, so in the end I just walked away. That is the difference now; you do not have the confidence to deal with the prisoners in the same way.

Participant 46 also commented on the experience of similar level of assaults being inflicted on the healthcare staff, similar to the frontline prison workforce:

> If there was an incident, you pushed an alarm button. There would be a lot of staff come to support you and deal with that situation safely and effectively. Unfortunately, there just are not people there to do that anymore. We have seen nursing and healthcare staff suffer attacks and assaults, and that has got to a point where it is just not acceptable.

Overall, participants felt that shortages of prison staff contributed to a decline in both access to purposeful activities and to rehabilitative environments in prisons. Following regular occurrences of prison lockdown, most of them noted that violent incidents against prisoners and staff had become routine. Some questioned the attainment of the prison rehabilitation agenda in light of this deterioration.

7.3 Increasing availability of drugs

This section will explore the increasing availability of drugs in English prisons and how it impacts the delivery of prison healthcare services and drug interventions on prisoners. It will focus on participants' observations on the insufficient number of prison officers needed to curb the drug supply and prisoners' augmented demand for drugs (to cope with their poor living environment).

Various participants believed the drug market operating outside the prison was responsible for supplying drugs inside the prison—including novel psychoactive substances. Participants attributed the increase in illicit drug use to an inadequate number of prison officers available to conduct drug searches, perimeter patrols, and intelligence gathering:

> In [our resettlement prison], prison officers were reduced by 40%. Granted, a prison officer is not delivering healthcare. However, if they are not there on the wings or doing searches or finding that people use more and more drugs, that made a huge difference. (Participant 73, the head of a private healthcare organisation at a resettlement prison)

The rising use of drugs has created a ripple effect on internal and external resources. These impacts included preventing healthcare staff from delivering planned activities, attending to medical emergencies, and calling upon external healthcare resources (e.g., ambulances). Participant 73, a head of a private healthcare organisation at a resettlement prison, reflected upon his team's experience in responding to emergency incidents– 'code blues'–that were caused by the use of *Spice*:

> When code blue incidents happened as a result of prisoners using *Spice*, they did not all require [prisoners] to go out to the hospital, but they still interrupted a primary care clinic for hours. When a code blue is activated, an ambulance is automatically called as well. Now, when healthcare staff get to the scene, they will quickly assess the patient, and if they deem that the ambulance is not required, the ambulance stands down. But we had a situation where there were five ambulances a day coming here and then having to turn round. It has a big impact on the community, as well as the prison.

Outside the office hours, prisons still had to rely upon external services to attend to medical emergencies, as the in-house healthcare services were not available beyond their operational hours: “We are not here 24 hours a day. We are only here during working hours, until half six in the evening. Then, the ambulance service or urgent care GPs take over during the night” (Participant 69, a prison officer at a resettlement prison). Consequently, prison staff had no other option but to draw upon community sources that were already hard-pressed.

Many participants also believed that such events weakened the structure of institutional governance. This weakness has led to the growth of prison gangs and serious organised crime groups that supply illicit drugs to local prisons as part of the informal economy. As illustrated by Participant 25, a European law and human rights specialist: “[W]hen you have lower staff [levels] and less secure prisons, people start looking to informal structures, i.e., gangs, for their security”. Participant 71, a prison governor of a resettlement prison, further articulated this problem, linking it to the increasing drug presence across prisons in England:

> Most prisons that have drug issues have serious organised crime involved because no one throws over drugs worth over £50,000 like a lottery and thinks it will not get there without having some serious backing.

Participant 55, a prison health lead of a national health organisation and magistrate, also addressed the impact of organised crime on the prison healthcare and regime:

> The series of organised crime influence is making sure that those substances are available within the prison estate. Yes, there are some small, local-level dealers who will get stuff in. The scale of the supply into the prison system has to indicate that it is a problem of serious organised crime nationally, rather than just looking at small-scale individual dealers or small groups of dealers. Tackling that serious organised crime angle is probably one of the things that would significantly improve the

> stability of the prison estate […] and, therefore, the delivery of healthcare.

Some participating prison officers' comments illustrated that these organised crime groups could pose insurmountable challenges to maintaining control in prisons. Gangs also prey on vulnerable prisoners. For example, as Participant 57, a head of a prison governor's union, explained: "Strong gangs take control of our prisons. They bully other prisoners, weaker prisoners, and force them into taking drugs, which could potentially undo the health interventions on these prisoners".

Participant 65, the service manager of an NHS Trust in a closed prison, noticed how politicians opportunistically blamed increasing prison instability on the rising use of *Spice*. To her, imputing prison instability to drugs alone did not address the core of the problem and masked how the reduction in the number of prison officers exacerbated the less rehabilitative environment in prisons:

> Not admitting how austerity impacts prisons is bloody outrageous. Prison officer numbers went down, and, at the same time, the suicide rate was going up. It is an undeniable connection, and the government did not want to admit the harm that they inflicted. I hear political bollocks that the increased suicide rate is attributed to the availability of *Spice* in prisons, but that is a really good excuse and a really good smokescreen for not acknowledging what drastic impact the reduction in prison funding has had on the well-being of prisoners.

Many participants believed that the prisoners' poor living environment had increased their risk-taking behaviour. Drug use, in particular, had become a coping mechanism. As illustrated by Participant 40, the head of a national penal reform organisation: "People are being made ill, both mentally, through the stress of living in that environment, and physically, through taking substances to cope with it".

In summary, participants suggested that an inadequate number of prison officers to conduct searches and gather intelligence regarding illicit drugs and prisoners' rife demand for coping with their stressful living environment had contributed to a marked accretion in drug use across prisons in England. Some of these issues, in turn, resulted in medical emergencies that impaired the efficiency and effectiveness of health services within and outside prisons.

7.4 Understanding the uneven impact of austerity on the delivery of healthcare

Participants' narratives diverged when asked whether healthcare delivery and its enabling prison regime were disproportionately impacted by austerity in certain prison establishments. Participants argued that different prison establishments had

distinct levels of resources, assets, and resilience. As such, austerity effects lacked constancy across prisons. Partly, the inconsistent picture of the influence of austerity on certain prisons indicated the opaque climate in which prisons function. As stated by Participant 28, a former head of a prison inspectorate:

> Because prisons are a closed environment, you cannot compare what you are doing with what is happening in other prisons […] You do not have that direct experience. What might be unnecessarily poor conditions just becomes that is the way it is […] There is a level of acceptance.

Most participant remarks pivoted around their perceptions of the local, closed, high-security, and private prisons. The variegated views of participants will be examined below.

7.4.1 Impact on delivery of prison healthcare services on the local and closed prisons

Several participants argued that austerity had a bigger impact on the closed prisons, as these establishments already had had a fragile workforce base following the Benchmarking Exercise in 2012. Participant 40, the head of a national penal reform organisation, named some of these prisons and how austerity destabilised the delivery of healthcare services in these establishments:

> The prisons that have always been worrying, such as HMPs Wandsworth [London], Pentonville [London], and Liverpool, all of those well-known Victorian-level prisons, have suffered as much as anybody through austerity and the culture of being incredibly fragile, vulnerable places to begin with. Even more worrying are the prisons in the middle. HMP The Mount [Hertfordshire] is just a classic Category C training prison. Two or three years ago, there were regular riots. If that is happening, then you can absolutely guarantee that basic services, including health services, will not be delivered in the way that they should be.

Closed prisons were viewed to have been mainly blighted by drugs: “We are vulnerable to the throw-in of drugs from the outside” (Participant 79, a deputy governor of a closed prison with urgent notification status). In contrast, open prisons were relatively protected from this phenomenon, as “the men are kept busy, everyone has got jobs, everyone has got somewhere to go to, and they have got home leaves or temporary releases to demonstrate compliance and appropriateness of behaviour” (Participant 80, a governor of an open prison). These comments, to some extent, illustrated the fact that with the right level of purposeful activities, prisoners would be less inclined to resort to violence or risk-taking activities such as

drug use.

Other participants argued that rapid prisoner turnover that occurred in local prisons made it fraught to provide health interventions. The turnover highlighted tension between the long-term view of addressing prisoners' health issues and the short-term perspective of keeping these prisoners safe. Participant 44, the criminal justice lead of a nursing trade union, stated:

> I do see local prisons being directly affected by austerity. Where people come in and move on, that is really a big problem for practitioners and clinical staff. You might need to call up somebody's past history and connect with their community healthcare and housing support teams, so you have got a real short space of time to be able to do something effective before they move on. Where you have a stable population, people who are there for a number of years, you can actually do something more meaningfully, whereas, [with] the former, you can only signpost, and the primary objective is to keep people safe in the short-term.

Other participants observed that short sentences exacerbated the throughput of prisoners into some institutions. Participant 39, a policy lead for a penal reform organisation, stated:

> Prisons with high turnover of prisoners will be more impacted in terms of austerity. Because if you have got more people coming in and out and you have got less staff, with lots of incoming short sentences, they tend to have the most severe problems in terms of violence and deaths in local prisons—as opposed to a stable population of long-term prisoners and less issues.

In summary, some participants opined that closed prisons were affected more by austerity than others owing to the poor level of staffing in those prisons. They also discussed how prisoners in closed prisons were vulnerable to supplies of drugs from outside. However, several other participants suggested that local prisons suffered from austerity more than other prisons, given the high throughput of prisoners, thus creating difficulties for addressing health needs of these individuals and the level of support required to ensure a safe custodial environment.

7.4.2 Impact on delivery of prison healthcare services on the high-security and private prisons

Participants' responses varied markedly about the extent to which austerity affected high-security and private prisons. The majority of national and local participants believed that high-security establishments were relatively protected from financial

cuts, dovetailing with a drive to lock up dangerous detainees for a long period of time: “[T]he high[-]security prisons already have a lot of staff […] My God, they are still throwing money at these places!” (Participant 71, a prison governor of a resettlement prison). Similarly, as argued by Participant 28, a former inspector of prisons: “If you look at it on the whole, the staff reductions have not been as great in high-security prisons, like HMP Long Lartin [West Midlands], as they had in other prisons”.

However, participants who led and worked at high-security establishments challenged these viewpoints. The quotation below illustrated their disagreements with the wider perception of the impact of austerity on their institutions:

> We suffered from austerity too. For others to say, “Well, high-security prisons are unaffected” is untrue. Our prison [a high-security prison in South East London establishment] used to have a budget of £44 million. Now, our annual budget is £29 million, so we have lost the best part of £15 million since 2010. We used to have above 400 prison staff in 2010 and now we only have half of that size. (Participant 82, a senior prison officer of a high-security prison)

Responding to the question of whether private sector prisons were more protected from austerity compared to the public sector prisons during austere times, Participant 57, a head of a prison governor’s union, commented that most private prisons were newer and had better environments conducive to prison rehabilitation. They also, though, believed that such institutions had been more likely to be afforded freedom to deal with establishment issues compared to the public-sector-led prisons:

> Private sector businesses generally have got the new prisons, better accommodations, a more decent environment, and they have got more freedom in how they respond to issues in the private sector. In public[-]sector prisons, we have very little autonomy because we are civil servants, like a big chiming cog that takes forever to change. (Participant 57, a head of prison governor’s union)

In summary, some study participants perceived that high-security prisons were relatively protected from funding cuts. However, participants managing such establishments challenged this viewpoint, although the extent of the financial cuts might have been fewer compared to other kinds of prisons. The majority of the participants’ comments also suggested that, regardless of an institution’s management, all public and private prisons were subjected to funding reductions—either via Benchmarking Exercises or competitive tendering process. Participants, moreover, believed that these funding reductions were detrimental to the long-term functioning of these establishments.

7.5 Prolonged impact of continued austerity measures on prisons

Participants were asked to envisage the potential impact of continued austerity measures on prison health. Their responses chiefly focused on four themes: poorer health outcomes for prisoners, increased risk to the health of the community, more violent activities potentially leading to the loss of prison governance, and a rising rate of reoffending. These themes will be explicated below.

Some participants suggested that more serious health complaints were filed by prisoners when they could not adequately access healthcare services. Some of these complaints were so severe that it was believed that a lack of adequate access to healthcare rendered the prisoners disabled or even resulted in death. Participant 50, the head of legal of a national penal reform organisation, and Participant 15, an academic and former Cabinet Office advisor, argued, respectively:

> The seriousness of the complaints seems to have increased. Heart medication had not [been] provided, and diabetes medications were not available. People could die; it was that serious. They do not happen every week, but they are happening, things that really should not be happening. Massive delays to operations. Or even things like cancer treatment. They are just cancelling appointments. Broken bones not being taken to hospital. A prisoner actually has lost sight in one eye recently because he was not taken promptly to hospital.

> There have been two recent deaths in HMP Liverpool. Even the prison governor has attributed it to the shortage of mental health staff […] They could not find any mental health professional, let alone a highly qualified forensic mental health professional. The prisoners were left in limbo […] and they killed themselves after quite a long wait.

A small number of national participants, particularly those dealing with prison health policies, were concerned that reduced access to and availability of healthcare in prisons would eventually place the wider health of society at risk—given that the majority of prisoners who came from the community would eventually return to their community. As Participant 2, a consultant for an international health organisation, stated:

> [P]rison is not an isolated entity […] If, as a result of the austerity measures, sexually transmitted diseases or communicable diseases within the prison system [are not] kept isolated only [to] prisons, it will also affect society in general. [I]t also applies to mental disease. If you release people from the prison setting [who] are more mentally ill than they were before,

> because of insufficient care for them, that has an effect on society.

Most participants agreed that the prolonged impacts of austerity would mean an augmented incidence of suicide and violent incidents and heightened reoffending and radicalisation. Participant 18, an academic and an advisor to a European administration organisation, stated: “The ultimate fear is that we reach a stage where we cannot maintain security or order or governance of our prisons”. In particular, Participant 11, an advisor to a European intergovernmental human rights organisation, made a similar comparison to the Strangeways riot that took place in April 1990, which was portrayed as a consequence of prolonged austerity measures. He asserted:

> [There] will be higher suicide rates in prisons, more riots, more hostage-taking situations, an increase in re-offending, and an increase in radicalisation. Look at austerity measures in the British prison service, for example, the Strangeways riot in 1990. That was directly due to austerity measures, [with the] lack of staff monitoring the situation; prisoners being locked up for a long period of time, [and] they will eventually explode. The government has not learned from it. If they had, they would not be doing these austerity measures.

Some participants working within the prison oversight role believed that a lack of access to purposeful activities (which were designed to foster a beneficial quality of life post-release) would keep the rate of reoffending high. As Participant 13, a former head of a prison inspectorate, stated: “[T]hey come out in a worse state of mind then they went in, [and] they are not going to be resettled immediately”. Another participants also suggested that the offending rate would rise.

> [W]e have a high rank of recidivism in England. Many, many prisoners are recidivists. Very likely the reason is that even when they are released, they do not find a possibility to have a different life, a life from that they had before entering the prison. (Participant 19, a former president of a European anti-torture committee)

Overall, participants noted that the prolonged impacts of austerity would result in more violence that could lead to the loss of prison governance. Accordingly, the continued impact of austerity, according to participants, could worsen health outcomes as a result of more risk-taking behaviours, thus likely placing the health of the broader population in jeopardy and increasing reoffending rates.

7.6 Challenges in commissioning and delivering prison healthcare services

Alongside the direct impacts of austerity on prisoners and their living environment, many participants also reflected upon austerity impact on the broader commissioning and delivery structure of healthcare services across English prisons. This section will highlight participants' opinions of how, despite the protected nature of prison healthcare funding from the government austerity measures, the commissioning and delivery of healthcare services remained challenging. These challenges ranged from the increasing levels of prisoners' health complexities to the lack of systematic planning of healthcare workforces. Collectively, these combined to make the delivery of healthcare services in prisons increasingly untenable.

The majority of participants were clear that funding of prison healthcare by the NHS England was protected from the government's austerity measures. Nevertheless, they added a caveat: the increasing demands of prisoners made plateaued financing unsupportable. Several participants also revealed that their healthcare organisations were expected to absorb the increasing demands themselves, often without additional assistance from their commissioners. These demands included recruitment of staff and purchase of healthcare equipment, alongside unanticipated issues surrounding the burgeoning use of novel psychoactive substances in prisons. Two participants echoed these sentiments:

> Things have changed massively. Six years ago, we did not think about dying well in custody charters. We did not think about palliative care necessarily. We did not think about prisons being old people's homes with a locked door. We did not think about dementia care in the same way that we are having to think about that now. We have now got a huge piece of work going on around acquired brain injury. We have embedded learning disability and difficulties within our primary care specifications to be alert to that. We have not got those nuanced things in place and now we are having to be responsive about that. (Participant 36, an assistant head of health and justice of a national health organisation)

> The difficulty is increased strain on services and not being able to spend more money to recruit more staff, better equipment, and all the rest of it that would meet demands there. When we first had our health budget for the current prison, it was put together in 2014. Back then, we did not know much about novel psychoactive substances, so we budgeted less to what we need now. We are not getting more money to deal with it, so we manage things with difficulty. We always try to go back to commissioners and get a variation of your contract, but it is not

> always forthcoming. (Participant 70, a healthcare manager of an NHS trust in a resettlement prison)

Participants also made comments that noted high staff turnover was an ongoing challenge across prison healthcare services. They reasoned that a combination of poor pay and working conditions dampened recruitment and retention of the healthcare workforce within the prison setting. This was mentioned by Participant 30, a senior commissioning lead of a justice ministry):

> Attracting staff to work in the NHS in prison setting is a massive issue. One of the biggest problems is rate of pay and the working conditions. All of which indicate that usually people are worn out because they are overworked and people feel undervalued.

Recruitment and retention issues of the healthcare workforce was reflective of the general trend in the healthcare system in England. Running in parallel with the austerity problems, some participants within the healthcare remit argued that there had yet to be any systematic workforce planning to recruit continually healthcare staff to work in prisons:

> More people are leaving the system. A significant number of GPs have left the medical profession. Others plan to leave. We have got retirement figures for the next five to ten years and we are going to be left significantly short of prescribing doctors. Those are the people we employ in prisons. We do not have enough nurses. That is nationally. That is not just prison healthcare, that is every healthcare department. There are 40,000 nurse vacancies. Yet, the government removed the training bursary […] We have never been more desperate for more nurses and more GPs. (Participant 55, a prison health lead of a national health organisation and magistrate)

As a short-term adaptation, several participants mentioned that they had resorted to using agency staff, who were inevitably more expensive. At the same time, they acknowledged that this alternative ironically opposed the government's cost-saving motivation, as it was a normalised trend in the health sector in England, prisons included. As Participant 73, the head of a private healthcare organisation at a resettlement prison, explained:

> An agency nurse is far more expensive than even a top band 5 nurse. However, we understand that we need it to run the service. So, [it is a] short-term solution […], but that short-term seems to creep up to long-term, so that is the problem.

Overall, though prison healthcare budgets were technically protected from the government austerity measures, participants reasoned that the stagnant level of funding was unsupportable. After all, a conjuncture of prisoners' health complexities, the service providers' inability to recruit staff and purchase equipment, and the unanticipated excessive use of psychoactive substances was overwhelming a prison's workforce. In addition to the continual procurement cycle, participants argued that low salaries and unsafe working conditions had negatively impacted recruitment and retention of the prison healthcare workforce, an issue that was further intensified by the lack of systematic workforce planning across the health system in England.

7.7 Intensification of prison healthcare and prison establishment privatisation

This section will detail participants' observations of the increasing privatisation of prison healthcare and prison services. Although the government framed privatisation measures as efficient and cost-saving, this section will show how participants objected to privatisation measures on the grounds of morality, quality, and accountability.

7.7.1 Strengthening of privatisation post-2012 programmes

Privatisation of prisons first occurred in the 1990s through transferring prison operations to the private sector (Ministry of Justice, 2019a). The move towards further privatisation was reinforced with the introduction of the Prison Unit Cost Programme 2012; it required public prisons to reduce their costs and remain as economically efficient as those in the private sector (House of Commons Justice Committee, 2012). Participants described how this programme facilitated outsourcing of most services to the private and not-for-profit sectors, leading to a fragmentation of services that affected prisoners' quality of care:

> Chris Grayling[21] privatised different sorts of services […] [L]ots of the services within a prison, for instance, estates management, healthcare, [and] substance misuse, were contracted out. [It] was a fragmentation of delivery. The privatisation absolutely affected the throughcare that prisoners might be getting. (Participant 28, a former head of a prison inspectorate)

National participants, particularly those in a commissioning position, often argued that they had to remain committed, from a legal perspective, to finding the best provider for delivering penal services, irrespective of providers' organisational

[21] The former Justice Secretary between 2012 and 2015 who instituted the Benchmarking Exercise to reduce the number of prison officers.

arrangement. As Participant 55, a prison health lead of a national health organisation and magistrate, stated:

> We do not have a [preference for the services to be delivered by] the public, voluntary, or private sector providers. [The invitation] goes out to open tender. It goes into the Official Journal of the European Union as a tender opportunity. It is made nationally available. People bid against the specification. We then have a process of reviewing all of these bids against the specification, in detail. The most qualified provider within the cost envelope is awarded the contract. If they are the best organisation to provide it, great. They can come in, and they can show their worth, and they can provide it.

Despite the government's framing of privatisation as an improvement in efficiency and support for cost-saving agendas, those who operated outside the government structure disagreed with this reasoning. To them, the government's manoeuvres were politically motivated. Participant 52, a head of policy of a national penal reform organisation, asserted that the government attempt was about "marketing the criminal justice system and breaking it up so it is possible to sell bits of it off and contract it out".

Considering the ideological nature of privatisation of prison healthcare and prison services, the majority of participants objected to the measures on the grounds of morality, quality, and efficiency, which will be explicated below.

7.7.2 Participants' objections vis-a-vis morality

Many participants from different levels of governance and delivery objected on moral grounds to private entities' administering punishment. They opined that punishment should be managed by the state rather than by a private organisation. Participant 23, an advisor to a European intergovernmental human rights organisation and an international drug and crime organisation, made a forceful argument: "[I]t was the state who took away the liberty of persons, so it is the state's full responsibility, direct responsibility to care for prisoners in a direct way and not to outsource it". Moreover, Participant 75, a prison governor of a closed prison with an urgent notification status, was of the view that "[…] there is something morally wrong around making a profit out of people's misery".

Participants exposited that private prisons required more hands-on management, which could inevitably increase transaction costs. Further analysis revealed that many participants operating in a commissioning capacity felt that they had to safeguard the need to fulfil the health needs of prisoners against the desire of these private organisations to deliver services in a commercialised way. As Participant 53, a regional head of health and justice commissioning of a national health

organisation, espoused:

> They are always looking at their profit margins. So, there is always that awareness, from a commissioning point of view, that there is an organisation that is not just about making positive outcomes for prisoners, or providing the best[-]quality, high-quality services that are responsive to need. It is constantly in my head that they are also looking at their profit margins.

These concerns were supported by those who ran private prison healthcare services. The relationship between cost and profit margin was explicitly recognised in these individuals' day-to-day functioning. Participant 73, the head of a private healthcare organisation of a resettlement prison, illustrated this point:

> We review our budget each year with our finance manager. We have far more hospital escorts that are going out. I can request more money, but it obviously reduces any sort of profit margin there. We pay for the prison officers escorting, so if somebody is going out to hospital and the officers that are escorting that patient it comes out of the healthcare budget. For one day, it is a £1000; so, if somebody had one day in hospital just the escorting of themselves, £1000 comes out of the budget. It is a lot of money and that is not to mention anything to do with the hospital and the care that they are getting, just for the two officers to stand there for £1000 for 24 hours.

In summary, participants were adamant that responsibility for administering punishment remained with the state. Those participants in the commissioning role attempted to safeguard service delivery by increasing their monitoring level towards private contractors. However, in so doing, it would inevitably increase the administrative burden and costs to the government, which was the opposite of the cost-saving and efficiency ambition of the state.

7.7.3 Participants' objections vis-à-vis quality

Although nearly all participants protested privatisation on grounds of morality, their confuting it owing to quality concerns was slightly less consentient. A minority of participants perceived that the private sector was better able at introducing innovation than the government. For example, Participant 48, a lead investigator of a regulatory organisation, stated: "The private-sector organisations tend to take a rational and analytical approach to assessing the challenges of prisons and what they want to do." As substantiated by Participant 84, a director of a private closed prison, argued:

> We are piloting currently a medication locker, so people can

> collect their medications remotely. It will take the pressure out of the queuing system which is on the in-house doctors […] I have seen those queues grow massively. The experience for the clinical staff there is not great and the infrastructure in the rooms means that the amount of medication cannot be dispensed properly. The experience for the prisoners to have to go and stand in those queues and the ability to manage in-possession medics is an absolute nightmare. They have to wait to be unlocked; they have to wait 20 minutes in the queue so you are normally looking on average 40 minutes roughly to get their medications at a time in which you are expected to do all the good things in the regime. We are very good at innovations.

Furthermore, arguing from a self-interested viewpoint, Participant 73, a head of private healthcare organisation of a resettlement prison, averred that his organisation self-sustained itself by removing employee-related costs, such as sick pay and pensions for employees. As he asserted:

> We get a set amount of money from NHS England. They will not reduce it year on year; it is just a set amount of funding each month, where with other Trusts you know they are told to save the amount. The benefit for NHS England to have a private provider is that you have not got to worry about NHS pensions or NHS sick pay, because those costs are huge—aren't they? I personally know nurses that work in the NHS that will have six months off sick every two years because they can get full pay. Whereas if a nurse here goes off sick, they do not get paid; they will get statutory sick pay after two weeks, which for us does not have any effect really. I think there is more accountability, so we are far more aware that we must fulfil contractual obligations, and we cannot rely on the wider NHS to fund us if we go way over budget.

Most participants considered health a common good. They felt that access to health provisions should not be dictated by financial capabilities. Though access to healthcare was free at the point of access and delivery for prisoners, several participants echoed that introducing a financial framework that rations access to healthcare under a privatisation framework, however, could indirectly limit access to healthcare:

> [H]ealthcare is a public good. Once you put it into a setting where it becomes dependent on a resource, you instantly create a problem where you might have unequal access to that resource. It also changes the way in which medical professionals go about their business: "Have we reached the

> limit on the scans we can do for this person? What is this person's cover?" I really would resist that very strongly, because I think it changes the nature of the relationship between the professional and patient in ways that many professionals do not want to happen […]. [I]t is dangerous on a number of fronts. (Participant 18, an academic and advisor to a European administration organisation)

> NHS England gives £5 million a year to a private healthcare provider in [a closed male prison near London]. The provider then has to spread all of that money across all the different healthcare functions. Of course, its sub-contractors, like us, who have the lowest priority. So, they cut our substance misuse services to relieve the pressure on their other healthcare services. The market dictates de-prioritisation of our service, but the policy documents of NHS England and the Ministry of Justice say that responding to substance misuse in prisons is a top priority, and they are committed to reducing drug problems and providing drug treatment. The policy and the commissioning do not fit together. (Participant 66, the head of a substance misuse service operating in various closed prisons)

Overall, although a minority of participants articulated the perceived superior quality of private contractors vis-a-vis innovation and financial savvy, there remained broader concerns around the inimical impacts on prisoners and prison workforces in private prisons.

7.7.4 Participants' objections vis-a-vis accountability

Participants from the advocacy and inspection spheres, in particular, observed that private and not-for-profit organisations hid behind a veil of commercial confidentiality to avoid external scrutiny. Participant 52, the head of policy of a national penal reform organisation, stated that both the Ministry of Justice and private providers "would just pass the buck between each other when they get questioned by [our organisation]". Participant 52 continued this argument:

> The Ministry of Justice will say: "Well, that prison is not run by us. That is run by G4S or Sodexo". These providers, in turn, will say: "We are just following government policy. This is what we have agreed in our contracts regarding how we will deliver services". They just push the responsibility backwards and forwards. So whom do you hold to account?

Participant 39, a policy lead at a national penal reform organisation, further commented on the accountability of private companies in which the veil of confidentiality often thwarted their data sharing and transparency:

> It is much more difficult to get information about accountability from private companies because they will say that it is down to confidentiality. It also adds another layer of bureaucracy and another layer of information sharing, which can make it more difficult.

Fragmented services, according to several participants within the monitoring role, could further sever the chain of accountability of these private businesses. As reminded by Participant 37, a health and social care lead of a national social care organisation, responsibilities remained with the government in ensuring that the services were appropriately delivered despite contracting out service provisions:

> You can contract out provision of services, but you do not contract out your responsibility. You are still responsible for ensuring services are delivered to the quality that is required to deliver the outcomes that are needed. Across health, social care, and indeed prisons and other aspect of public services.

Some participants who managed private prisons dismissed some of the abovementioned monitoring concerns. For instance, Participant 84, a director of a closed private prison, claimed that the monitoring framework imposed on private prisons was, in fact, more stringent compared to public sector prisons. However, this scrutiny was predominantly undertaken by internal audit teams at private prisons, which raises the question of objectivity and conflict of interest. Echoing this sentiment, he stated:

> The governance in a private establishment is huge. We get a lot of scrutiny internally, because it is a risky business, and it can impact the rest of the business units which we provide elsewhere. We have an internal Controller Team. They monitor performance. We are set up against a group of KPIs, which is internal to the contract, but we are also then marked across the national baseline. We are held to account much more than our public sector counterparts in terms of scrutiny and delivery. We would argue that, actually, the audit process sometimes stifles the ability to do things differently […] and the private sector's there to drive innovation in prisons.

Thus far, participants tended to perceive privatisation of services as providing limited ambit for scrutiny. Commercial confidentiality, as well as measures by which

contractors scrutinised their own practices, led participants to question the transparency and objectivity of accountability measures.

7.7.5 Burgeoning government appetite for privatisation despite failure of private contractors

Finally, the bankruptcy of Carillion,[22] as well as failures of the Community Rehabilitation Companies (CRCs) in supervising low and medium risk of serious harm offenders in the community, triggered angst among most of the policy informants. Participant 43, the research lead of a national think tank, stated clear appreciation for the risks that emanated with outsourcing services: “Since Carillion’s collapse, there has been a clear recognition within government that contracting out is risky. We need to be aware of the financial standing of suppliers”. Similarly, Participant 55, a prison health lead of a national health organisation and magistrate, reflected on his experience in dealing with CRCs failing to deliver service objectives and left a service gap following service failure:

> I have absolutely no confidence in the CRCs at all. For instance, somebody in prison for two years; we have taken every bit of responsibility away from them for those two years. They are not allowed to decide when they go to bed, when they shower, when they eat, when they go to work, everything. That is all decided for them, they have no responsibility. Then we tip them out the door and expect them to all of a sudden be responsible members of society who can find themselves a GP, get themselves to the community drug services, all of those kinds of things—all of those things the CRCs should be doing. Getting a roof over their heads, getting their benefits sorted out. CRCs have done nothing, absolutely nothing. That is my experience from the ones that are local to me that I have had to work with. It is also echoed quite a lot elsewhere and in the official publications. Now that they have gone belly up, we have been left with a massive gaping hole. Well, more so at the end of people’s custodial sentences.

Nevertheless, the appetite of the current government for contracting out services was observed by many participants, which indicated that lessons from Carillion’s debacle had yet to be learned. In fact, two new private prisons were under construction in 2019,[23] despite various study participants’ observations of the two prisons’ poor track records of running the prison establishments. As reasoned by

[22] A private sector provider of prison maintenance that was responsible for 50 prisons across southern England in 2018 (House of Commons Library, 2018a).
[23] HMPs Wellingborough and Glen Parva were conceived as private-sector prisons (House of Commons Library, 2018b).

Participant 64, a head of a prison officers' union, such an anomaly was counterintuitive:

> Birmingham got privatised in 2011, and we have just taken it back in the public sector—we said it would not work; it has not worked. It has not been profitable for G4S. They also have had Medway removed from them, because of the scandal with the juvenile offenders there, as highlighted by the Panorama programme.[24] So, the Medway Youth Offending Institution came back into the public sector, [and] we did a good job there. Then they have just announced last week that that is going to be a secure school run by a Christian Charity called Oasis, and we never heard of them before. So, it seems that these private companies can mess up, lose contracts but they are still allowed to bid for new contracts. It does not make sense at all. It is not value for money for the taxpayers.

To summarise, participants observed that outsourcing services, healthcare prison services included, ran counter to the government's objectives of greater service efficiency and cost savings. Rather, it resulted in fragmented service delivery, inferior quality of services, and a requisite higher degree of monitoring than with public-sector providers—thus adding to the government's overall costs. Yet, the continuing desire for increased privatisation of prison healthcare and prison services signifies political irrationality and supported participants' observation that it was an ideological manoeuvre.

Conclusion

This chapter has demonstrated the impacts of austerity on prison health governance and delivery of healthcare services across English prisons. According to participants, reductions in the size of prison workforces and plateaued prison healthcare funding for NHS England had resulted in compromised accessibility to and quality of prison healthcare services. Postponement and cancellation of healthcare appointments, increased waiting times, and insufficient consultation time with healthcare professionals were cited examples of deterioration of healthcare services. The paucity of access to purposeful activities had further adversely affected prisoner existing debilitation. Consequently, violent episodes and risk-taking behaviour—such as self-harm and drug misuse—had dramatically amplified, resulting in a rising incidence of medical emergencies.

Notably, participants' comments varied regarding how austerity impacted certain types of prisons. Participants noted that prolonged austerity measures had led to

[24] The Ministry of Justice took over Medway Youth Offender Institution from G4S in 2016 following allegations of staff abuse towards the residents (The Guardian, 2016).

more violence, rising risk-taking behaviours, increases in reoffending, and augmented risks to public health. Considering the decline in the level of governance and authority, several participants noted the heightened incidence of prison gangs and its attendant harm to vulnerable prisoners and staff.

Participating healthcare policymakers and service providers also reasoned that prisoners' health complexities, alongside the ongoing recruitment and retention problems of healthcare staff, intensified the commissioning and delivery of healthcare across English prisons. Additionally, they were critical of the intensification of privatisation of prison healthcare and prison services (underway since 2012). Contradicting the political perception that private sector organisations delivered cost savings and improved efficiency of these services, most participants objected to the privatisation manoeuvre on the grounds of questionable morality, decreased quality, and reduced accountability. Yet, the government's future plans signalled that augmented privatisation activities were on the horizon, signifying political irrationality.

The next chapter will examine how prison issues that are running in the backdrop have intensified governance and delivery of prison healthcare across English prisons. These pertain to the longstanding issues of overcrowding and cleanliness of prison establishments, as well as reduction of resources in the community, thus relegating prison healthcare to become the safety net for vulnerable individuals, and the adverse sentencing policy and high turnover of prison political leadership. These phenomena have contributed to reactivity of operations that has intensified incessant prison instability.

Chapter 8: The longstanding prison issues that exacerbate austerity impacts on prison health

Introduction

This chapter focuses on participants' comments regarding the long-standing issues of English prisons that have exacerbated austerity's impacts on prison health. This chapter explores participants' accounts of how the living and built environment of prisons, as well as the sentencing commitment of the government and the effects of reduced welfare provisions in the community—which increasingly have relegated prisons to the role of first responders for vulnerable adults—have inimically intensified the experience of imprisonment and affected the delivery of services in prisons during periods of austerity. It analyses participants' observations of how the high turnover of justice ministers over the last ten years has resulted in the lack of policy coherence in prisons. Accordingly, this chapter demonstrates how most of these foregoing factors have further reinforced existing prison instability despite pre-dating and existing independently of austerity.

8.1 Living and built environment

This section will illustrate how the living environment of prisons can intensify the experience of imprisonment and affect the delivery of services in prisons during periods of austerity. In particular, it will detail the issues of overcrowding and cleanliness of prison establishments.

A few participants operating outside the national prison health system articulated concerns about the effects of prison overcrowding. To them, although overcrowding has been a historical issue pre-dating austerity, periods of austerity exacerbated the deterioration of prisoners' living conditions. They proffered that overcrowding has led to 'warehousing' individuals and an increasing level of violence among prisoners. Both Participant 4, an advisor to a European intergovernmental human rights organisation, and Participant 8, a policy lead of a European public-sector trade union organisation, made similar points:

> [T]he single, most corrosive element in any prison system is overcrowding. We end up warehousing people and cannot provide any level of appropriate service when we have overcrowding. What the United Kingdom did in the mid-1980s was a classic mistake—it built more prisons. If you build more prisons, all you are going to do is end up with more prisoners. It's simple.
>
> Prison overcrowding is not getting any better. It triggers violence and aggression, [which contributes to] an aggressive atmosphere. So, austerity is adding salt on a wound […] The

> situation in prison services was certainly not good before 2008, but austerity measures have exacerbated a situation that was already very fragile.

Many participants also argued that prisoner hygiene has become progressively worse, as prisoners' cells were now harmful living environments. Participant 4, an advisor to a European intergovernmental human rights organisation, asserted that such poor prison conditions were unacceptable in a developed country:

> I was shown [a category B male prison in North West of England]. I looked at the level of dirt, the level of non-upkeep of material conditions, never mind the provision of services. It was really distressing to see. I expect to see conditions like that in some of the Balkan countries I am working in. I do not expect to see conditions like that in England. It is sending a much bigger message than austerity. It is sending the message that we just do not care. That we do not care about prisons; we do not care that they are not viewed as individuals. Then we wonder why they do not respond to our interventions to make them better citizens when we are actually demonstrating to them that society does not care.

Collectively, participants argued that these adverse experiences added to feelings of hopelessness for both staff and prisoners, which compromised the safety of the working and living environment. Comments from Participant 75, a prison governor of a closed prison with an urgent notification status, and Participant 57, a head of a prison governor's union, illustrated this view:

> There is a lack of hope there for both the prisoner and the member of staff. They do not want to work in a dingy, violent place.

> We have got two people in a cell made for one person. We are overcrowded in many of our prisons, so this all adds to the kind of hopelessness that people in prison feel: "They do not care about me. I am locked up most of the day because there is no staff to unlock me, and when the staff unlock me, they are so busy, they have not got time to talk to me. They put me in this filthy rat-infested cell; they do not help me; they do not do anything for me". This can really impact stability. They become disaffected people or give up, feeling that the whole of society has let them down, so that anger builds and then spills over.

Although it is a historical issue, participants asserted that prison overcrowding had exacerbated prisoners' poor living conditions during austerity. These conditions

could snowball, heightening the feeling of hopelessness among prisoners and staff and leading to violence among prisoners.

8.2 Loss of resources in the community

Although less prevalent in the transcript analysis, some national and local participants shared in-depth discussions about the loss of community resources contributing to high imprisonment rates. According to the participants' accounts, austerity had resulted in a loss of community, social, and welfare services, especially when "the deterioration in the community will eventually catch up with prisons, and vice versa" (Participant 56, a regional head of health and justice commissioning for the National Health Service).

Some participants who developed prison health policies believed that prisons were increasingly becoming first responders when community provisions were no longer available to vulnerable individuals. Although this trend pre-dated austerity, participants perceived that austerity exaggerated it since community services were also affected by adverse fiscal measures. Participant 32, a regional health and justice lead of a health organisation, painted the following picture:

> You think about the criminal justice system, the number of people who have mental health problems, and who live in poverty and their childhood experiences. Austerity is going to affect all the services that they would have gone to for support. People who slipped through the net will end up going to prison now, whereas before, there might have been a bit more support around to help them. Once that gets cut back or taken away, it leads to more problems. You just have to look at the homeless people in the street to realise there is an issue, and a lot of those homeless people would have been in and out of custody.

Participants working across English prisons talked about the visibility of austerity's impacts on the community in their daily operations. Participant 58, a prison governor of a closed prison with an urgent notification status, reported:

> A lot is going on, which means that we are throwing more and more people into prison, and it was always the case that austerity affected services on the outside. Probation officers are stretched. Social workers are stretched. Health visitors are stretched. We all know that when those services are stretched, the default position becomes prison. When people end up in prison, it is because all of those areas outside have failed. And the reason that they are failing more is that those services are stretched and un-resourced and all that kind of stuff. It is easier to send someone to prison, and we then end up looking after

> more and more complicated and challenging people. The vulnerability from outside is simply imported inside, making our jobs really, really tough.

Similarly, albeit in a non-prison position, Participant 15, an academic and former Cabinet Office advisor, made comments linking economic downturns to increased crime rates and incarcerations. In particular, former ex-servicemen who had no employment following their deployment overseas, due in part to the closure of manufacturing industries following government austerity measures, had led to a scarcity of employment opportunities:

> In Cambridgeshire and Essex, we have a lot of ex-military servicemen. They lost all sense of purpose in life coming back from the wars. They do not go straight from military service to prison; their life unravels over a year or two. Drinking heavily, battering their wives and children, becoming homeless, and eventually ending up in prisons. They were overwhelming in prison for violent offences while drunk. When you are a fit, young twenty-four-year-old who has had army training and you get drunk outside a pub and hit somebody, you are likely to do actual bodily harm, so you are going to get a custodial sentence. Similarly, we saw [the closure] of many traditional industries, like the steel industry in South Wales and North Lincolnshire. Around 11,000 young men were laid off by Ford in one year. Guess what? Problems of domestic violence, alcohol, and drug use in the same year went through the roof. This is how austerity at a national level can contribute to offending.

Participants particularly noted that these institutions are not appropriately equipped to deal with social issues: “The government is committed to this kind of notion that we can imprison our way out of our social problems” (Participant 52, a head of policy of a national penal reform organisation). Similarly, due to declining community provisions, Participant 65, an NHS Trust service manager for mental health, illustrated how institutions could not divert these vulnerable individuals from prisons, despite opportunities to do so. As he declaimed:

> We are seeing an increase in the number of people that need to be sectioned, for example, into the Mental Health Act, coming into prison. [They] potentially would have been diverted out of the criminal justice system at the police custody stage. Now, that is muddied because only those who are eligible for Psychiatric Intensive Care Unit (PICU) beds—charged with lower-end offences—would be eligible for that. But you will get some that are clearly mentally unwell and are charged with quite serious offences, and we have never been able to access that directly.

Overall, participants reiterated that the paucity of community health and welfare services—owing to austerity—has indirectly contributed to the current high imprisonment rate. Several of them observed how prisons increasingly became health and welfare institutions for vulnerable individuals. Thus, they felt that prisons were not adequately equipped to deal with social issues. They further noted that attempts to divert prisoners with mental health issues from prisons had been thwarted because of declining community resources.

8.3 Lengthier and more punitive sentencing policies

Many participants articulated how sentencing policies had impaired prison healthcare governance and delivery in three distinct ways: 1) statutory obligations—both pre-2010 and post-2010 austerity implementation—that ensured longer and harsher sentencing practices; 2) successful prosecutions for sexual offences; and 3) financial incentives for the CRCs in recalling individuals failing to comply with their release terms back into prisons.

Several participants suggested that historical statutory obligations, particularly those pre-2010, maintained the high imprisonment rate. Citing the Criminal Justice Act 2003 and the Indeterminate Sentences for Public Protections, prison sentence lengths for several serious crimes had dramatically increased despite a diminishing crime level and police resources. As Participant 40, a penal reformist, explained:

> We performed an analysis of what the prison population would be if you did not have the mandatory minimum and increased maximum sentences in the 2003 Criminal Justice Act, including tariffs for indeterminate sentences. The prison population would now be 16,000 fewer than it currently is if the 2003 Act had not been passed. The courts did what they were told. That is why we have got the prison population we have got. The number of people getting short prison sentences has fallen dramatically. Crime overall has been falling for most of the last three decades. Police resources in the last few years have dropped. Courts have closed. All of these are substantial brakes on the increase of the prison population, but the foot on the accelerator is sentencing.

Several participants also cited successful prosecutions of sexual offences under Operation Yewtree as a contributing factor toward longer incarceration terms. To them, this was part of the reason for failure to reduce the prison population despite the sizeable cut to prison funding. Participant 30, a senior commissioning lead of a justice ministry, noted:

> We are bringing in a new wave of longer-term prisoners with longer sentences […] One needs to be reminded that more

> serious crimes are taking place [and that is] why people are getting much longer sentences. It is also worthy to note that historical child sex offences and paedophile rings, who have been brought to justice, quite rightly, have spiked our prison population, as there are an awful lot of people coming into custody. I think all of those things contribute to why the prison population is not reducing dramatically despite lesser budgets.

Participant 36, the assistant head of health and justice for a national health organisation, stated that the CRCs had had a financial incentive to recall individuals who did not comply with their release terms to prison. She argued that this incentive contributed towards maintaining the high incarceration rate:

> The CRC contracts and managing people in the community are really problematic. You give your contracts the financial incentive to send people back to prison, and you wonder why your prison numbers shoot through the roof. It is because you have given CRCs a financial incentive to simply go back on a 28-day recall, so people are in and out for 28 days. Somebody was supervising them in the community previously, whereas now that is not the case. So that is why we see a growth in people being recalled for not complying with the licence as well. Go figure.

When the participants were asked why imprisonment trends did not demonstrate signs of abating despite austerity, some insinuated that the expense of punitive politics had not yet translated into a political realisation. For instance, Participant 50, the head of legal for a penal advocacy organisation, articulated that, while sending people to prisons aligned with the political promises of being tough on crime, doing so came with a hefty price tag:

> Quite a lot of [Ministry of Justice] policies cost money. Locking up so many people is very, very expensive. All research shows that community punishments actually work much better to prevent re-offending and keeping down crime. Governments are spending much more money than they need because of this punitive agenda; they want to be seen as very tough.

Perhaps tellingly, when participants functioning outside the civil service questioned prison officials on the actual costs of imprisonment that they believed necessitated cost-saving measures, that metric was not forthcoming. Participant 13, former chief inspector of prisons, echoed this reality:

> I [asked] the person in charge of the finances in the Home Office, “[W]hat is the actual cost of imprisonment?” He could not tell me.

> Nobody can tell me yet. People do not know how much they actually need to do all of the things they should do with all prisoners. If they assessed all those with mental health problems and how much it costs to deal with them properly, I think that they would be horrified. Then, at last, the public would know the gap between what is needed and what is provided. I think then that people would start to look for other ways of getting around it.

Though a few participants believed that the magistrates and judges could have resisted sending people to prisons, Participant 55, who also worked as a justice of the peace, provided a nuanced perspective on sentencing practices. This informant's experience suggested that judges and magistrates were inevitably constricted by sentencing guidelines—despite their best intentions to avoid awarding custodial sentences. He further explained how the sentencers were obligated to follow the will of the government:

> Some of it comes down to the understanding and attitude of sentencers. Some sentencers will have been in a prison once in their entire life, as a part of their recruitment to the magistracy, when they will have been required to carry out a prison visit. I am fortunate as a magistrate in that, as a commissioner, I am in prisons two or three times a week, so I get to see a lot of different prisons. I bring that perspective to the bench as a sentencer. Additionally, magistrates always work from the starting point of what the sentencing guidelines say; if the sentencing guidelines say this would normally be a custodial sentence, you have got to have a really good reason not to follow that through. Often, there is no good reason why people still tend to get sent to prison, even for short sentences.

Overall, participants observed how the historical and recent legislation, which had mandated increasingly lengthier and more punitive sentences—as well as the subsequent Yewtree Operation for historical sexual crimes in 2012—ensured a high incarceration rate in England and Wales. A few participants also blamed the CRCs' incentivised sentencing policy for England's high incarceration rate.

8.4 Constant ministerial turnover that intensified prison instability

This section analyses participants' accounts of the ministerial turnover, which has coincided with austerity, that has further contributed towards existing prison unpredictability. Additionally, the section explores how some participants—especially those working across English prisons—blamed their senior managers for not providing correct advice to these ministers, thus reinforcing operational instability and affecting their institutions' work.

National policymaking participants have often linked prison service reorganisation to the rapid turnover of politicians overseeing the justice portfolio. The majority of participants compared the high turnover of Justice Ministers—seven Ministers since 2010—to other ministerial portfolios—such as the health department, which only had three Ministers during the same period (HM Government, 2020a; HM Government, 2020b). At the time of the interview, Participant 16, the head of a European education association, said: “We have had five justice secretaries in six years, and the sense of no one really wanting to take this on”.

Because the criminal justice reform programmes have dovetailed with the ministerial revolving door, several participating policymakers expressed dismay towards prison officials’ reactivity engendered by the reactive reforms. Participant 32, the regional health and justice lead of a health organisation, had this opinion:

> The constant policy changes and the lack of stability have meant that everybody has been caught up in this process of nothing staying still. You can never get good at something if the goalposts are always moving, and things are always changing. You do not have a stable workforce. People do not become competent at what they are doing. You are always trying to cover the gaps in the delivery of services.

In addition, these policies were often viewed as being short-term. At the time of the interviews, several participants praised the erstwhile Justice Minister, David Gauke (2018-2019), for having proposed a more liberal prison reform. However, they also questioned the continuity of his proposals, given the short-term nature of prison leadership. Participant 33, a regional health and justice lead of a health organisation, echoed this idea:

> David Gauke [Secretary of State for Justice] said short sentences are a nightmare. It sounds fantastic. But is he going to be here in 12 months? Two years? Ten years? What is his legacy? You have got to think about his legacy as well. Governments change. We have got Brexit. There is so much going on. If he is still in, I am sure he will see it through. If he decides to go in a different direction from his current job or things change dramatically with Brexit, who takes forward that legacy, or do we still sit treading water?

As a result, many participants functioning in English prisons, predominantly prison governors, raised concerns about this disconnection’s impact on their daily operations. Participant 75, a prison governor of a closed prison with an urgent notification status, recalled personal frustrations over having the ‘digitalisation’ programme in his establishment blocked by a new minister who believed that prison amenities should not be better to those on the outside. This accords with the

principle of less eligibility, suggesting that conditions of life in prison must be set lower than conditions for the poor in the community (Sim, 2002). As Participant 75 opined:

> There was a rollout of digitalisation where each prisoner was going to get in-cell computer access. The prisoners could use it to interact with the prison systems, whether that was booking a visit or an appointment to see a doctor, et cetera. One of the ministers, I will not name which one, came in, and he just pulled the plug on that. He argued that not everybody in the community had a computer. Not everybody in the community could book an appointment online […] It would have made things much more efficient in the establishment. We have now got a halfway house where they have not got a computer, but there are kiosks on the landing. So, that is where the government can impact an establishment's running, an institution depending on what we might call it.

Furthermore, these participants questioned the ability of senior prison management to advise ministers adequately. Such managers were portrayed as being complicit with ministers by legitimising their agenda rather than representing the workforce's views. Indeed, their criticisms suggested that senior management would rather support ministerial intentions than exhibit independence from the politicians (e.g., "a sycophant" [Participant 64, a head of prison officers' union), "a kiss-ass" (Participant 82, a senior prison officer of a high-security prison), and "a yes, sir attitude" (Participant 79, a deputy governor of a closed prison with urgent notification status). In an accusatory tone, Participant 67, the prison governor of an open prison, noted:

> The Chief Executive and her senior management team are always looking up, trying to appease ministers and work with ministers, rather than looking at and trying to take the organisation forward. We are supposed to be an executive agency, and we should not have that level of interference from ministers. But we do, and that is hugely frustrating.

In summary, the study's national and local participants perceived that the rapid turnover of justice ministers and their prison reforms, as well as their perceptions of prison rehabilitation, tended to lead to a disconnection between strategic policies and local operations. This phenomenon was further intensified during austere periods. Several participants, especially those working on the ground, also believed that senior managers' failure in advising ministers appropriately and pandering to them further enhanced prison instability during austerity.

Conclusion

This chapter described longstanding prison issues that have intensified prison instability during austere times, including overcrowding and the increasingly poor living conditions in English prisons. Participants also linked austerity to a rise in violent crime among former ex-service members and manufacturing industry closures, combined with diminishing community welfare and social services. As such, certain social services have been implicitly relegated to prisons, even though they are punishment institutions. They also reasoned how a lengthier and harsher sentencing policy and the rapid turnover of politicians have cumulatively exposed the prison service's lack of resilience, impacting the governance and delivery of prison health in England.

The next chapter will illustrate participants' perspectives on recent government policies putatively intended to ameliorate austerity's impacts. In particular, the government's announcement of the recruitment of new prison officers in 2016 will be examined.

Chapter 9: Government responses to the increasing prison instability and the effectiveness of prison monitoring mechanisms

Introduction

This chapter analyses participants' perspectives on recent government policies intended to ameliorate the impact of austerity. The narrative predominantly pivots on the nationwide recruitment campaign for new prison officers since 2016, highlighting the evident dichotomy between national and local participants' responses regarding the quantity and quality of these new officers. It also illuminates the broader effects on prison healthcare governance and delivery—both highly dependent upon the prison regime's stability.

The next section explores participants' opinions of the effectiveness of the key scrutinising mechanisms for prison healthcare and prison regime—particularly internal forums, trade unions, the HMIP, and parliamentary inquiries—in mitigating the impacts of austerity on prisons. Then, participants' beliefs about how well third sector organisations advocate on behalf of prisoners are described.

The final section details most national and local participants' tentative acceptance of the political announcements that austerity was coming to an end. The discussion concludes with an analysis of participants' perceptions about the extent to which Brexit may prolong austerity, at least in its immediate aftermath, following the predicted decline in economic growth.

9.1 Recruitment of new prison officers since 2016

This section will highlight participant perceptions of recruitment of new prison officers—since the effort's beginning in 2016—as part of the government's response to mitigating the increasing prison instability across England. It will explore participant beliefs on the extent to which the recruitment campaign had successfully improved delivery of prison regime and prison healthcare delivery.

In response to the increasing magnitude of violence in prisons across England and Wales, the government launched its nationwide recruitment campaign in 2016 to recruit 2,500 new prison officers, a move that was part of the Prison Safety and Reform White Paper 2016 (Ministry of Justice, 2016). Participants were asked whether these new prison officers improved prison safety and whether they facilitated prison healthcare governance and delivery. Many directly involved in delivery of the campaign viewed the recruitment campaign as a success. Per Participant 30, a senior commissioning lead at a justice ministry:

> We have successfully recruited 2,500 prison officers. The government did invest in new officers. We are now reaping the

> benefits of them coming online. It is heart-warming to see the number of new officers on the landings.

Some participants who were on the frontline—particularly new prison staff members—believed the new prison staff had brought complementary skills to the existing workforce (e.g., IT skills) and values (e.g., concerns for diversity, regard for rehabilitation) that were reflective of the outside world. In voicing this perception, Participant 72, a prison officer of a resettlement prison, expostulated:

> We bring in new skills that we need. We are quite savvy about using computers. We have got a different way of thinking. We have open minds. Our mindsets are open to divisive issues, for example, the issues of equality and prisoner rehabilitation. We have been exposed to a lot of things outside prisons, so it does help.

However, most participants operating at all prison levels challenged these positive narratives. Participant 64, a head of a prison officers' union, for instance, declaimed that the recruitment campaign had not reinstated the number of prison officers present during pre-austerity measures:

> We do not have the investment we would like. When austerity first came in, we lost over 7,000 front line prison officer posts. They were all experienced staff. Since that time, we have saved over £900 million for the taxpayers, but cuts have dire consequences because we have never been in such a poor state. So, we want that reinvestment. We want those pre-austerity staffing levels reinstated. We want that £900 million reinvested because, so far, despite the bold announcements from the government on the prison officers' recruitment, we have only had about £300 million put back in. It is simply not enough. You cannot run justice on the cheap.

Beyond the paucity of a sufficient number of prison officers, most prison governors and officers agreed that the new prison officers lacked the physical and emotional agility or soft skills—such as communication and befriending—needed to perform their duties effectively for prisoner rehabilitation and the broader prison regime. As Participant 63, a prison officer at an open prison, explained:

> Some of the new officers have not got the physical ability [yet], and they are being passed through the training. We have to do some remedial training with them, which we are not meant to do, because we do not have the extra training resources. When you ask them the sports they have done at school and college, many of them have not done any kind of physical activity, so

> they are a lot less confident in doing physical interventions. So, having somebody my size come up threatening them might seem intimidating […] They only get 37 hours of Control and Restraint Training. They do not have the physical and mental confidence to challenge prisoners, and they will not challenge the prisoners […] [Furthermore,] a lot of the newer staff also do not know how to have a talk with the prisoners. There is a joke that they need emoji cards to talk to some prisoners! They prefer to work behind the screen, behind their phone and do not like to do much one-to-one engagement with individuals. We do not have many screens in the prison; it is all personal face-to-face contact.

Additionally, many participants working in operational capacities commented on the perpetual cycle of recruitment and retention. They believed this cycle stemmed from dangerous working environments (as discussed in chapter 7) and a dearth of employment benefits. Participant 78 (from above) explained: “It is just a constant cycle of getting new [officers]. Some will just resign in the first week; some will just do the training then resign. It never ends”. Further doubting a prison as a place for employment owing to safety concerns, Participant 36, an assistant head of health and justice of a national health organisation, stated:

> When Michael Spurr (the then Chief Executive Officer of HMPPS) said to me before he left [in March 2019], “Well, now we have recruited 2,000 people”. What he failed spectacularly to tell me was that 45% of those people had left after the first week. You do not think you will get knifed with a sharpened toothbrush every time you go to work. Let’s face it. We are not talking about pink, fluffy bunnies here. There are some nasty bastards in our prisons. What you do need to be is risk-aware and not be a puppy, thinking you are going to save the world. And you have had just six weeks of training, which amounts to nothing because actually, you have not got the life skills to manage somebody.

A small number of participating prison governors believed that linking the new officers to the necessary cultural change and values connected to prisoner rehabilitation was more important than merely having a sufficient number of officers working on the grounds. This point is illustrated from the following remark from Participant 58, a prison governor of a closed prison with an urgent notification status:

> Recruitment on its own is just not sufficient. It should be linked to some purpose, visions, and values […] You can have a lot of officers swarming around, but if they are not interacting with our men, they do not know why they are there. If they are just standing

> around in huddles, it changes nothing. It makes them feel better, but it does not necessarily improve things. Recruitment has been massively pivotal […] but the fundamental message has to be that "You are not just there to turn and un-turn, lock and unlock those people. You are there because you have got a purpose". That is really important.

Nevertheless, according to participants, the existing recruitment-retention-recruitment cycle has created ongoing operational uncertainty amid institutional crises. Consequently, following a low level of retention among prison officers, several participants observed that the rate of registered overtime across institutions remained high. This has affected delivery of the prison regime and supporting services, including healthcare. As Participant 78, a senior prison officer of a closed prison asserted: "In every prison, there is a ridiculous amount of overtime. Even though the numbers have gone up, there is still not enough staff to cover the work. This has adversely impacted other services, including healthcare".

In summary, although several national participants felt that the initial recruitment campaign for new prison officers (beginning in 2016) was a success, most participants thought that it had not ameliorated prison instability. Many of them questioned the calibre of new prison officers, perceived the retention rate among new prison officers to be low, and attributed that low rate to insufficient training. Consequently, dangerous working environments in prisons have been amplified, which could potentially affect the prison workforce's long-term sustainability.

9.2 Limits of scrutiny mechanisms

Despite the existence of internal and external inquiry mechanisms in England to hold the government accountable, participants across all levels uniformly felt that these mechanisms did not appear to have had impact in mitigating the effects of austerity on prison health governance and healthcare delivery. This section will explore these views in detail, especially failure of them to exercise scrutiny. It will conclude by analysing opinions on the third sector organisations' advocacy activities that were involved in prison healthcare governance and delivery.

9.2.1 Internal scrutiny

When national participants were asked about the existence of oversight mechanisms to hold the government accountable in implementing the austerity policy, those in the civil service mentioned scrutiny structure of the prison health governance spanning internal and external measures. According to them, these measures were specific to prison healthcare and crosscut among partners in the health and justice sector. The quotation below is emblematic of these perspectives:

> The NHS England Clinical Reference Group has been used to take on specific areas and challenges in delivering healthcare services across prisons. Discussion at that level can obviously fuel strategic thinking for policymakers, who have that line of sight into the ministers and can create compelling cases to unlock funding and resources. There is a route through there to get some agenda service. We have also had some interesting dialogue through round tables with HMPPS. There is something about those cross-cutting areas, involving the Home Office, Ministry of Justice, and NHS England via the National Partnership Board (Participant 34, the head of a national prison health charity)

Similarly, as civil service employees, those working as prison governors and officers typically raised issues concerning the unsustainable reduction in resources to their line managers, usually in their monthly supervision meeting. Refrains, such as “I can escalate it to my manager, which means that I have covered myself if it all goes horribly wrong” (Participant 67, a prison governor of an open prison) and “I could raise it to my line manager and governor, and then it is up to them to take it forward” (Participant 74, a senior prison officer of a resettlement prison), broadly mirrored the prevailing command-and-control nature of the prison service.

Similar to the attitude of several policymakers in this study who avoided using the word “austerity” in their interview responses (see section 6.3), most participants operating at the operational level across English prisons also did not employ the word “austerity” when discussing delivery issues with their line management. They recognised that the term had political undertones. Instead, they self-censured themselves by retailing how reductions in resources had adversely impacted their daily governance and the prison regime’s delivery. Accordingly, services such as healthcare were negatively affected. This was because they felt it was more appropriate for the discussion with their senior managers as it was framed in a neutral tone. Example from Participant 71, a prison governor at a resettlement prison expatiated on this point:

> I cannot start making career-defining arguments with my boss, so I have to be very diplomatic in talking about austerity. I do not make any argument that says I am making excuses for poor performance. We all have a sense of duty to do the best we can, so austerity is never discussed directly. But we have always discussed its impact, using examples of staffing issues, for instance […] I pick my battles to appear as though I am never unreasonable.

Participants’ narratives also frequently mentioned the expectation of maintaining impartiality towards austerity. Participant 81, a governor of an open prison, stated,

“Our conditions of service restrict us from getting drawn into government policy […] Our role in public services is to deliver government policy, and not to challenge it in that regard”. Similarly, Participant 86, a prison governor of a women’s prison, opined: “We are civil servants, so we become the agent of austerity because we deliver the austerity programme of the government”.

A few participants compared prison to other public services, such as the police, whose voice was perceived to be more independent and transparent in publicising the fiscal cuts. Participant 67, a prison governor of an open prison, exposited that the opacity afforded imposing austerity measures without proper scrutiny. He stated:

> Unlike the police, we are a greatly hidden department. We are an easy target for the government in terms of austerity. The risk is that the damage caused by that [austerity] was predominantly behind closed doors and was not seen by the public. Only in the last year or so did the public start to wake up to the fact that the staff are subject to increasing levels of violence and issues within prison, such as drugs and mobile phone smuggling. Health, safety, and employment problems are all wrapped up into one.

Moreover, participants were questioned about whether they could raise issues about austerity and how that ability had affected the prison regime via the PGA and the POA. Several participants felt that being part of these unions afforded them more opportunity to question austerity compared to those who operated at the national level—and thus had to remain visibly neutral.[25] Participant 78, a senior prison officer in a closed prison, further articulated:

> [The POA] does a lot of publicity in the media. We also have good relationships with a lot of the Labour politicians and some of the Tory ones as well. We have done parliamentary drop-ins. A few weeks back, we invited all the staff who have been assaulted to tell politicians their story, and there were some really, really powerful stories. A younger female prison officer from [a Category B prison in Lincolnshire] stood up in a room full of people and told everyone about her assault when she had urine and faeces thrown at her because she dared to say no to a prisoner. Another male prison officer, in tears, said how he was assaulted really badly, ending up in the hospital, with his children visiting him and asking whether he was going to die.

[25] For instance, in 2018, national prison officers called for a strike because of unsafe working conditions (The Guardian, 2018).

Other than those few contrarians, scepticism about trade unions' having any effective influence on overturning the austerity measures that have been harmful to governance was at the forefront of most participants' narratives. As an example, Participant 86, a prison governor of a women's prison, questioned:

> Have they made any difference? Not really! [laughs] They are not effective. They will appear on the media occasionally, but I am not sure what impact that actually has. I am not sure whether their voice is heard or taken any notice of in the right places.

Some other participants believed that unions were campaigning for austerity issues situated in broader political discussions. The effects of such efforts were felt across the public sector rather than solely affecting the prison service. To these participants, austerity issues affected public services. Thus, it rendered the unions' activism futile: "Austerity issues are political decisions, and there isn't much that the management can do about them" (Participant 72, a prison officer of a resettlement prison).

9.2.2 External scrutiny by the HMIP and parliamentary inquiries

Participants were also queried about the effectiveness of prisons' external scrutiny mechanisms in addressing the impacts of austerity on the prison regime. Those mechanisms are designed to support prison healthcare governance and delivery. The majority recognised the HMIP and the IMBs at their prisons as key scrutiny mechanisms for prisons. As Participant 81, a governor of an open prison, averred:

> Nationally, we have the HMIP, which would come and inspect our prisons, either announced or unannounced. On a local level, there is an independent body called the IMB. The IMB members write directly to the Secretary of State and produce a report annually. Matters such as poor infrastructure or resource difficulties affecting delivery could be in there. So, matters could naturally escalate that way.

A minority of prison governor participants, for instance, recognised the value of HMIP as an important sounding board for accountability: "They have got a critically important role to do, and they are responsible for driving up standards" (Participant 83, a governor of a high-security prison).

Nevertheless, the majority of prison governor and officer participants did not share these enthusiastic responses about HMIP. The perceived effectiveness HMIP was deeply polarised in local participants' narratives. In fact, many of them felt frustrated that the HMIP—despite having the independence to do so—failed to utilise its authority to highlight how austerity impacted prison operations. Responses from several participating prison governors indicated that they believed that they were judged according to standards not commensurate with their reduction in resources.

With a few notable exceptions, these anecdotes were extrapolated to make a wider point about independent scrutiny mechanisms, as participants did not directly mention government resource allocation issues—as they were perceived as political. Participant 58, a prison governor of a closed prison with an urgent notification status, asserted:

> Independent bodies like the HMIP are not concerned enough about austerity, although they know it is there in the background. On the other hand, their standards and CPT standards have not changed. So, I am still being judged, measured, and inspected on a set of standards that do not change. In contrast, my ability to influence those standards is severely limited […] There is not necessarily a shared understanding between people to say, "Well, yeah, we can see why this jail is not performing well, and that part of it is down to austerity", because the people who then mark your work are still thinking, "Well, that is not my problem".

Such a sense of detachment from political issues like austerity then led to the analysis of several participants' perceptions of how HMIP criticisms of the governors' leadership had been unfairly judged. Participant 57, the head of a prison governor's union, exposited that blaming the governors' leadership was fruitless. These leaders were essentially affected by financial constraints over which they had no control. He emphasised:

> What has irritated me is an agenda to shift the blame onto the quality of institutional leadership. But these are the same leaders we had when we performed the best we ever have. The majority are still the same people. They have not suddenly all had some catastrophic failure in their ability to lead. The fact is that they have had so much money taken away from them. Our prisons' demographics have changed: they are more violent, they are younger, and they are disrespectful. The government knows they have spent no money on improving our prisons. It is very easy for HMIP to blame governors' leadership. They do not blame the fact that the HMPPS has taken 25% of the budget out of the prisons but not reduced the population by one prisoner.

Comments made by participants at the delivery end of the prison health agenda echoed Participant 57's catalogue of frustrations. Participant 65, a service manager of an NHS Trust in a closed prison, stated:

> There has been a really irritating improvement plan for me at [a Category C prison in Gloucestershire], where they want me to provide sexual abuse counselling. We are not a specialist in sexual abuse counselling. So, I had an interesting conversation

> with the inspector this time because she put that on my list. I said, "I have tried, I have been out and looked for people who can do this, and I cannot find anyone and, actually, when I look at my service specification, I do not think that this is something I am required to provide".

Apart from HMIP scrutiny, participants cited parliamentary inquiries as another external scrutiny mechanism for prisons, although comments about these inquiries were less prevalent in participants' answers. Nevertheless, many international and national participants suggested that they agreed that continual inquiries did not seem to have had any substantive effects on the issue of austerity in prisons. Revealing a telling comparative perspective in English domestic politics, Participant 12, an advisor to a European intergovernmental human rights organisation, framed how the lack of the exercise of power was detrimental to disadvantaged populations:

> In 2017, the UK Human Rights Select Committee focused on the prisons' operation […] [T]hen there was the Public Accounts Committee, which considered prisons and their problems. There were also National Audit Reports [highlighting issues] in prisons. But the question is, do they make a difference to the Treasury? And the answer seems to be no. So, the question I have would be, why not? [T]here is an ideological reason why the government has decided not to spend more money on prisons. It has the money; it can spend it. It is just that it chooses to spend it in other areas. They chose to spend it propping up the banks rather than on marshalling up disadvantaged populations.

Arguing for extending the lack of exercise of power further was Participant 52, a head of policy of a national penal reform organisation. He stated that there had yet to be an organisation responsible for ensuring whether implementation of the prison oversight mechanisms had been adequately implemented and enforced:

> We see recommendations being made all the time, from the Chief Inspector, from the PPO, from IMBs. Recommendations are made, and then they are not implemented. There is no national oversight mechanism. There is no independent organisation that is (a) tracking what the recommendations are and (b) tracking whether they have been implemented properly or enforcing them or holding anyone to account.

Overall, although external scrutiny mechanisms—such as the HMIP and local IMBs—exist as an external oversight for prisons, the majority of the participants argued that they had not done enough to challenge the pervasiveness of austerity on prisons and prison healthcare. Similarly, though various parliamentary inquiries had

actively highlighted the ongoing prison issues, their recommendations had yet to be fully implemented, given the lack of monitoring and enforcement to do so.

9.2.3 Advocacy by third sector organisations

Finally, several participants who operated in the advocacy sphere—particularly at the national and operational levels of prisons—expostulated about their campaigns for improvement in prison conditions. Recognising the current political inaction on the impact of austerity on prison healthcare delivery and the broader prison rehabilitation agenda, some offered a passionate case for making a difference on a collective and grassroots level: “We should speak up a little bit more; we need to advocate more for prisoners’ health and well-being. It is about how we use our voice and having the confidence to use it”. (Participant 85, a healthcare manager of a women’s prison).

According to these participants, lobbying with politicians and providing evidence to parliamentary committees are the primary routes for raising political awareness of the impact of austerity on prisons and beyond. As Participant 39, a policy lead for a penal reform organisation, reasoned:

> We have got good relations with members of Parliament and some parliamentarians. We respond to consultations. We have got an All-Party Parliamentary Group for Women in the Penal System. Even without austerity, we are always trying to talk about improving prison conditions.

Analysis of the participants’ comments revealed that some prison healthcare providers often embraced advocacy as part of their activities. They did so despite the existence of gagging clauses in their contractual documents. Such clauses were designed to prevent them from speaking against government policies, including austerity. According to these participants, the nomenclatures of the gagging clauses ranged from the need to observe ‘confidentiality’ and ‘secrecy’ to more specific instructions, such as ‘use of appropriate channels of communication’ and ‘consequences for breaching the terms of the contract’, including service termination. Nevertheless, these participants’ awareness of the current prison conditions overrode their hewing to these restrictive clauses, although they remained careful not to offend those who funded their services. As Participant 66, the head of a substance misuse service operating in various closed prisons, said:

> We are not an organisation that keeps quiet about austerity. There are organisations in the third sector with a campaigning culture that decides to be quiet about it because of the contractual gagging clause. They do not want to offend the people who control their income. We are not one of those organisations. Of course, we have to be careful what we say, but we do not keep quiet about our causes. In fact, I do not take those seriously because it is

> basically a political decision for a commissioner to challenge what I am saying. Of course, they have the legal power to force me to stop saying certain things that could bring their organisations into disrepute […] they can also take my contract away, but they would only do that if they had the moral high ground, and they do not.

Likewise, Participant 76, a head of a social services charity covering various closed prisons, spoke at length about how the size, status, and reputation of the organisation might work in their organisations' favour when raising negative issues without fear of legal repercussions:

> [Our organisation] is a campaigning organisation as well as a service provider. We have a universal credit campaign, and one of our mantras is that our enemy is social injustice. And austerity helps create social injustice […] There is a gagging clause in our contract, but it has not stopped us. Many of our contracts now have this gagging clause, so we just ignore it […] If we feel that we need to challenge anything, then we will challenge it. We are big enough to do that, so that is one of the benefits of being a big, longstanding, respected charity.

However, a few participants from smaller, regional charitable organisations merely saw themselves as service providers, with some expressing concern about contractual repercussions. For example, some cited operational boundaries in which this conformity could be interpreted as individualistic: "We are not set up to advocate for prisoners. We are more of a self-management programme […] We have to have really strong boundaries in this sort of work". (Participant 77, a manager of a mental health charity covering various closed prisons). To maintain their legitimacy as a service provider, these participants resorted to internal channels of communications, as outlined in their contractual obligations, which they perceived to be more appropriate: "I will escalate to my commissioner if I am really concerned about issues, such as treatment delays. The commissioner then has to go and have an arm-wrestle with the other bit of NHS England". (Participant 65, a service manager of an NHS Trust in a closed prison).

In sum, when commenting on indifference towards the recent episode of prison instability, many participants from various governance levels openly contested the effectiveness of internal and external scrutiny mechanisms. They perceived internal scrutiny as ineffective—considering that civil servants were expected to remain apolitical. They considered external oversight mechanisms—such as the HMIP and the IMBs—despite being independent of the government—as lacking the willpower to exercise scrutiny. Beyond this formal monitoring structure, third sector organisations, particularly those with large scale operations, exercised their advocacy discretion notwithstanding their contractual gagging clauses. However,

smaller organisations from this sector resisted advocacy work to ensure survival of their organisations.

9.3 The rhetoric of austerity is ending

At the time of this study's fieldwork, the government announced the end of the era of austerity (HM Treasury, 2019b; 2019c). Nearly all national and local participants were either unconvinced or sceptical about the Treasury's announcements that austerity was ending. Terms such as "soundbites" (Participant 35, a regional health and justice lead of a national health organisation), "rhetoric" (Participant 80, a governor of an open prison), and "political sell" (Participant 44, a criminal justice lead of a nursing trade union) were captured in their excerpts.

Through exhaustive analyses of HMPPS spending, Participant 42, the chief economist of a national think tank organisation, deduced that HMPPS was still experiencing a cycle of financial cuts. Considering that the funding that had been allocated for capital spending had now been used for operational purposes, she maintained that such manoeuvres merely demonstrated declining financial support from the central government:

> One thing that eventually emerged in the last two years is that the Ministry of Justice has started transferring some money from its capital investment budget into seed level to day-to-day spending. In 2018/2019, it moved around and was only roughly recorded. The point being that one strategy the Ministry seemed to have employed involved transferring some money that was going to be used for investment into running day-to-day services. This is the same as dealing with austerity. It is shelving some problems for later if you are investing in things that you thought were important to begin with.

Many participants proffered similar narratives. For example, Participant 56, a regional head of health and justice commissioning for a national health organisation, asked: "If austerity is truly coming to an end, why have we not seen more prison officers and new prison buildings so that we can deliver modern prison healthcare in a truly 21st century way?" Similarly, several participants also noted an increase in the government's level of borrowing compared to pre-2010. For instance, Participant 64, the head of a prison officers' union, explained that "I am all for living within our means, but this government actually borrowed more than the previous government ever did". Participant 35, a regional health and justice lead of a national health organisation, stated how NHS England funding for prison healthcare remained below the level of demand:

> NHS funding is still below the level of demand. To me, that is still austerity. We are still working within a very tight budget to deliver

> the services that people want. That is the paradox we have got in this country, isn't it? People have expectations for high-quality services but also expectations of low taxes. Politicians should tackle this issue by saying, "Either you want to pay less, you are getting less, or if you want a really high-quality world-class service, you need to pay more".

Several participants also talked about claims made in political speeches that implied austerity was ingrained in their day-to-day operations across English prisons. This entrenchment of austerity solidified their belief that the level of spending on prison health would not improve. Even if spending was increasing, time would be needed to improve the impacts of austerity on prisons. Participant 66, a head of a substance misuse service operating in various closed prisons, argued:

> What does that mean "austerity coming to an end"? The level of expenditure is not returning to its pre-austerity levels, so only in that circumstance could we say austerity is coming to an end. Of course, it can come to an end, but the damage is done. You cannot reverse all those years of austerity.

At prisons' operational level, participants made comments that could be subsumed into three categories, all challenging the idea that the era of austerity was ending. First, participants perceived that the single funding injection by the former Prisons Minister, Rory Stewart (2018-2019), toward ten underperforming prisons (Ministry of Justice, 2018a) was withdrawn from other prison establishments' budgets by stealth. Participant 67, a prison governor of an open prison, alleged:

> The "ten prisons project"[26] has taken all of the money. I am sure I am not the only one who feels a little bit hard done by because of that […] I understand why they were the most problematic and worst prisons. But it does feel like the rest of us are not getting access to some of the resources that would be massively helpful. I do not think there is enough investment in re-staffing. I do not know whether prisons will be high on the agenda for getting money, even if there is money available.

Second, many prison officers expressed cynicism about the announcement by the erstwhile Prime Minister, Theresa May, that civil servants would receive a 2% pay increase in 2019 (Ministry of Justice, 2019e). For the prison workforce, the raise depended on prison governors' finding 1% from their internal budget, to be matched by the government for another 1% (ibid.). Participants' accounts featured metaphors

[26] Following an announcement by the former Prison Minister, Rory Stewart (2018-2019), ten prisons were selected to benefit from additional £10 million of funding to improve security, address drug issues, and improve governors' leadership capabilities through new training schemes (Ministry of Justice, 2018a).

such as “peanuts” (Participant 82, a senior prison officer of a high-security prison), “pittance” (Participant 63, a prison officer of an open prison), and “tokenistic” (Participant 74, a senior prison officer of a resettlement prison). Furthermore, Participant 82, a senior prison officer of a high-security prison, viewed the pay rise as austerity in disguise:

> Theresa May announced that civil servants are going to get a 2% pay rise before she departed. She also said that the Treasury could only fund 1%, and the rest will have to be found from within existing prison budgets. This means each prison governor, up and down the country, will have to cut budgets by 1% to give the staff a pay rise. So, the budget cuts are still there. They just come in a different disguise.

Third, according to the analysis of the participants’ comments, many did not believe that austerity was ceasing in the community, as exemplified by shrinking community resources. Several participants observed an increased number of homeless and a visible dependency on food banks. A provocative account by Participant 64, a head of a prison officers’ union, illustrated that austerity remained in existence based on the increasing reliance of individuals on foodbanks, alongside rising homelessness and unemployment. As he asserted:

> If the politicians are telling us austerity is coming to an end, why have we got an increased number of food banks and an increased level of people accessing them? The two do not marry up. If austerity is coming to an end, food bank usage would be diminishing, but it is not. In fact, it is increasing. You only have to walk through any city centre and see the number of people begging and living on the streets. So, if austerity is coming to an end, why are these people still living on the streets? Why aren’t there more jobs for the youngsters? Why aren’t there more apprenticeships? It is just a myth, where we are getting sold a lie by the government.

For prison healthcare, a planned cash injection of £20.5 billion for the NHS was announced in 2018, to be phased in by 2023/2024 and funded through a combination of tax increases and a Brexit dividend (Prime Minister’s Office, 2018). However, below the surface of this announcement, several participants working in policymaking mentioned that the increase in NHS funding was for all parts of the organisation. For instance, Participant 37 reasoned that prison health was viewed as a Cinderella service. There was a possibility that prison health would be jettisoned in deference to more politically popular measures. Participant 37, a health and social care lead for a national social care organisation, stated:

> The NHS has received more money year-on-year, but it has never received as much money as we actually need year-on-year. They have always played with the numbers and the arguments and the way they presented them. They have basically passed the problem back down to NHS England: "You have got to manage this". There are important things, the high-profile political things that you have got to deliver, such as responding to people in Accident and Emergency and making sure people are not detained in hospitals longer than they need to be. Because prison healthcare is a bit of a Cinderella aspect of what we do, it has not got the attention that it should have had because other things have been of a much higher physical profile. [They are] not going to invest in prison healthcare; they will just pass the problem down, and it will be quietly ignored.

Finally, forecasting the long-term financing of the prison service, several participants felt that the threat of Brexit might have exacerbated austerity further, at least in its immediate aftermath. Brexit was perceived to be a political force that would throw the future of prison and prison healthcare services into further uncertainty: "On top of not seeing new money coming into our health sector in the foreseeable future, we have got a lot of political disruption from Brexit coming up" (Participant 66, the head of a substance misuse service operating in various closed prisons). Participant 40, a head of a national penal reform organisation, further explained this viewpoint, by considering the increasing demand for healthcare and the shrinking number of taxpayers:

> [Austerity] is about to get a whole lot worse. We are still wildly over-borrowed as a nation, and demand is growing in all sorts of areas, especially health. You have got an ageing population. The number of people who pay taxes is diminishing. The number of people who consume services paid for by taxes is increasing. The circle has not gotten any more square.

In summary, facing evidence of reorganisation of funding to accommodate ten underperforming prisons and a modest pay increase for prison officers, most participants did not believe political announcements concerning austerity's imminent end. Their scepticism was further fuelled by feeling that the increase in NHS funding might not benefit prison health in comparison to other more pressing and politically popular measures. Moreover, they held major concerns about impact Brexit would have on economic uncertainty.

Conclusion

This chapter has demonstrated participants' qualms about the government's responses (since 2016) that putatively were to improve safety across English

prisons. Although the government attempted to manage prison instability by mobilising nationwide recruitment for new prison officers in 2016, many participants questioned the calibre of new prison officers recruited via this scheme. Additionally, poor retention rates among new prison officers were argued to have been linked to insufficient training, low salaries, and dangerous working environments. This milieu continued to impact the stability of the overall prison regime and the delivery of services, including healthcare.

Many participants also contested the efficacy of internal and external scrutiny mechanisms. They noted that the internal scrutiny structure was ineffectual because prison staff was expected to abide by the prevailing command-and-control structure of the prison service. At the same time, external oversights—from the HMIP to parliamentary inquiries—were believed to have been reluctant to exercise their power in holding the government accountable with regard to the measures of austerity that affected prisons. As such, external oversight recommendations were continually ignored, in light of the absence of effective monitoring. Typically, third sector organisations filled advocacy gaps by challenging austerity policies toward prisoners. Nonetheless, participants observed that several of those organisations were reluctant to advocate so as to maintain the longevity of their government funding.

Finally, the homogeneity of participants' responses contesting the end of the austerity era were noteworthy. Their scepticism was based on the lack of improvement in the operation of English prisons. Despite the promised cash injection for the NHS, participants from prison healthcare services felt that the prison health agenda was a low priority compared to other popular metrics, such as improving access to Accident and Emergency departments, which were generally receiving better political and public buy-in. Last, whether the implications of Brexit will further heighten economic uncertainty, at least in the short term, remains unknown.

The next chapter will explore participants' views of the options to improve prison healthcare governance and delivery, as well as its supportive prison regime, in the near future.

Chapter 10: Alternatives to Austerity

Introduction

This final Findings chapter discusses four alternatives to austerity participants proposed. The chapter begins by exploring a proposal on how a reduction in the size of the current prison population in England should mirror the reduction in prison funding, as well as ensure that recurrent funding for prisons is maintained.

Next, participants' ideas for ensuring improved transparency in penal policies—especially those pertaining to political accountability and ameliorated data collection and utilisation—are considered. Finally, to reinforce prisoners' right to health as embedded in numerous international concordats, participants' views on how the English government could be held accountable for their austerity measures over the last decade are explored.

10.1 Reducing the size of the current prison population

Despite variations in participants' professional backgrounds, they all argued for a reduction in the size of the current prison population, albeit in different ways. Participating international policymakers reasoned that reducing the prison population would prompt the decreasing the prison estate in line with the reduction of prison staff. As Participant 17, an advisor to a European intergovernmental human rights organisation, reiterated, imprisonment is expensive:

> There is pressure to have fewer prisoners. Look at what has happened in America, where suddenly even the Republicans realised, "Oh gosh, we have been doing mass incarceration all this time, we cannot pay for it". People do not like having their taxes going up. So, if they spend money properly, things can be done differently.

In a similar vein, Participant 2, a consultant for an international health organisation, and Participant 39, a policy lead for a penal reform organisation, respectively, used hospitals and motorways as similes for prisons in calling for a reduction in the current prison population in England:

> Prisons, like hospitals, are expensive. Prison health is best served when the general principle of avoiding sending people to prisons is applied. In England and several other Western European countries, many people are sent to prison who should not be sent to prison, which could be looked after much better by the health and welfare system.

> You cannot build your way out of a prison crisis. You cannot build another prison because you are overcrowded. It is like a motorway; it just fills up with cars.

Although there was a consensus among these participants that reducing the incarceration rate is a way forward for dealing with austerity, there was an array of suggestions on how this aspiration could be realised in practice. Overall, participants offered three starting points. First, there was a consensus among international and national policymaking participants to abolish short sentences; doing so would reduce the current prison population. Several participants cited the examples of Scotland, France, and Norway, which had reviewed their sentencing policies and decided prisons would only be utilised for those posing a threat to security and public protection. Participants noted these strategies could be replicated in England. As Participant 5, a member of a European anti-torture committee, explained:

> In Scotland, there is a presumption against any sentence less than three months. In fact, the Scottish and French Parliament considered a presumption against any sentence of less than one year because prisons should be reserved for those people who are imprisoned for reasons of public protection. That is why we send them to prison, because they are a risk to society on account of their crime.

Second, some participants suggested alternative community sanctions for prisoners not posing a public threat. Participants suggested that amnesties for petty crimes, like those applied in Balkan countries, and more financial fines and electronic tagging, as applied in Finland, could be adopted. Participants 4, an advisor to a European intergovernmental human rights organisation, remarked that “many countries now, including the Balkans, are doing amnesty for lower crimes to handle growing numbers of prisoners”. Similarly, Participant 2, a consultant for an international health organisation, questioned: “Why is it possible that in Finland, so few people are landing in prisons, and in England, so many people are coming into prison? [The Finnish] have undertaken many measures, from financial fines to the electronic tagging”.

Many participants from policymaking domains also subscribed to the idea of community-based interventions. Instead of confinement, they cited distinct examples, such as extended fostering, early intervention, diversion from the courts for those with mental health issues, and mentoring of at-risk youth. For instance, Participant 13, a former head of a prison inspectorate, illustrated an example of community fostering in Germany that could be embraced in England:

> In Germany, they have always identified community services as needing fostering to reduce the imprisonment rate. A prisoner

> could be put with a family on release, so there is extended staffing outside the prison wall.

Similarly, Participant 11, an advisor to a European intergovernmental human rights organisation, drew upon his professional experiences in New Zealand dealing with prisoners who mentored young people on the verge of becoming in contact with the criminal justice system:

> In New Zealand, there are many old prisoners in there that could be mentors for young men. They get those prisoners out into the community, working with the schools, working with the local community to say to these young men who are very vulnerable and about to go to prison: “This is not something you want to do”. It uses prisoners’ experience, giving them some meaning, some agency in their rehabilitation, and asking them to help us rebuild our community.

In considering alternatives to imprisonment, these participants frequently mentioned the need to influence judges and magistrates. For example, Participant 38, a policy lead at a health and social care department, asserted: “We have got to tell [sentencers] what the alternatives to imprisonment are. We have got to give them confidence in these alternatives. Then, they may not use short-term sentences as much as they are doing now”.

However, Participant 47, a project lead of a national penal reform organisation, offered the caveat that supporting infrastructures to deliver these community sentences should first be made available to inspire the sentencers’ confidence, subject to the permitting sentencing guidance. He further stated that “even though the magistrates could, in theory, sentence people to community services, like women’s centres, but they can only do that if community services exist”. Some participants noted a closure of these services because of receding funding during austerity and urged that funding should be provided to improve sentencing practices that prevent imprisonment.

Finally, participants noted that a more immediate solution to reduce imprisonment could be to encourage sentencers to make greater use of suspended sentences. As such, imprisonment could become a deterrence tool for potential repeat offenders. As Participant 55, who worked as a magistrate, opined:

> Sentencers often feel more comfortable providing a community order instead of a custodial order, perhaps by looking at things like suspended sentences. They will give somebody, in theory, a custodial sentence of six months, but they will suspend it for two years. That person has that hanging over them for the next two years, so they have to keep their nose clean. Of course,

> people do. You have got to have a really good reason not to activate the suspended sentence and send that person away for six months. There often are good reasons in reality because they often tend to be suffering from addictions or mental health problems. Sentencers could say that that is a mitigating circumstance, and the best that they could do is extend the individual's community order or make it more onerous.

In summary, all of the study's participants proposed that downsizing prison populations—via abolishing short sentences—would reserve prisons only for those who present genuine security and public protection threats. In addition, they suggested that using more community sentences with adequately funded infrastructures and utilising more suspended sentences could further decrease dependencies on the prison system.

10.2 More provision of resources for prisons and community services

Unanimously, 87 participants across all three levels of prison health governance and delivery urged the government to provide more resources to prisons and community services to prevent individuals from being sent to the institutions. Their arguments are detailed below.

10.2.1 Increasing resources for prisons

First, the participants reported that the cost-saving measures in the name of lean and efficient operations should be halted. As Participant 17, an advisor to a European intergovernmental human rights organisation, exposited: "We are now at a level where we cannot even think of saving money because there really is no money to save".

All participants also emphasised that more resources should be provided to the English prison system to assuage the current institutional instability and, in turn, improve healthcare delivery. As Participant 12, an advisor to a European intergovernmental human rights organisation and leader of a national medical organisation, suggested:

> All we need to do is switch on the tap of expenditure again, and things will improve. It is literally as simple as that. The government just needs to choose it, and it can be different.

Several participants working across English prisons discussed how investments could improve existing prison buildings to create more rehabilitative environments. Notably, some participants were careful in their arguments about obtaining additional resources for prisons. They suggested that increased funding should be used to

improve prisons' living conditions rather than to build more prisons. For example, a Participant 41, a regional director for the National Prison Services, declaimed:

> If we can invest in our prisons to make them safer and more stable, then they would also become more rehabilitative, and we could then release people who are less likely to commit a crime. If they still get involved with prisons, it would be at a less serious level. We do need investment to do that.

Beyond the arguments for increasing prison resources, many participants argued for augmenting resources for community services. They posited that doing so would help keep individuals from entering the criminal justice system in the first place.

10.2.2 Increasing resources for community services

Beyond providing additional resources to prisons, many participants also stressed the importance of ensuring recurrent spending across the community to address social issues there rather than in the carceral setting. As Participants 30, a senior commissioning lead of a justice ministry, articulated:

> Stop austerity measures in prison altogether. Stop it in the community, too, so there will be better mental health services, better early interventions in the community, people being able to get GP appointments, people being able to get medication, and people not having to live on the street. If they are going to live on the street, give them the ability to access clinical care and provide better access to primary care in the community so people can get help. Certainly, there should be a huge investment in mental health services and investment in our local authorities to provide wraparound care for individuals to keep people safe.

Likewise, additional resources for community services would ensure early support for individuals and prevent their entering the criminal justice system. As Participant 7, an advisor to a European intergovernmental human rights organisation, suggested:

> Apart from diverting people out of the justice system, fund preventative programmes properly, such as early years interventions. Ensure more social support at early stages, parenting skills for new parents and identify the people with behavioural problems through schools. Prevent them from coming into the criminal justice system.

Finally, to improve the government's fiscal position, some policymaking participants suggested imposing a tax increase among profitable corporations and wealthy individuals to pay for heightened prison health investment. Participant 35, a regional health and justice lead of a national health organisation, said that the public's expectation of high-quality public services should be justified by explaining the need for a higher tax rate:

> People have expectations for high-quality services but also expectations of low taxes. Politicians should tackle this issue by saying either if you want to pay less, you are getting less, or if you want a really high-quality world-class service, you need to pay more.

Similarly, Participant 29, an academic and a consultant for an international health organisation, argued for the need to tackle tax avoidance among individuals and corporations. Predicting that a higher tax payment might be considered politically unpalatable by the public, she articulated that the need for this measure should be accompanied by narratives evincing how additional funding could be invested into critical services, including prisons. As she asserted:

> We need a big social conversation about taxation. We view taxation in the same way as the United States views taxation—as a dreadful imposition by the government. Actually, it is a resource. We are buying into a fairer society. We are buying lots and lots of services. Taxation is effectively good. People should be paying their taxes. Corporations should be paying their taxes. We should not be encouraging people to avoid them in any way. To me, it is fundamentally about what is the purpose of taxation and kind of reframing it, not as an imposition on individual freedom, but actually a resource for the whole of society and something we all benefit from.

In summary, along with halting cost-saving measures throughout prisons and community services, all participants across all levels recommended enhanced investment in these two settings. They argued that the available funding could be used to improve the built environment of prisons, as well as improve workforce development, with services in the community acting as preventative measures for imprisonment. In so doing, various participants posited tackling tax avoidance issues prevalent in the UK, and also emphasised the need for the public to understand that high-quality public services inevitably require increased taxation.

10.3 Greater transparency in penal policies

To embrace improved transparency in penal policy in England, some national participants recommended integrating prison spending data into public discussions.

They argued that ensuring more transparent data would allow the public to be informed about how their money is spent on prisons:

> The more we involve communities in how prisons are run or even just having them know about how prisons are run, the better. I think that it has to be a good thing to get people to understand what is being done in their name, what is being done in the name of the public. (Participant 18, an academic and advisor to a European administration organisation)

Participants also recognised that enhanced prison funding might not be accepted well by the populist politicians and the public. As Participant 25, European law and human rights specialist, stated: “Prisoners’ human rights tend to have a lesser positive reaction”. To dispel this stereotypical perception, participants proposed that ameliorated framing of messages on how spending can reduce reoffending and lessen the demands on health and law enforcement services. As Participant 21, a regional lead of an international health organisation, said:

> This country spends £15 billion a year on the criminal justice system. A significant proportion of that budget goes to support the prison system. But the people that go through the prison system generate spending across law enforcement services, health services, social services, etc. […] Not just because it is a benefit to those individuals, but also because it may have a community dividend. We all have a stake in driving down rates of offending and reoffending, getting the best value for our tax money, and reducing the demands on health and law enforcement services to make our community safer. We can build a better future for the country.

A small number of policymaking participants proposed that spending data should include not just the spending figures but also the effectiveness of their spending on prison healthcare and the outcomes of prison health. Participant 42, a chief economist of a national think tank organisation, demonstrated this point:

> Suppose the government is interested in improving its effectiveness. In that case, part of that is encouraging the government to think more carefully about how it translates the money that goes into services into outputs and outcomes for people. The government was focusing too much on the spending going into the service without much thought about the outcomes at the end of the process. It is about trying to make this a bit more visible. The electorate ultimately cares about the output of services, not just the money.

Several policymaking participants emphasised the importance of government departments' collecting robust data on the costs of ill-health in prisons to help influence political discourse in a more informed and transparent manner:

> One of the biggest problems, not only in the UK but also in other countries, is a lack of collected data. I think the political discussion could benefit from hard data that illustrate what both of us said before—prisoners do not stay in prison. They come back to society. Therefore, they need data that show that mental health care in prisons is deficient. After-care of mentally ill patients is deficient, which causes problems in society and increases costs. If you have this data, then it becomes more understandable that prisoners are not exotic, far away on another planet, but a part of society. This dynamic process that happens with these people after release could have a strong political influence on the discussion on realising that these people are not outside of the society, but a part of us. (Participant 23, an advisor to a European intergovernmental human rights organisation and an international drug and crime organisation)

Moreover, several policymaking participants called for better modelling of data on the poor health provisions in prisons. After all, they believed that ultimately the health of English prisoners could affect the health of the public. In fact, a few participants quoted a tuberculosis epidemic in Russia between 1997 and 1999 to illustrate this point: "An example of how poor treatment in prison affects the community is certainly Russia, where multi-drug-resistant tuberculosis caused 20,000 deaths" (Participant 24, a member of a European anti-torture committee). As further substantiated by Participant 23, an advisor to a European intergovernmental human rights organisation and an international drug and crime organisation: "Prison healthcare is not only for the sake of prisoners; it is for the sake of the whole community".

As part of ensuring transparency, several policymaker participants urged enhanced accountability of politician spending on governmental programmes, which has yet to happen:

> We are civil servants. We are a political vehicle, and our purpose is to deliver the sort of the political wheel of our ministers, which is what we have been doing. So when things have got messed up and broken as a result of it, accountability has to go to the ultimate decision maker, namely the responsible ministers and politicians, and that has not happened enough in my view. (Participant 58, a prison governor of a closed prison with an urgent notification status)

A few policymaking participants consistently commented that misspending by former

Secretary of State for Transport Chris Grayling (2017-2019) led to further financial drains. For example, as Participant 55, a magistrate and prison health lead of a national health organisation, averred:

> I think that the wider impact of those austerity measures on society needs to be better thought through. Especially when you see massive amounts of waste, like the awful Brexit things that Chris Grayling did, where the ferry contracts signed to ensure critical imports could reach the UK in the event of a no-deal Brexit were cancelled. The government had to pay £33 million to Eurotunnel. It had to cancel all the contracts with P&O Ferries, which cost £50 million. This money would have paid for a significant number of police officers or nurses. Not thinking things through and not thinking about the impact of things means that some areas are left without resources, and, in other areas, resources are wasted.

Finally, in reinforcing better penal policy transparency, there was consentience among policymaking participants that the media would need to be more proactively used upon to highlight the current prison instability. As Participant 41, a regional prison director of a justice ministry, asserted:

> Prisons appear less safe and more violent, which has come out a lot stronger in the media. The media has got it to hit home that perhaps we have got a problem in prisons, and perhaps the amount of staffing that is gone out of prisons impacts it. Then we have seen the political desire to bring back the stability to prisons and take up more prison officers, and that got quite a lot of profiles, as we started to have a bit more investment backing. So, I think it needs to be out there and quite visible.

In sum, to attain greater transparency in penal policies, participants suggested integrating spending data and projected returns of investments into public discussions. Furthermore, participants proposed improving accountability of spending via performing funding impact assessments and future modelling of data on how policy decisions that impact prisons could also affect communities. Finally, participants at all levels of governance posited that linking politicians' spending to proposed programmes and better media exposure on penal policies could further reinforce transparency and accountability.

10.4 Using the right to health as a moral and legal compass

The majority of participants, particularly those operating at the international and national policy levels, advocated using international concordats as minimum standards to protect prisoners' right to health. As the UK government has numerous legal principles enshrining prisoners' right to health, participants argued that these principles should insulate prisoners from arbitrary and unjustified restrictions on their enjoyment of this right. Participant 21, a regional lead of an international health organisation observed:

> [The international obligations on health] are not a nice-to-do. They are a must-do. Certainly, the courts uphold with rigour any apparent breach of human rights, whether at the European Court of Justice level or English court system. I have been an expert witness in some court cases where prisoners have brought challenges to their detention circumstances. The fact that that happens is testimony to the right that prisoners have to safe and decent care that the obligation is on the state to ensure their well-being.

Some participants believed that the non-governmental and European oversight organisations could be part of setting the prison reform agenda by holding the English government responsible for its austerity measures on prison health. As Participant 18, an academic and an advisor to a European administration organisation, explained:

> It is very important that you have civil society organisations like Amnesty International and the CPT involved […] in seeing what is happening in prison, writing reports, and telling the rest of the public what is actually happening within them.

Finally, recognising the limitations of the soft enforcement of human rights principles, a small number of participants from both international and national levels suggested encouraging prisoners and their concerned others to initiate legal action against the government's austerity measures that interfered with their rights during imprisonment. In particular, as Participant 5, a member of a European anti-torture committee, noted:

> [T]here are very few prisoners in the United Kingdom who would make a challenge before the European Court of Human Rights. In Northern Ireland, there are far more petitions from judicial review by prisoners than there are in Great Britain […] [T]here are so few challenges by prisoners in England regarding the conditions of detention that they are required to maintain. This is the complete opposite when we look at deaths in

> custody and the investigations made by the UK Prisons & Probation Ombudsman.

Moreover, Participant 21, a regional lead of an international health organisation, argued that “we keep overlooking the most expert resource on prison life and prison health services, which are the people who use them and live there”. Participant 29, an academic and a consultant for an international health organisation, exposited further: “We need something in case law that this was definitely being contravened and taken, and then it becomes case law”. In the absence of these legal challenges, the policymaking participants argued that such inertia highlighted a tacit acceptance towards austerity measures on prisons.

Beyond civil actions, Participant 52, the head of policy of a national penal reform organisation, argued for criminal prosecution to be brought against the government to reinforce its accountability towards violent incidents that affected prisoners in England:

> We need to push for accountability for institutional failings by looking at how prosecutions could be made through the Corporate Manslaughter and Corporate Homicide Act for self-inflicted deaths, self-harm, and violent episodes in prisons that imperil prisoners.

Overall, participants argued for the need to use international agreements as minimum standards to protect prisoners’ right to health. Accordingly, they stated that insufficient financial resources should not hinder prisoners’ access to healthcare and rehabilitative prison environments. They also recommended that non-government and oversight organisations should advocate for such rights—with further actions taken by the prisoners themselves—and asserted that prisoners and their concerned others should initiate civil and criminal litigations against the government to prompt remedial action towards the longstanding austerity measures in English prisons.

Conclusion

This chapter reported on participants’ practical solutions to reverse the impacts of austerity and improve the stability of English prisons. These solutions are outside the boundaries of prisons.

First, every participant proposed reducing the size of the prison population to reflect declining prison resources. Analysis of their comments suggested that they believed that abolishing short sentences, considering alternative community sentences in lieu of imprisonment, and encouraging increased use of suspended sentences would reduce the size of the prison population.

Second, all participants commented that the government needs to make recurrent investment in public services, covering both prisons and community services. Participants also suggested that the government should tackle tax avoidance. Apart

from ensuring that these provisions would be adequately funded across all settings, they further proposed that improved funding would ameliorate the built environment of prisons and investment in the prison workforce.

Third, to ensure augmented transparency in penal policies, several participants suggested publicising prison spending data and including projected returns on investments and funding impact assessments in public discussions. Similarly, linking politicians more explicitly with their political activities would ensure greater political accountability to prevent financial waste.

Finally, many participants proposed that international concordats could be used as minimum standards to protect prisoners' right to health and prevent arbitrary damage to their rehabilitation experience. These participants also recommended that relevant international sectional groups and pressure groups, as well as prisoners and their concerned others, should take an increasingly proactive stance in holding the government accountable for the impact of its austerity measures on prisoners' health.

The next chapter will present an in-depth discussion of the findings. The chapter will articulate how these findings relate to the investigation's literature review and theoretical framework, specifically focusing on how the results address gaps in the literature. The chapter will conclude with offering a range of theoretical and applied implications.

Chapter 11: Discussion of Findings

Introduction

The previous chapters presented a synthesis of key themes that emerged from the interviews with prisons and prison health experts in England. This chapter links those themes and discusses how austerity and its backdrop of neoliberalism have impacted prison health governance and delivery of prison healthcare in England. It does so by juxtaposing key issues arising from the Findings chapters with theoretical and conceptual perspectives introduced in the Literature Review chapters. It also discusses the applied implications for prison health policy.

11.1 Central arguments

This research is the first in-depth, qualitative study exploring the impact of macroeconomic austerity on prison health governance and delivery. The sample included 87 prison health experts in England, international (N=29) and national policymakers (N=27), prison governors and officers, as well as representatives from prison health services (N=31). Using interdisciplinary lenses from public health, criminology, social policy, law, politics, economics, and sociology generated a theoretical framework utilised to derive central arguments of this thesis.

Austerity unravels a series of six political paradoxes that have shaped and constrained prison health governance and delivery of prison healthcare in England. These paradoxes point to discrepancies between intentions of austerity and the actual implementation of the austerity measures post-execution. The false political narratives revealed are not only untrue but also damage English prison health governance and delivery.

First, the chapter discusses the paradox of austerity that politicians have claimed to be inevitable and necessary. Their justifications for making fiscal cuts that were portrayed as requisite to prevent economic profligacy, the argument for rejecting excessive government expenditures and debt, and increasing use of privatisation to reduce costs will be confuted. Second, it will expose the peculiarity of prison health governance and delivery, especially the extent to which it operates within a prevailing structure that prioritises top-down hierarchies and punishment over collaboration and rehabilitation. Third, concurrent with the implementation of austerity, is deterioration in prison leadership as revealed via transient political leadership of prison service, as well as the rampant growth of prison gangs and serious organised crime groups across English prisons. Cumulatively, these phenomena pose a challenge to English prisons' command-and-control governance and thus impact the governance and delivery of adequate healthcare in prisons.

Fourth, in contrast to the claim that 'we are all in this together' (Cameron, 2010a), this research demonstrates how the poor continue to bear the burden of austerity.

Using the market as a political compass, participants commented on the withdrawal of welfare services from the community, as well as a deindustrialisation process that forced penal institutions to become first responders. Fifth, the paradox of the government's existing responses towards prison instability—manifested as the by-product of austerity implementation on prison service—will be revealed. The praxis of building additional prisons, recruiting new prison officers, and blaming psychoactive substances masks the root-cause of system instability—which is the withdrawal of resources from prison service—and merely coheres with its neoliberal vision. Sixth, the paradox of establishing scrutiny mechanisms to monitor prison operations continually is that these scrutiny mechanisms remain unable to hold the government accountable for deterioration in governance and delivery of healthcare across English prisons.

Overall, this study demonstrates that austerity has failed to reduce the burgeoning national debt, control governance and delivery of healthcare services in an effective and efficient fashion, and improve prisoner health in England. Yet, after over a decade of producing the same results, the government remains reluctant to dispense with this failed agenda. The foregoing are the central arguments that this chapter revisits.

11.2 The paradox of austerity and cost-saving

The findings of this study point to the paradox of austerity as an imperative economic measure. Participants identified two fallacies that politicians used to support austerity: 1) the need to balance the economy and 2) the government approaching a hard limit on its ability to borrow. Participants also reflected on the impacts of the implementation of austerity on both prisons and prison health. They further declaimed the paradox of cost-savings via increasing preference for privatisation.

11.2.1 The paradox of austerity as imperative

Most participants agreed that austerity meant government funding cuts directed at public services. Their understanding of austerity ran parallel to the early definitions of austerity as strict financial discipline (Anderson and Minneman, 2014; Bramall, 2013; Fontana and Sawyer, 2011; Ortiz et al., 2011; Schui, 2015). These early definitions of austerity also intersect with the UK government's argument that a decrease in state spending will stimulate economic growth (Gamble, 2014). On the surface, such reasoning appears definitive, pragmatic, and free from ideology, while at the same time creating the opportunity to raise doubts about the financial sustainability of the welfare state (Farnsworth and Irving, 2018).

Following the execution of the 2012 Benchmarking Programme that sought to reduce workforce size without reducing prison population (House of Commons Justice Committee, 2012), several participants close to the delivery line witnessed overstretched and impoverished healthcare service compared to the pre-2010

austerity era. They questioned the political rhetoric of ‘the need to balance the economy’. Their cynicism runs parallel to the extant political economy literature. That work points to the voluntary, pre-emptive deflation efforts by the UK government, which is similar to what the Troika inflicted on Greece, Ireland, and Portugal as part of their bailout conditions (Gamble, 2014; Schrecker, 2016). There was no requirement for implementation of austerity in the UK (ibid.). Yet, despite the absence of any economic evidence, the politicians executed their own version of austerity, signalling British exceptionalism. Based on participants’ understanding, misleading political narratives focused for the need to balance the economy by affording the financial market to dictate a decrease in public sector spending and avoiding an increase in taxes to ensure that the government could continue to borrow at reasonable interest rates (Gamble, 2014; Midgley, 2014).

Some participants also ridiculed the validity of the “maxing out the national credit card” rhetoric. Yet, austerity does not reduce debt. In fact, participants argued that national debts increased despite austerity. Thus, this finding builds on Blyth’s (2013) argument that austerity measures in Romania, Estonia, Bulgaria, Latvia, and Lithuania coincided with increasing debt. Despite a decade of austerity, the UK debt ballooned rather than dissipated. The debt-to-GDP ratio was 74.7% in 2010 before the economy felt the impact of austerity (Office for National Statistics, 2021b). By 2019, the ratio had increased to 84.6% (ibid.). Debt was a vehicle for imposing austerity measures (Blyth, 2013; Klein, 2007). Yet, a decade of austerity has engendered an annual financial gap in state finances of £180bn per year for the UK government following several high-profile bank bailouts suggestive of corporative welfare (Farnsworth, 2018), including the Royal Bank of Scotland, Lloyds TSB and HBOS. Such a contradiction also exposes the distinctive nature of neo-austerity following the 2008 financial crisis: despite the effort to restrict public spending to prevent burgeoning national deficits, austerity has enabled the implementation of measures to support and promote private actor interests (Davies, 2016; Farnsworth and Irving, 2018; McBride and Mitrea, 2017).

Some research participants argued that the absence of feasibility assessments prior to austerity made the fiscal cuts possible to be executed without safeguards. This assertion builds upon arguments that assessing the robustness of the distributional impact of spending cuts on public services was impossible (HM Treasury, 2018; O'Dea and Preston, 2010). Despite the political narrative attempting to justify austerity as economically unavoidable, several participants noted that the scale and timing of these state expenditure rollbacks were opportunistic. To participants, predicting with precision the impact of the target to achieve £900 million savings by the end of 2015 was unfeasible without any prior analysis or evidence (European Public Service Union, 2016; NOMS, 2015). Despite the imposition of the mandatory savings, the rate of incarceration remained constant. Several participants operating within a commissioning mandate were adamant in their commitment to financial prudence. Yet, they reasoned, in the words of Participant 35 (a regional health and

justice lead of a national health organisation), that they had “no alternative but to simply go ahead with the austerity plan of the government”. Without credible evidence to engage in cost-saving measures, participants sensed that they had to execute unprecedent cost-cutting measures without a viability assessment.

Several participants also recalled how the government tended to blame previous Labour governments (which had held office between 1997 and 2010) for leaving the country in a severe state of debt, thereby making austerity seem unavoidable (Gamble, 2014). The government aligned itself with many right-wing economists who argued that the state should suffer the consequences of its financial mismanagement in preceding decades (Bennhold, 2009; Konings, 2009; Panitch and Konings, 2009; Thompson, 2013). This alignment gave the government credibility and signalled that it—unlike its predecessors—was capable of managing finances (Buller and James, 2012; Gamble, 2014; Hayton, 2014; Jabko, 2013). Moreover, this was also considered a public relations exercise in placating the general public by highlighting the necessity of austerity. The irony is that, after a decade of austerity, austerity measures have remained in place, albeit in a more draconian fashion with an increased level of debt compared to a decade earlier.

11.2.2 The paradox of cost savings via increased privatisation

The increased prison and prison healthcare privatisation is a trait of neoliberalism that intersects with austerity programmes that demand cost savings. Yet, study participants exposed misconceptions of cost savings using private sector providers. They also railed against the moral legitimacy of their delivering punishment on behalf of the state, as well as service efficiency and quality.

From a moral standpoint, many participants from different levels of prison health governance and delivery agreed that the state, rather than a private organisation, should manage punishment. Consistent with Corcoran (2014), they argued that the state is morally responsible for prisoners’ health and welfare when administering punishment and that such a responsibility should not be outsourced to private contractors. However, this sentiment is not shared by the government, as it is keen to outsource public services per its neoliberal perspective. Thus, those participants in a commissioning position often argued that they had no alternative but to appoint the best provider for delivering penal services, irrespective of providers’ organisational arrangement. Section 9(4) of the Public Contracts Regulations 2006 requires commissioners to employ competitive bidding in the procurement process for services costing at least €134,000 (or ~£117,552). Moreover, the Health and Social Care Act 2012 allows “any qualified provider” to manage public services. These two statutory instruments mandate that procurement processes must provide equal access to all potential bidders and remove bureaucratic obstacles. Doing so invokes public procurement as part of the competitive and deregulatory processes to permit the government to relinquish its oversight power to the private sector (McGregor, 2001). The outcome has included a 16% increase of £6.8 billion in HMPPS

expenditures on private contractors (HMPPS, 2019a; Ministry of Justice, 2009) and a 29% rise of £9.2 billion on private health providers in 2018/2019 (Department of Health, 2015; Department of Health and Social Care, 2019). The cost savings agenda during austerity seems to have played a role in this explosion of private contractor involvement in the penal system.

A few participants from the advocacy and monitoring fields observed that privatisation offers reduced scope for accountability. According to these participants, private contractors typically hide behind the veil of commercial confidentiality to avoid data sharing and scrutiny that could enable monitoring of their services. Absence of accountability and ownership by both the HMPPS and their private contractors is consistent with Harvey's (2010) contention that neoliberalism leads to a consolidation and centralisation of power in the hands of a few institutions that escape public control. As such, it illustrates a democratic deficit (Chomsky, 1999) representing a fault line in governance structure. The self-scrutiny of private sector providers has raised the question of objectivity and conflict of interest. For instance, Participant 84, a director of a closed private prison, claimed that the monitoring framework imposed on private prisons was more stringent compared to public sector prisons. However, this scrutiny was predominantly undertaken by their own internal audit teams, which raises the question of objectivity and conflict of interest. This study found parallels with Australian studies that have demonstrated that the absence of oversight frameworks and little to no quality control of private security operators can undermine the image of the penal sector among the public (Andrew and Cahill, 2007; Baldino, et al, 2010).

Because markets are not self-correcting and cannot provide appropriate quality control (Fitzgibbon and Lea, 2018), many participants operating in a commissioning capacity felt that they had to safeguard meeting health needs of prisoners from private organisations' desire to deliver services commercially. Acting as gatekeepers (Lipsky, 1980), they imposed close monitoring on private contractors, although they were conscious that doing so would inevitably increase transaction costs. This behaviour illustrates that, notwithstanding previous research, there are no significant differences in cost savings between public and private prisons (Le Vay, 2015). Indeed, this study's findings provide evidence that is counter to austerity's putative cost-saving rationale and the government's desire "[…] to secure new services to improve existing service delivery, encourage innovation and drive value for money" (Ministry of Justice, 2011, p.4). Some participants from private sector organisations admitted to removing prison employees' sick pay and pensions to benefit immediately government's expenditures. Nonetheless, this research provides a caveat that privatisation of prisons in England could potentially increase government monitoring costs in the long run and impede cost-saving and efficiency during austerity.

Also, participants questioned in two ways the stability of prison health governance and delivery within the structure of penal commercialisation. First, they had serious doubts about de-prioritisation of some services over others vis-à-vis the interests of the private companies. Second, they argued that private organisations were more innovative than the public sector, those from private healthcare organisations readily queried the relationship between profit margin and access to prison healthcare delivery. Participants claimed that penal commercialism and rehabilitation of prisoners were antipodal to each other: one based on financial opportunities, and the other on needs. Although prison contractors in England have been shown to project efficiency through reduction of employment costs (Hermann and Flecker, 2012; Sachdev, 2004), this study found that it did not lead to superior quality. Participants contended that health is a common good, but privatisation and austerity put this ethical argument in jeopardy; indeed, they regard it as being incompatible with market-based strategies for its distribution. The transactional nature of this approach prioritises profit over a social agenda; businesses have reduced impetus to rehabilitate prisoners entrusted to them (Andrew and Cahill, 2007; Feeley and Simon, 1992). This finding builds on Saldivar and Price's transatlantic study (2015) that found that privatisation financially benefits private prisons at the expense of prisoners. However, this phenomenon is antithetical to the prison rehabilitation agenda. The finding also adds to recent evidence that there are a small number of private prisons where the HMPPS rather than NHS England directly commissioned healthcare (House of Commons Justice Committee, 2019b). Several governors have raised concerns about worsening standards of healthcare in these prisons, as they were not subjected to the NHS England delivery framework (ibid.). Overall, privatisation seemingly serves to depoliticise the use of imprisonment through economic logic, desensitises the state from its welfare obligation, and camouflages health governance and delivery in a commercialised structure.

In discussing privatisation, some participants expressed concerns regarding a series of events that demonstrated the failure of private contractors in delivering their promises. These included the following: 1) the transfer of HMP Birmingham from G4S to public sector prisons due to excessive violence and poor standards (Ministry of Justice, 2019a); 2) the recent enquiry highlighting the poor performance of private contractors in reducing reoffending post-release; and 3) the bankruptcy of Carillion, which managed facilities in prisons across the southern England. Taxpayers paid an estimated £72 million for these services (Sasse et al., 2019). Participants' perspective denotes the continued corporate welfare approach in which private businesses continue to be heavily state-subsidised (Farnsworth, 2012; 2013). These foregoing three events provide an early warning that privatisation might cost more in the long run, as the government continues to subsidise those firms' failures. The debacles of G4S, community rehabilitation companies, and Carillion have diverted public expenditures from entities in need (Dawkins, 2002; Farnsworth, 2012; Nader, 2000). Yet, despite its poor track record across the English criminal justice system, forecasts indicate private contractors will occupy an increasingly significant role in

the penal landscape following an outsourcing plan for two new prisons, HMPs Glen Parva and Wellingborough (House of Commons Library, 2018b; Ministry of Justice, 2019f). Participants felt given the results to date, continued privatisation is evidence of political irrationality.

11.3 The paradox of prison health, within a punishment structure during a time of austerity

Continuing our discussion of paradoxes, how prison health is managed during a time of austerity reflects three strands: 1) the impact of austerity on prison healthcare delivery despite prison health funding remaining stagnant; 2) the stability of equivalence in delivery of prison healthcare services; and 3) the focus on punishment's jettisoning the prison health agenda. These phenomena will be examined vis-à-vis deterioration in stagnant funding and workforce, as well as decreased prisoner access to healthcare and their living environment and safety.

11.3.1 Stagnant prison health funding

Although NHS England's funding appears to fall under the category of non-discretionary funding, in that it has not been subjected to a direct financial cut (NAO, 2017; Streeck and Mertens, 2013), many participants observed how the maintenance of this level of funding throughout the period of austerity increased the strain on services as the volume and complexities of prisoner health soared. Participants responsible for delivering healthcare services paid less for staff and opted for volunteers, thus reducing service levels. These conditions provide contextual intelligence that supplements official reports of a real-term decrease in health funding, which simultaneously affects prison health funding (Marmot, 2017; New Economics Foundation, 2018; The Health Foundation, 2019). This situation is occurring even when epidemiological evidence attests to the augmented burden of the presence of diseases among prisoners compared to the general public (Dolan et al., 2016; Fazel et al., 2016; Forrester et al., 2013; Herbert et al., 2012; Ritter et al., 2011; Stürup-Toft et al, 2018).

As several participants argued, the constant cycle of commissioning and procurement, as well as poor and unsafe working conditions (such as healthcare staff being subjected to assaults and poor pay), impaired the prison healthcare workforce and eliminated the focus on prison healthcare workforce planning. This finding corroborates official statistics that demonstrated a shortfall of 39,520 nurses (NHS Improvement, 2019), with 45% of prison nurses indicating that staff shortages compromised the care that they could provide (House of Commons Select Committee, 2018). Also, the most recent CPT inspections of English prisons documented numerous unfilled GP positions and healthcare staff posts (CPT, 2020a).

The majority of the healthcare staff taking part in this study attested to acclimatising to their poor working conditions. Maintaining safe staffing levels within English prisons requires considerably more systematic attention to workplace recruitment than has occurred in recent years. According to several participants, they had no choice but to use more expensive agency staff to deliver existing services. Given the government's desire to implement austerity as a cost saving measure, this situation is ironic. These observations point to serious inadequacies in prison healthcare—a trend that is likely to worsen, given the lack of a coherent government approach to recruitment, migration policies, and the uncertainties of Brexit (The Health Foundation, 2019).

11.3.2 The unstable notion of prison healthcare equivalency

The paradox of rehabilitation is further evidenced by prisoners' deteriorating access to healthcare. Almost unanimously—and irrespective of the level on which they operated—informants argued that the reduction of prison officers (i.e., a 30% reduction in prison staff between 2009 and 2017 (CPT, 2017; NAO, 2017)) was a barrier to prisoners' accessing prison healthcare services. These issues include prisoner inability to attend healthcare appointments, frequent postponement or cancellation of appointments, rising waiting times for treatment, and insufficient consultation time with medical professionals. The situation transcends the official reports that detailed excessive delays prisoners faced in receiving medical treatment (CPT, 2017; HMIP, 2017; HMIP, 2019; HMIP, 2020). Apart from providing the much-needed intelligence of how financial cuts impact prison healthcare delivery across English prisons, this study demonstrates that prison healthcare cannot absorb the effects of austerity that have been imposed on the prevailing prison structure. It also illuminates a close meshing between prison health and community health, both which have been witnessing deterioration in services (Nuffield Trust, 2020). Also, several participants described how the prolonged lack of access to acute and urgent healthcare services, such as operations and cancer treatment, caused in their opinion prisoner death and disability.

Given the longstanding issues concerning prisoner health, imprisonment can be an indirect form of double punishment: imprisonment plus insensitivity towards the incarcerated population's needs, owing to government-imposed austerity. This study's findings extend Sykes's (1958) theory on deprivation by illustrating how the deterioration of prison conditions and the environment under austerity exceed deprivation of physical liberty, goods and services, sexual relations, autonomy, and security through obstructed access to healthcare. The declension in prison conditions and its environment run counter to human rights obligations. These responsibilities were proposed by *Kudla v Poland* [2000] ECHR 512: the state ensures that imprisonment does not subject prisoners to distress or hardship surpassing the unavoidable level of suffering inherent in imprisonment. These

outcomes highlight the seeming acceptance of punishment and the impact of placing retribution above measures of health and well-being.

Additionally, several healthcare participants articulated the impacts of austerity on the broader NHS system. They descanted on the loss of clinical time and a ripple effect on the wider NHS performance. This situation complemented the Nuffield Trust (2020) study finding that over 75% of missed appointments were partly blamed for the lack of prison staff and engendered a cost to the NHS of £2m (Nuffield Trust, 2020). Extant research evidently idealises prison health in England: the NHS took over prison healthcare in 2006 in which the organisation underwent strategic and operational overhaul (Gatherer and Fraser, 2009; Gatherer et al., 2005; Leaman et al., 2017). However, this study finds that austerity and the wider neoliberal preference of punishment challenge the stability of equivalence. Though there has been improvement and equivalency of prison healthcare following the transition of services to NHS England, austerity impedes such possible achievements. In fact, it worsens healthcare services for prisoners. The impacts of austerity compromise governance and delivery of prison health, because well-being within a prison regime demands regime stability and consistency. These observations underscore that prison healthcare services are highly dependent on stability of prison governance; participants often reported that stability to be deteriorating.

This study attempted to provide an enhanced nuanced view of the impact of austerity by assessing the heterogeneity of the effect of austerity on the different types of prison establishments. Findings revealed that an inconsistency existed in how different interviewees viewed the consequences of austerity on a particular group of prison establishments. Several argued that austerity affected the middle-ranking closed prisons disproportionately, as the Benchmarking Exercise in 2012 left them with a fragile workforce base. A consensus emerged that financial cuts to high-security prisons could have been less impactful compared to other establishments. Several participants argued that, although most prisons experience a similar level of violence, some private prisons were newer and had better environments conducive to prison rehabilitation, with more freedom to deal with establishment-related issues compared to the public-sector-led prisons. Though austerity impacts all prison establishments, some were more resilient in absorbing the government’s fiscal cuts.

11.3.3 Prioritisation of punishment over health

Most participants, irrespective of their governance level, stated that the shortage of prison officers had contributed to a decline in access to purposeful activities and rehabilitative environments. They observed that prisoners spend long hours in their cells without opportunity to socialise with fellow prisoners and engage in activities that were critical to their health and well-being. These observations support a catalogue of failures officials have reported regarding deterioration in the rehabilitation and living environment in English prisons over the last decade (CPT, 2017; CPT, 2020a).

The lack of access to purposeful activities is not only an inhumane condition, but it reinforces punishment in a rather disproportionate way that it also imperils prisoners' health—especially when seven in ten prisoners suffer from two or more mental disorders (Singleton et al., 1998). Participants espoused that purposeful activities might help prisoners deal with the boredom and stress of imprisonment in productive ways. Previous studies found that lack of access to such activities, segregation, and confinement place prisoners at particular risk (Guenther, 2011). This present study further connects the dots between such conditions and the reduction in prison resources. Following a decrease in purposeful activities, the rise of self-inflicted deaths rose by 37% between March 2010 and March 2020 (House of Commons Library, 2017)—although even this metric is likely to be underreported. Without acknowledging the role of purposeful activities in imprisonment, surprisingly the latest average reoffending rate is 45% for all those released from custody and 61% of those serving a sentence of fewer than twelve months (Ministry of Justice, 2020d). Participants stated that, despite the claim from the Ministry of Justice that imprisonment reduces reoffending via rehabilitation programmes (ibid.), lack of access to opportunities for education, employment, training, and volunteering infers that the government has minimal interest in using rehabilitation as a core driver for reducing incarceration rates.

Further evidence of prioritisation of punishment over health is seen via participants' accounts of how overcrowding imposes degrading prison conditions and that confinement within poorly maintained cells can accelerate the progression of diseases. Although prison overcrowding has been an issue in England since 1990—and predated austerity (CPT, 2020a)—warehousing people due to austerity emphasises punishment over rehabilitation. The global COVID-19 pandemic has magnified the poor living conditions within prisons by exposing these institutions' vulnerabilities to infectious disease outbreaks (Burki, 2020; Kinner et al., 2020). Cases and deaths linked to COVID-19 are emerging in English prisons (HMPPS, 2021c). Indeed, prisoners remain at considerable risk (Ismail and Forrester, 2020b), with the latest statistics revealing a total of 6,007 new cases at the end of December 2020 (HMPPS, 2021c). This is a 39% increase from November 2020 (ibid.). Overcrowding issues juxtaposed with poor resources and rigid security processes can delay the pandemic's diagnosis and treatment (Burki, 2020; Ismail and Forrester, 2020b; Kinner et al., 2020).

According to many participants, longer in-cell time is related to a rise in the number of riots, assaults, acts of self-harm, and suicides. This narrative is consistent with official statistics showing a 53% increase in assault and a 61% growth in self-harm incidents between 2010 and 2020 (CPT, 2020a, Ministry of Justice, 2020f), as well as coordinated riots that took place at least once a day in 2015 (House of Commons Justice Committee, 2016). Given the poor recording practice across prisons, the foregoing metrics are likely underestimated. Beyond the direct impact of such incidents on the targets of violence, they create a general feeling of danger among

prisoners, thus fomenting a negative psychological impact (HMIP, 2017). Because these marked reductions in safety show no sign of abating, interviewees predicted higher rates of such incidents, as well as a rise in reoffending and radicalisation. The denouement will be a heightened risk of inflicting torturous, inhumane, and degrading treatment on both prisoners and prison staff.

Furthermore, participating prison officers stated that staff reductions impeded stanching the flow of psychoactive substances. There is an insufficient number of prison officers to curb the drug supply (e.g., conducting drug searches and intelligence gathering) and an increased demand among prisoners for drugs to cope with their poor living environment. Prison officials seized psychoactive substances in 6,699 instances in 2019, a dramatic increase from the 15 recorded seizures in 2010 (Ministry of Justice, 2019b). This study provides augmented nuance to the official reports concerning psychoactive substances. It does so by detailing a catalogue of issues arising from the use of these substances by prisoners: a surge in medical emergencies, an anticipation of more frequent acts of violence—thus fostering fear and intimidation among prisoners and staff—hindrance of healthcare staff's delivery of planned activities, heightened attention to medical emergencies, use of external healthcare resources (e.g., ambulances), and the undermining of key working and healthcare interventions on prisoners. This study's finding that deterioration in prisoners' access to healthcare, purposeful activities, a rehabilitative living environment, and safety comports with Wacquant's (2002) contention that the structure of prisons influences determinants of prisoner health diurnally.

11.4 The paradox of top-down stable and structured governance

This study highlights the paradox of the top-down governance. In so doing, the participants revealed a discrepancy in 1) legal accountability between ministers and governors and 2) level of independence of civil servants. Additionally, they revealed how top-down governance shapes and constricts English prison health governance healthcare delivery. Despite the governance, participant accounts attested to the growth of informal governance in the forms of prison gangs and serious organised crime across English prisons. Collectively, these unfolding events impacted the prison health governance and delivery of healthcare in English prisons in both direct and indirect fashion.

11.4.1 Accountability and independence of civil servants

Many participants spoke about the power of justice ministers in dictating the policy and delivery of English prisons, although legal responsibilities rest on the prison governors. Section 11 of the 1952 Prison Act holds prison governors as the guarantors for all activities taking place in the establishments they managed. According to the informants, civil servants are expected to obey politicians' objectives. This practice aligns with Gramsci's (1971) hegemony theory of ideological incorporation, as well as with Terry's (1995) contextual definition of

autonomy and later Boin's (2001). Critical realists such as Scharpf (1997), Hay (2002), Marsh (2003), and McAnulla (2005) have noted that the polity context of the British political system is significantly affected by structured inequality—specifically, the continued concentration of power in the hands of central government. This concentration is especially true among those with ministerial controls and thus directly relevant to prisons. Participants averred that policymakers, prison governors, and prison officers cannot be viewed as independent from the state, which plays a key role in running England's prisons.

Participant narratives highlight the tension within the literature on the independence and constriction of civil servants. Social policy scholars (e.g., Gash et al. 2010), theorised that public bodies depoliticise political decision making, improve independence of civil service to make decisions, and allow the government to access bureaucrats' skills and expertise. However, several participating governors described examples of thraldom to their superiors by selecting their battles carefully and treading cautiously between conformity and resistance to the prevailing political power, which might go against their aims as leaders. Austerity distorts the perceived power of prison governors, thus revealing an incorrect perception that prison governors enjoy a degree of discretion in running their establishments (Cheliotis, 2006; Liebling and Arnold 2004; Twining and Miers, 1982). As early as 1984, Chapman argued that prison leadership should be reserved for ministers, as ministers expect civil servants to execute the ministerial visions. Per the Learmont Report in 1995, ministerial involvement will typically be relatively high compared to other public sector areas—a situation that continues today—which contradicts Gash and colleagues' (2010) theory on the autonomy of the civil servants.

The temporal nature of ministerial tenure adds to the problematic nature of the command-and-control governance of prisons in England. Many policymaker participants observed that the country had seven Justice Ministers between 2010 and 2019 (HM Government, 2020a), who created what they called 'butterfly' policies— moving from one policy reform to another. These butterfly policies, especially when new policies were introduced in an ad hoc way prior to completion of previous reform agendas, contributed to systemic reactivity and further instability. Other portfolios, such as Health and Housing, had less than one-half the level of turnover in the same period (HM Government, 2020b). Ministers are typically transient, regularly moved for strategic political reasons, thus making coordination of governance and delivery challenging (Flinders, 2002). This study builds on Flinders' (2002) contention by showing the impact of these temporary ministers. Specifically, it perpetuates reactivity of reforms in which their execution rests on transitory figures who often have not had prison leadership experience. This situation clearly allows ministers to detach themselves from responsibility in the event of a crisis. It also perpetuates the irony that prison governors are legally responsible for prison leadership when they were merely conforming with the political mandates of the justice ministers.

The findings of this study also challenge the idealistic perception that civil servants are independent from political interference. Several local-level participants accused their senior management of being complicit with ministers. They criticised the pervasive deference of these officials to the ministers, describing senior management of HMPPS assuaging the ministerial plan rather than honestly describing how austerity affected the ground-level operations. The findings of this study oppose Sparks and Bottoms' (1996) theory of a representational dimension: behaviour of officials typically represents the bureaucrats' view of the prison system as a whole. Participants described 'sycophant', 'kiss-ass', and 'yes sir attitudes' affecting senior management who colluded with the politicians. The failure of the HMPPS upper echelons to manage ministerial expectation aligns with Gramsci's (1971) theory of how elites control state apparatuses to disseminate the values that reinforce their ruling position and the hegemonic project of neoliberalism. In revealing this phenomenon, the epistemological basis of the study allows for exploration of multiple truths and varying perspectives, even by those operating within one government department.

11.4.2 The paradox of top-down governance's shaping and constriction of prison health governance and healthcare delivery

The findings of this study also demonstrate that the prison health system depends on the political compass of incumbent politicians. Conforming to a Weberian theory of bureaucracy as an iron cage that denies staff autonomy (Weber, 1930), participants articulated that the whims and fancies of these politicians dictated the delivery of healthcare in prisons. Specifically, ministers' policies on sentencing, streamlining of the running of prisons, increasing size of prison estates, and lack of scrutiny of the relationships of the UK with the European Court of Human Rights were predicated on their capriciousness. Informants also described Gauke and Gove—who served as justice ministers in 2015 to 2016 and 2018 to 2019, respectively—to be on a liberal spectrum, but they saw Grayling (2012 to 2015) as authoritarian—based on their observations of the reforms executed for prisons over the last decade. As a result, the study shows that, given the high throughput of ministerial figures, prison service continues to be ill-equipped to translate vague and conflicting goals into integrated actions.

This research further demonstrates how the prevailing political determinants for prisons will trump the dispersal mode of governance of health services. Similar to the top-down imposition of the economics of austerity, governance of prisons possesses a command-and control structure. It often collides with the execution of prison healthcare delivery, which is based on a more dispersed governance model than prisons. Participants mentioned navigating this tension. Social policy literature dismisses the hierarchical nature of governance and instead embraces self-organisation, interorganisational cooperation, fluid interaction with stakeholders, and autonomy (Bevir and Rhodes, 2003; Fidler, 2007; Kooiman and van Vliet, 1993;

Rhodes, 1996). Bevir (2009), however, qualifies this assessment as there is a possibility of an exception to this generalisation—a discussion that is relevant to the prison system. Although Marks (2014) claims that command-and-control management techniques are not best suited to complex systems (e.g., healthcare), this research registers an exception to the existing literature. In particular, the prevailing political determinants are external to the NHS England remit (e.g., prisons) and will thus trump the dispersal mode of governance of health services.

Participants' observation of how the command-and-control prison structure trumps prison health governance and delivery is dramatised through the lack of coherent aims of imprisonment. The generalist nature of Rule 3 of the Prison Rules of 1999, which state that the purpose of prison service is to encourage and assist prisoners to lead a good and useful life, has been criticised as providing unfettered discretion for the Justice Ministers to dictate the purpose of imprisonment (Livingstone et al., 2008). Policy documents have further highlighted the purposes of imprisonment. HMPPS (2021a) states that the functions of imprisonment are to execute court sentences, prevent further victimisation, and reduce reoffending via rehabilitation programmes (e.g., education, employment). However, the need to provide healthcare and well-being provisions has not been explicitly acknowledged within these official intentions. Furthermore, HMPPS priorities around security and public protection, as well as the managerial emphasis on cost-savings and efficiency to appease taxpayers (Liebling and Crewe, 2012; Loader and Sparks, 2002), often takes precedence over the prison health agenda of NHS England. Such political interference provides evidence of a classical theory on favourable agency myth: politicians can appear to be supportive of altruistic goals and yet those goals are impossible to achieve given political preferences and resource constraints (Lipsky, 1980). This study finds a mismatch between politicians' will and resource constraints of public service, with the official goals and practices of the prison health agenda usually being portrayed as altruistic and civilised. A misalignment between the policy that recognises rehabilitation as a penal driver and extant resource constraints reinforce the conflict between 'policy-in-form' and 'policy-in-use' enacted on the 'frontstage' and 'backstage' of policy formulation and implementation. Similar to Diamond et al. (2016) and Pierre and Peters (2020), authoritative and hierarchical governing remains relevant, which has shaped and constricted England's prison health governance and delivery.

Participants' responses reflected the extent to which the state dictates the minutiae of prison health delivery. Albeit indirectly, it frustrates the notion of equivalence—by which prison health service provisions should be equivalent to community health services (WHO, 2014). The problem of equivalency is underscored by a participant's observation of how a minister dismissed evidence on offending, mental health, and drug misuse issues among prisoners that would have been useful in supporting cases for healthcare equivalency. Another participant noted that a minister who, upon learning that his prison was seeking to digitalise day-to-day activities, objected

because there were individuals in the community who did not have access to computers. This observation runs parallel to the ‘less eligibility principle’: conditions in prisons should not be as good as conditions in the community’s labouring poor (Sim, 2002). In fact, underlying the structure of prison health governance and delivery is the state’s choice whether to exercise its power over health governance and the extent to which the state sees fit to align prison health governance and delivery with the prevailing political ideology (Holden, 2011; Peck and Tickell, 1994; Vayrynen, 1999).

This study finding confirmed the academic observation that the rehabilitation ideal has been politically attacked for being insignificant, soft on crime, and ineffective in reducing the extent of reoffending (Cullen and Gendreau, 2001; Hollin and Bilby, 2007). This development, then, reinvigorates punitive practices that stressed punishment, incapacitation, and deterrence (Garland, 2001; Pratt, 2007) via a top-down structure that trumps prison health. Though the concepts of government without governance were in fashion in the 1990s (Rhodes, 1996), they tend to leave limited space for domination of one government agency over another. This study highlights an urgent need for a new definition of governance that seeks to mesh the theoretical representation of the prison health system and structure with the empirical manifestation of adaptation towards political activities or pressures.

11.4.3 The growth of informal governance: prison gangs and serious organised crime groups in English prisons

Despite the hierarchical nature of prisons, the top-down structure that has dominated is being replaced by another governance structure: prison gangs and organised crime groups. The growth of these informal governance structures has coincided with escalation in drug use within prisons, a domino effect created via a reduction in the number of prison officers—which has weakened the structure of institutional governance.

Building on previous research (Gooch and Treadwell, 2020; Maitra, 2010; Skarbek, 2011), this study demonstrates the sophistication of the microeconomic structure of organised crime. The findings show how gangs thrive in English prisons and reveals how criminal groups sustain a monopolistic market through coercion and violence. This study also highlights an important new finding: these groups prey on vulnerable staff and traffic drugs via former prisoners. Habermas’s (1973) crisis of legitimacy theory explains and conceptualises the lack of detection and enforcement that has resulted from having fewer prison custodians. A broader crisis of legitimacy of prison governance, resulting in a loss of control of the prison institution, undermines leadership and coordinated action for health delivery.

Furthermore, several participants feared the total loss of order and governance in English prisons. They suggested that a situation similar to the Strangeways riot might occur—a riot that took place in April 1990 (Sim, 2002)—and was portrayed by

several participants as a consequence of prolonged austerity measures. The present findings provide a wake-up call regarding the cumulative effect of disruptions to prison authority—upending that contradicts the stable governance that is putatively a natural outgrowth of the top-down nature of England's prison governance.

11.5 The paradox of political rhetoric on tough on crime and 'we are all in this together'

This section describes the paradox of the policy of 'tough on crime' from participants' perspectives. Over the past few decades, this policy has been perpetuated by politicians. Additionally, this section will detail participants' disbelief of the political slogan that 'we are all in this together' (Cameron, 2010a) that was orchestrated during the austerity period.

11.5.1 The paradox of tough on crime

Participants traced the provenance of the tough on crime movement to the 1990s, which marked an increased use of prison as a sentencing option—a policy that has continued to fuel political debate since. The UK's major political parties have made an unwavering commitment to being tough on crime (Reiner, 2011), and politicians have repeated the message (Hough and Roberts, 2012; Lacey, 2008; Roberts et al., 2011). As participants observed, penal politics are increasingly responsive to punitive and retributive public opinion (Bottoms, 1995; Loader, 2010; Pratt, 2000).

Several participants suggested that historical statutory obligations, particularly those pre-2010, seemed to have maintained the high imprisonment rate. Citing the Criminal Justice Act of 2003 and the Indeterminate Sentences for Public Protections, they averred that prison sentence lengths for several serious crimes had dramatically increased despite diminishing crime levels and police resources. In addition, the rise in the prison population stems from the successful prosecutions of historical sex offences and use of indeterminate sentences—both continue despite being abolished legally in 2012 (Prison Reform Trust, 2020). The high rate of imprisonment in England has also been maintained by the incentivised recall policy of the now-defunct Community Rehabilitation Companies. It was invoked for released prisoners not complying with their terms of releases and because of a decrease in the use of community sentences (Ministry of Justice, 2013). Statutory commitments run counter to austerity's intentions: austerity demands reductions in public sector spending, yet the unabated imprisonment rate serves to do the opposite.

This study tracks the drift in imprisonment, although existence of short sentences, criminal cases, and declining police resources are not yet systematically understood. The imprisonment rate stands at 174 prisoners per 100,000 people in England and Wales, far higher than the European average of 132 per 100,000 (House of Commons Library, 2019a). Although remaining high, the rate of imprisonment has stabilised over the last decade, partly because the backlog of court cases—currently

at 45,500 cases—has prevented a surge (Crest Advisory, 2020). Several participants blamed the expansion of the prison population on the eagerness of judges and magistrates to impose carceral sentences. This majority view parallels the Ministry of Justice's (2013) finding that those who committed violence against a person, drug offences, or sex crimes–the groups contributing most to the increase in the prison population–rarely received home detention curfew or a release on licence. A participant working as both a justice of the peace and a prison healthcare commissioner, explained that judges typically wanted to avoid custodial sentences, but sentencing guidelines constricted them. Given the current UK Prime Minister's announcement in 2019 that police resourcing would increase by 2022, that police would extend stop and search, and officials would review sentencing for serious offenders (Ministry of Justice, 2019f), conceivably the imprisonment rate will continue to grow.

Despite the political orchestration that 'prison works' (Parliament UK, 1993) and that crime is falling because of the incapacitating effects of prisons (Green et al., 2003), this study provides further evidence that being tough on crime does not reduce crime nor reoffending. A mere 17% of respondents considered crime to be an important issue in the UK today, compared to 25% in 2010 (Ipsos Mori, 2015; Ipsos Mori, 2019). Attention during that epoch focused on issues related to immigration and Brexit (ibid.). Nearly seven in ten respondents in the nationwide Crime Survey for England and Wales believed that prison was ineffective in punishing those guilty of crimes (Ministry of Justice, 2015), thus refuting the politicians' contention that prison works to deter crime. Additionally, reoffending rates continue to be high: 45% for all those released from custody and 61% for those serving a sentence of fewer than 12 months (Ministry of Justice, 2020d). Despite the absence of evidence demonstrating that imprisonment reduces crime rates and reoffending, the government continues to advance penal drift by stating that 'there are no plans to end short term prison sentences' and that 'sentencing must match the severity of the crime' (CPT, 2020b). Additionally, the government responded to condemnation of the CPT after its inspection of England's prison in 2019 by stating that it 'does not propose to set arbitrary targets for reducing the prison population' (ibid.). Despite evidence that it does not work to abate crime rate, this defensive response signals further expansion of imprisonment.

11.5.2 The irony that 'we are all in this together'

Despite then-Prime Minister David Cameron's claim that 'we are all in this together' (Cameron, 2010a), this research demonstrates that the burden of austerity is not experienced equally. This fact is manifested in two ways: 1) the withdrawal of welfare services from the community and 2) deindustrialisation processes during the austerity period. Both phenomena signal a state withdrawal from the economy to allow the market to dictate the fate of the population—a key feature of neoliberalism—by pushing the penal system to become the safety net for vulnerable

individuals. It reaffirms the irony that ‘we are all in this together’, especially when those who engineered or profited from the asset bubbles do not bear the brunt of the resulting austerity; rather, workers and the poor do (Callinicos, 2012).

A small number of participants argued that the loss of social and welfare services in the community forced penal institutions to become first responders. They traced this development to removal of funding from local authorities—especially social protection spending—upon which communities were dependent. There was a one-third reduction in local authority budgets between 2010 and 2015 and another 56% decrease in central grant funding to local authorities between 2015 and 2020 (HM Treasury, 2015). This reveals the established link between poverty and social exclusion that compromises health (Davey Smith et al., 2001; Marmot, 2005; Whitehead, 2006; WHO, 2014). Social issues associated with relative deprivation, including imprisonment, are strongly linked to society’s unequal income distribution. The UK’s Gini coefficient, Palma Ratio, Top 1% share, S80/S20 ratio, and P90/P10 ratio point to an increase in income inequality between 2010 and 2019 (Office for National Statistics, 2021a). Homelessness is up 60%, fitful sleeping has risen 134%, and use of food banks has increased four-fold between 2010 and 2018 (UN General Assembly, 2019). The social gradient in health illustrates that the lower a person’s social position, the worse his or her health (Marmot, 2020; Wilkinson and Pickett, 2009). Participants argued that these individuals arrive at penal institutions possessing extraordinary complex health and social needs that have gone unmet owing to diminished community services from austerity.

These participant remarks support the conclusion that poor health of prisoners is partly a by-product of their experiences before entering incarceration. Prisoners predominantly come from the most deprived sections of society, and they bring their poor health into prisons (Marmot, 2005; Spencer, 2001; Whitehead, 2006; Williams, 1995; WHO, 2014). Many of the entrants in the criminal justice system have little education, low incomes, meagre employment opportunities, transient abodes, and unstable relationships (Prison Reform Trust, 2019). During a time of austerity, these experiences are even more pervasive and have a compounding effect on the population’s health and well-being, particularly when community assistance has been withdrawn owing to austerity measures of the government. Such consequential precursors cause neglect, inequality, and discrimination—all which prisoners cumulatively experienced. As Wacquant (2000) argued, neoliberalism doubly regulates the poor: by welfare conditions and sanctions and through the criminal justice system. When the function of the welfare state withers, the penal state flourishes in its place (ibid.). Participants articulated a closer meshing of conditional welfare and criminal sanctions over time, where the majority of English prisoners come from deprived areas and have experienced unemployment, homelessness, and poor health and well-being.

A parallel body of work exists that notes that imprisonment is as an opportunity to improve prisoner health (Crewe, 2005). This view is consistent with Goffman's (1968) importation theory. It proposes that prisoners bring their life experiences into prison and that these experiences must be addressed during imprisonment. In fact, Wacquant (2002, p.388) has argued that health in prison or jail facilities cannot be described as 'distortive and wholly negative' because imprisonment acts as a 'stabilising and restorative force', especially for those with many barriers to accessing healthcare in the community. However, the findings of this study contradict this argument. Leaving a citizen's need for healthcare so underserved in the community to imprisonment is illogical. Study findings illustrate the *raison d'etre* of prison in its current form is punishment, not rehabilitation. Penal institutions lack the moral and financial means to assume the role of welfare provider, especially when access to healthcare and decent living provisions are deteriorating across English prisons. The fact that they are poor guarantors of crime prevention and reduction compromises hope for rehabilitation (Downes, 2001)—especially when entrée to healthcare is decreasing.

The process of deindustrialisation in communities that were highly dependent on manufacturing industries further exposes the irony that the burden of austerity is experienced uniformly. Several participants observed how deindustrialisation of the 1980s, the failure of miners' strikes, and the long decline of working-class agency through the trade union movement have left them vulnerable (Milne, 2014). This observation supports existing research that suggest the impact of austerity is most severe in areas with high levels of deprivation (Beatty and Fothergill, 2017; Clifford et al., 2013; Jones et al., 2016; Taylor-Robinson and Gosling, 2011). These phenomena typify neoliberalism: allowing the market to dictate outcomes that led to deindustrialisation and withdrawing assistance to the point that the government becomes insensitive to the diurnal predicament of society's members. Furthermore, one participant who was an academic and former cabinet office advisor, referenced a relationship between economic downturns and increased crime rates and incarcerations among former military and those who were affected by the steel industry closures across England. This finding advances extant, but currently limited, work that has examined latent links between the effect of austerity on areas with high levels of deprivation and the diminishing social and welfare services in these areas across England. There are clearly defined patterns of social deprivation and spatial segregation in such areas (Marmot, 2020; Pacione, 1997).

In the face of inadequate community provisions for vulnerable individuals, the foregoing processes have left prisons as first responders. Although American criminologists have been quick to note how austerity and deindustrialisation in the United States reduce the lifespan of those living in poverty and exacerbate crime—thus leading to imprisonment (Linkon and Russo, 2002; Nosrati et al., 2018)—these foci have yet to be replicated in the UK.

11.6 The paradox of the current government responses towards prison instability

The government's lack of meaningful action amounts to a political paradox when the solutions cohere with its neoliberal vision. This section will discuss participants' responses towards three key governmental efforts to address prison instability: 1) building additional prisons to ease overcrowding; 2) recruiting new prison officers to instil enhanced stability in the English prison regime; and 3) blaming the rise of *Spice*—by instituting a claim that the profile of prisoners is changing—in an attempt to individualise explanation of the existing prison instability. It will also describe participants' reactions to recent political announcements asserting that the era of austerity is finally ending.

11.6.1 The paradox of the government's solution towards prison instability

As many interviewees suggested, building an additional prison space–20,000 cells anticipated by 2025 (CPT, 2020a)–disguises the longstanding issues of overcrowding and degrading living conditions in England's prisons. In fact, they argued that it would increase the incarceration rate rather than improve prisoners' safety (Garland, 2001).

Participants commented on both the volume and skill level of the newly recruited prison officers hired to restore regime stability. Following several political announcements and the subsequent publication of the Prison Safety and Reform White Paper 2016, the government allocated £291 million to recruit 2,500 extra prison officers (Ministry of Justice, 2016). Participants involved in this programme initially perceived the recruitment campaign as successful. The government managed to recruit 4,500 new prison officers between 2016 and 2019 (Parliament UK, 2020). Nevertheless, based on the testimony of the majority of participants, the recruited number did not reinstate the original number of officers from the pre-austerity era; plus, retention issues remained prevalent among this cohort.

Participants portrayed the high rate of attrition for new recruits as symptomatic of the adverse working conditions; this milieu continues to destabilise prison health governance and delivery. This portrayal supports the observation that short terms of service have increased: 38% of departures in 2019 were officers who had served less than one year, up from 31% the previous year (HMPPS, 2019b). Their descriptions also corroborated the official report that in March 2019, one-half of prison officers in England had less than five years of experience, a large decline from 22% in March 2010 (ibid.). Forty-six percent had at least ten years of experience or more, down from 56% (HMPPS, 2019b), thus reflecting the culling associated with the Benchmarking Exercise in 2012.

Beyond recruitment and retention, most interviewed prison governors and officers commented on the lack of jailcraft of these new officers. Prison officer numbers are

nearly at the same level as they were seven years ago, but the workforce is now much less experienced. Most participants, however, said that new prison officers were bereft of the physical and emotional agility or soft skills needed to perform their duties effectively (e.g., communicating with and befriending prisoners). Staff lacked the training to act as prisoners' mentors, counsellors, and social workers, despite their being required by the government to provide such support (HMPPS, 2021b). This study thus adds evidence to the phenomenon of deskilling (Royal Society of Arts, 2016). Participants also highlighted that new and inexperienced staff sometimes struggled with challenging disobedient prisoner behaviour, leading them to question the legitimacy of prison governance.

Several participants also mentioned how politicians opportunistically blamed increasing prison instability on the augmented use of *Spice*. To them, imputing prison instability to drugs alone did not address the core of the problem and masked how the reduction in the number of prison officers had exacerbated the less rehabilitative environment in prisons. Apart from being framed as an attempt to individualise the discourse on the existing prison instability, attributing problems to *Spice* rather than austerity resembles interpretive denial (Cohen, 2001): prison instability was being inputted and framed onto the use of drugs rather than onto the austerity that hindered purposeful activities and reduced workforce capacity to conduct drug searches. Extending Cohen's sociology of denial theory, Copes (2003) suggested that deniers often use denial techniques to justify their actions and simultaneously cleanse their consciences. Such denial is similar to the government's dispensing £10 million to reduce violence and restrict drugs in ten underperforming prisons (Ministry of Justice, 2018a).

In a noteworthy response, a prison policymaker participant argued that austerity did not exacerbate prison instability. Indeed, he claimed that there was no evidence confirming an association between financial reduction and prison instability. Using the lens of literal denial by Cohen (2001), the participant's proposition suggests that there is no validity to assertions that human rights infringements occur in prisons in England and Wales. The denial of the linkage between austerity and prison instability have manufactured doubt about the validity of the relationship between the two (Magnus, 2008). By arguing that there is a lack of evidence, such denialism locates itself within agnotology—or the promotion of ignorance and indifference. Denialism is a social science theory that illustrates how those in power attempt to gaslight or manipulate the public by fragmenting the reality of austerity (Proctor and Schiebinger, 2008). Demonstrating with quantitative precision that austerity is responsible for worsening prison health in England is beyond the scope of this study. Nonetheless, an overwhelming majority of participants explicitly rejected the minority claim that additional evidence was needed to prove that austerity has been a contributory factor towards current prison instability.

11.6.2 The rhetoric that austerity is ending

Nearly all participants expressed scepticism about the Treasury's announcements of the imminent end of austerity in 2019. They felt that austerity's end date would be protean as the planned date approaches and that general elections will continually motivate politicians to postpone the end date of austerity. This study's findings support existing academic and policy observations (Farnsworth and Irving, 2015; The Conservative and Unionist Party, 2017; Vina et al., 2013). Eleven months apart in 2018 and 2019, two different chancellors announced that the austerity era was ending (HM Treasury, 2019b; 2019c), without any alteration to prison and prisoner health resources. Additionally, there is recent evidence that the UK's economy has been growing for years. It had not returned to the low recession point of 2009, plus growth had exceeded 2% since 2013 (OECD, 2018). Typifying Klein (2007) and Blyth (2013), this denouement signified how politicians created their own crisis and resorted to neoliberal adjustments as solutions.

Additionally, given the absence of resource injections, several policymaking participants pointed to HMPPS's utilisation of capital spending for operational purposes. Indeed, official data shows £235 million were transferred from the capital to the operational budget between 2017 and 2018 (House of Commons Scrutiny Unit, 2018). Capital spending on prisons has focused on 'improving statutory compliance and addressing issues such as fire safety, water hygiene, and asbestos' (NAO, 2020); this is a sign that austerity remains in place.

A series of reforms that the government executed has only reorganised the existing funding allocation. Several participants explained that a new cash injection for ten underperforming prisons provided by Rory Stewart, when he was the prison minister in 2018 (Ministry of Justice, 2018a), actually was derived from other prison establishments' budgets. Many prison officers expressed cynicism about the announcement from erstwhile Prime Minister Theresa May that civil servants would receive a 2% pay increase in 2019 (Ministry of Justice, 2019e). This plan required prison governors to find 1% from their internal budget to be matched by the government's 1%. Participants described this as a token increase in resources.

Additionally, to portray that the era of austerity had not ended, some participants reasoned that the NHS funding remained below the level of demand. The government promised a funding increase of £20.5 billion for the entire NHS by 2023/2024, funded through a combination of tax increases and a Brexit dividend (Prime Minister's Office, 2018). To the participants, NHS funding was for all parts of the organisation. Given the 'Cinderella status' of prison health, some participants expressed that responding to people in Accident and Emergency and ensuring that hospitals did not detain people longer than they needed to be would assume priority.

Many participants also did not believe that austerity would cease in the wider community. They pointed to shrinking community resources, as evident through the

number of homeless and a visible dependency on food banks—both indicators that austerity persists as a policy (UN General Assembly, 2019). This austerity phenomenon indicates that the burden of adjustment is not experienced equitably; it also confirms that austerity is not abating.

Finally, informants' optimism regarding the recent promise of a cash injection was tentative, at best, because Brexit—which was to fund this injection—was expected to reduce trade flows and stall economic growth (Erken et al., 2017; Mion and Ponattu, 2019; PricewaterhouseCoopers, 2016). The Bank of England's (2020) prediction that Britain would experience its worst recession in 300 years and that its economy would likely suffer the most extreme damage of any country in the developed world from the COVID-19 crisis (Bank of England, 2020) suggest a dark future. In fact, the UK is set to weather another austerity era, as the current Chancellor of Exchequer, Rishi Sunak, announced a more than £10 billion per year decrease from departmental spending plans next year and for subsequent years (HM Treasury, 2020). In five-years' time, departments' day-to-day budgets will be £13 billion lower than had been planned in March (ibid.), which contradicts the political rhetoric that austerity is ending.

11.7 The paradox of scrutiny

Despite the continual monitoring of prisons and prison health by internal and external mechanisms, these mechanisms have had limited impact on effectively holding the government to account for implementing austerity programmes that have led to the deterioration in prison health and its supportive prison regime. This phenomenon calibrates the paradox of scrutiny: the monitoring organisations lack sufficient power and independence to instigate reforms with independent organisations—such as voluntary ones—because they are increasingly subjected to a gag clause in return for continued funding. The establishment of these institutions alone cannot constitute an effective remedy for rectifying violation of prisoners' human rights.

For internal monitoring, some civil servant participants explained that they would escalate issues that emanated from austere measures via their line management. In particular, those occupying policymaking strata reported to high-level partnership boards across governmental departments, such as the National Partnership Board (Ministry of Justice, 2018b). Those functioning across prison establishments would typically raise a series of issues with their line managers. Broadly, their activities of escalation mirror Goffman's (1961) traditional portrayal of the carceral state of hierarchical, top-down leadership, where operations are highly dependent on the prevailing stance of the government.

Subscribing to the top-down culture of prisons, the majority of civil service participants avoided using the word 'austerity' in their interviews. They discussed austerity indirectly, using phrases such as 'lack of funding' and 'working under financial pressure' to remain politically impartial. Repackaging political language as

managerial depoliticises the construct of austerity and embodies the sociological theory of implicatory denial (Cohen, 2001)—officials act as ordered, and their duty to obey supersedes their moral principles. Routinisation arises (i.e., normalisation of catastrophic events), and subjects (in this case, prisoners) are dehumanised when they are deemed undeserving members of the community. Participants illustrate how they have imbibed the neoliberal hegemony in a flawed narrative that austerity has streamlined prison service. Acceptance of this flawed view has depoliticised the political construct of austerity, as participants felt that they have no alternative but to execute the will of politicians through economic logic. Such thinking has obscured the use of austerity as a political apparatus and afforded its being subjected to limited political accountability.

Despite their membership of the PGA and POA, several participants expressed scepticism about the effectiveness of these unions. Although a minority mentioned the close links between these unions and politicians (irrespective of party politics), most participants' descriptions contained scepticism that these groups could have any effective influence on overturning the austerity measures that have been harmful to prison governance. In part, some participants felt that austerity was a political decision. Therefore, challenging prison service management on this ground would be futile. This attitude reflects previous studies that have illustrated the level of disinterest in national issues with more concern about the prison in which union members work and their immediate environment (Bennett and Wahidin, 2008).

Similarly, this study's findings highlight the ineffectiveness of the parliamentary inquiries in challenging the government's measures of austerity on prisons. Despite continual parliamentary inquiries, participants argued that their barrage of reports and the colossal number of recommendations have yet to engender effective reform across English prisons. Although the government has promised many reforms over the last decade, it has made no real effort to fulfil them effectively. This finding is in line with extant studies and exemplifies the issues of compliance of the government with parliamentary committees (Brazier and Fox, 2011; Defty et al., 2014; Rogers and Walters, 2006). This study provides initial evidence in assessing the effectiveness of these parliamentary committees in the context of prison and prison health.

Throughout this study, participants from all layers of governance emphasised the lack of effectiveness of prison oversight—such as HMIP, PPO, IMB, and CQC—that have allowed the government to continue restructuring the prison service. In turn, they noted that prison health governance and delivery have declined. Although a minority of participating governors alluded to the value of these organisations as an accountability structure for their delivery, many participants identified HMIP's failure to comment on government resource allocation issues and viewed this failure as political. A few participants felt that many issues emanated from the lack of resources for prison governors rather than from the political leaders who mandated

such decisions. They felt that the HMIP did not fully utilise the power and independence guaranteed by the statutory provision of section 5A of the Prison Act 1952 (as amended) and were directly answerable to the UN OPCAT (NPM, 2021). The findings of this study fill the scholarly gap identified by Padfield (2018, p. 57): “Little has been written on the effectiveness of prison monitoring, especially in the academic literature, and empirical studies are even rarer”. By examining the extent of effectiveness of external monitors in impacting those who work and live in prisons, this study seeks to address the lacuna that Padfield (2018) noted. It reveals that, like the UN OPCAT, the PPO and IMBs have failed to challenge the governance and commissioning of prison healthcare to ensure prisoner health and well-being. In revealing these failures, the current study contradicts earlier investigations of these boards that have presented a more favourable view of these institutions’ role in highlighting and preventing institutional abuse and upholding accountability (Bennett, 2016; Lewis, 1997; Ramsbotham, 2003).

Recent studies indicate that these agencies have a more managerial than monitoring agenda; as such, the failures of the prison service become management summaries because the agencies are becoming monitoring bodies with minimal power to sanction, compared to when they were initially established (Behan and Kirkham, 2016; Bennett, 2016; Padfield, 2018). At times, reports have led to negative media publicity, yet action and meaningful change have been absent. However, the latest HMIP report explains that one-half of the HMIP recommendations for improvement have not been achieved in 2019/2020 (HMIP, 2020). This fact suggests that inspections of prisons and their healthcare services have failed to ensure prisoner health and well-being. This study provides an alternative explanation for why organisations have failed to act on evidence of poor performance, despite a continual level of monitoring.

This study also reveals that different monitoring agencies have contradicted each other. HMIP, CQC, PPO, and IMBs have expressed serious concerns about prison staff’s failure to implement improvements following their reports (House of Commons Library, 2019b). Although these organisations have evaluated prison conditions and fostered indispensable political, policy, and public conversation about them, their conclusions have not necessarily aligned with their findings. For instance, HMIP undermined its criticism by stating that the English prison service is not entirely in crisis, pointing to the minority of prisons that were relatively safe, calm, and professional, and where staff were caring (HMIP, 2019). In contrast, in its annual report, the PPO, described the prison system as in crisis (PPO, 2017). Critically questioning why these oversight mechanisms were not in unity in challenging the government is important.

Third sector organisations that receive funding for prison health services have experienced gag clauses that prevent them from inveighing against austerity. Grounded in the Lobbying Act 2014, interviewees from this sector described such

gag clauses as ranging from a general description of a need to observe ‘confidentiality’ and ‘secrecy’ to more specific requirements such as ‘using appropriate channels of communication’. Consequences for breaching the terms of the contract include service termination. This finding adds evidence from the penal sector to the existing consensus among social policy theorists that dependencies on a state’s extensive resources and political power can force voluntary organisations to conform to a top-down agenda and solidify principal-agent relationships that could stymie their advocacy arm (Baggott, 2013; Carmel and Harlock, 2008; House of Commons Select Committee on Public Administration, 2011; Kelly, 2007; Lewis, 2005; Martikke and Moxham, 2010). As such, their ability to gain consensus from those within the government structure could be limited and the scope of negotiations for ameliorating issues concerning prison and prison health could be constricted.

Nonetheless, despite existence of gagging clauses in their funding agreements, some organisations with national presence have embraced their advocacy roots. They tread carefully between contractual obligations and conscience for advocacy and between overt and covert forms of resistance. According to participants working in these sectors, this position, is often reinforced by the size, status, and reputation of the organisation. Larger, more established organisations may be able to raise those issues and deviate from prevailing political norms without fear of legal repercussions. Smaller organisations might utilise internal channels of communication to raise concerns, as described in their contractual terms. This behaviour among smaller organisations fits within what Hall (2011) termed 'disaffected consent'. Such organisations present themselves as a legitimate partner in delivering state services, refraining from challenging their funder (Newman, 2012). This collusion reflects an abandonment of equality and justice and a mutation of these values into consumerist logic. It reproduces neoliberalism in ways that challenge the hegemonic process (Clarke, 2008; Hall, 2011; Larner et al., 2007; Massey, 2011; Newman, 2012).

Overall, this thesis sought to fill the gaps of sparse research on how prison health organisations respond when expected to incorporate neoliberal changes into their work. Reflecting on the gagging of charitable organisations (Disability News Service, 2019), as well as the statutory obligations under the Lobbying Act 2014, this study provides preliminary indications that gag clauses have increasingly crept into the work of prison health charities. It identifies a trend that can be generalised to charitable sector operations across the UK, whereby the work of members of such organisations reflects the viewpoint of their funders. As a consequence, the voices of these voluntary organisations are muted, concealed, and obscured.

11.8 Undoing austerity: Applied implications of the research

Social science excels at analysing and theorising political and social activities but not at informing policymaking. More than eight decades ago, Keynes (1936) argued that the market did not show any signs of correcting a free market economy's negative externalities. Because questions of resource allocation are too important for politicians and economists alone to determine, this chapter considers seven measures participants suggested to undo the effects of austerity on prison health over the last decade.

11.8.1 Reduce the prison population

First, all participants exhorted the government to reduce the current prison population in England. Considering that the annual average cost per prison is £38,042 (Ministry of Justice, 2017a), the state should consider alternatives to imprisonment. Consistent with prior work which has argued that prisons should house only those whose incarceration protects public safety (Mills and Kendall, 2018), participants believed that fines, community service, and diversion of prisoners with acute mental health problems to a hospital or community-based treatment are less costly, more proportionate to criminal harm, more responsive to prisoners' needs (especially for those with mental health issues), and less disruptive to prisoners' families and social networks.

In providing enhanced insight into the need to reduce the prison population, several participants also suggested eliminating short sentences and providing amnesty for petty crimes. Apart from being more financially sustainable than extant efforts, they are safer options, especially for reducing COVID-19 transmissions (and other potential pandemics) among prisoners and staff (Ismail and Forrester, 2020b). This reasoning would appeal to the right-wing groups that might object to these measures as being soft on crime.

11.8.2 Making investments in prisons and community services

Second, participants suggested making investments in prisons and community services. Apart from improving prisoners' living conditions to mitigate current prison instability, the recurring spending could address potential risk factors at early stages—for instance, via early years' interventions and mentoring of at-risk youths—which might well provide further evidential support for existing work (UN General Assembly, 2019). Doing so would inspire sentencers' confidence in awarding non-carceral sentences subject to the permitting sentencing guidance.

11.8.3 Tax on corporations and the wealthy

Third, participants proposed a tax increase on profitable corporations and wealthy individuals. Echoing Ruckert and Labonté (2017), reinforcing more progressive taxation among multinational corporations, tackling tax avoidance and evasion, and

addressing discrepancies in corporate tax rates would address the actual root of the financial crisis and highlight that being tough on crime is not financially sustainable. For instance, a negligible recovery rate of 0.05% (five pence per pound sterling) for the £5.8 billion tax evasion by multinational companies (Financial Times, 2017) could raise £29 million. This runs parallel to the most recent iteration of the British Social Attitudes survey, which found that support for 'tax more, spend more' is at 60%—the highest level in 15 years (National Centre for Social Research, 2018). The additional funding could be invested in critical services while ensuring that it fits the pattern of discourse established by the UK media and opinion leaders concerning taxation and the broader issue of resource allocation.

11.8.4 Greater transparency

Fourth, participants emphasised the need for greater transparency in economic data to expose the paradox of austerity. Consistent with Chang (2010), improving the public's political literacy will facilitate reclaiming the narrative that austerity is a political, rather than economic, imperative, and that living in conditions of economic scarcity and extreme inequality is unacceptable. Several participants' recommendations provide new nuances on framing messages regarding how prison health spending can reduce reoffending and lessen the demand for health and law enforcement services. Participants' argument of how multidrug-resistant tuberculosis bred in prison caused 20,000 deaths in Russia in the late 1990s (WHO, 2006) could be used as logic regarding the increased value that taxpayers' monies could have on a safer society if the funds are directed at improving prison conditions.

Attaching enhanced accountability for programmes to their relevant ministers (e.g., attributing the probation service failure to Chris Grayling, the erstwhile Justice Minister, who also executed the Benchmarking Exercise contributing to the existing prison instability) would improve political accountability and transparency. It would also provide a continual thread of evidence that politicians are responsible for directing governmental policies (Boin, 2001; Terry, 1995). As prisons are a hidden department compared to other public services, opening them up for increased accountability and transparency is the way forward.

11.8.5 Better data collection and publication

Fifth, participants suggested that ameliorated data collection and dissemination would facilitate the governance and delivery of prison health in England. These efforts would ensure augmented, transparent reporting of the true costs of imprisonment and violent incidents and illuminate the burgeoning prison population's latent needs—including their complex health needs (NAO, 2017).

Enhanced data monitoring would also highlight the role of private prisons and expose their actual costs to the public purse. Alongside the need for future studies determining the costs of corporate welfare for prisons and the broader criminal

justice system in England, such research would warn government actors not to accept the promises of private companies at face value, but to reduce corporate welfare and expedite the demise of private sector operations in prison health and prison service as a whole.

Moreover, conducting a thorough impact assessment to forecast the fiscal impact on prisons (and other public sector services) prior to the imposition of future funding cuts should become mandatory. Participants suggested that these analyses should be publicised to allow for media and public scrutiny. Drawing on and advancing previous research (Stuckler and Basu, 2013), when citizens can access and engage with the data, politicians can then be truly held accountable for their budget decisions and the effects of those decisions on lives and deaths in prisons. Transparency would expose the systemic government manipulations of data and political misconduct that constitute breaches in public office duties.

11.8.6. External organisations calls for a reduction in imprisonment and monitoring of recommendations for prisons

Sixth, like austerity, imprisonment is a political choice. To enable effective responses to existing prison instability, participants called for advocates and researchers to scrutinise the current government's leadership and hold decision makers accountable for their actions or inaction. Building upon existing work (Scott, 2018; Green and Ward, 2004), non-governmental organisations—such as Amnesty International and the Association for the Prevention of Torture, as well as those in the UK, such as the Howard League for Penal Reform, the Prison Reform Trust, and INQUEST— should consistently articulate the impact of austerity on prisoners, remind the state not to breach health standards, monitor compliance, and, as a last resort, name and shame human rights violators. Participants, indeed, went further by recommending establishment of an independent oversight authority to ensure proper implementation of recommendations resulting from prison monitoring and inspections. Holding the government to account through legal power could also close the crisis-reform-crisis-reform loop.

11.8.7 Legal action

Seventh, based on the successes of prisoners in invoking the European Convention on Human Rights to improve their health and well-being (Karamalidou, 2017; van Zyl Smit and Snacken, 2009), participants suggested that prisoners and their concerned others should be encouraged to initiate legal action against government austerity measures via the right to life and violation of the prohibition of torture under Articles 2 and 3 of the Convention. Courts could then assist in addressing political policies and laws and regulations that are unresponsive to legitimate demands for healthcare resources (Syrett, 2007). Inspection reports by the HMIP and CPT could be used as supporting evidence to strengthen prisoners' cases.

Some participants also suggested that prisoners take legal action via section 1(2) of the Corporate Manslaughter and Corporate Homicide Act of 2007. That section avers that the impediment of access to healthcare, as well as worsening living conditions and increasing violence in prisons, could constitute corporate manslaughter. If so, a gross breach of a duty of care would be occurring owing to serious management failures. As one participant noted, a test case is needed to ensure that legal obligations are cemented and enforced through the law, as the 2007 Act has thus far garnered minimal successful prosecution and sanction (Tombs, 2018).

Finally, prisoners' exposure to torture, cruel treatment, or punishment is a human rights transgression amounting to state-sponsored crime (Green and Ward, 2004). Irrespective of active violations of human rights or passive failures to protect individuals against violations of their rights, academics and advocacy organisations must demonstrate how prisoners' micro-experiences connect to the neoliberal state's reorganisation of markets via macroeconomic austerity and the dismantling of social security systems. The state crime caused by austerity—imposed on one of the marginalised groups within today's society—is a fertile field for health and criminological inquiry and vital for highlighting how austerity has dismantled the safety net of marginalised English citizens.

Summary

This Discussion chapter has analysed key issues arising from the research findings and subsumed them within the broader theoretical and conceptual perspectives of the debate concerning austerity, neoliberalism, and prison health governance and healthcare delivery. This study argues that austerity has exposed the political paradoxes that have shaped and constrained prison health governance and delivery of prison healthcare in England.

Austerity and imprisonment have failed to deliver their stated objectives: to reduce the burgeoning national debt rapidly and to accrue cost savings via privatisation of services. Yet, after over a decade of failure, England's government continues to pursue these avenues, producing the same results with significant political reluctance to dispense with them. Despite the maintenance of the same level of prison health funding of NHS England and the healthcare equivalency that guarantees the same level of access to healthcare for prisoners as for those in the community, deterioration in prison health governance and delivery of healthcare has ensued. This is evidenced by the growth in prisoners' health needs and the reduction in the size of the healthcare workforce, as well as by prisoners' obstructed access to healthcare and the declining living environment and safety in prisons.

This study highlights the discrepancies in the top-down governance of prison service. A combination of ministers' direction of the policies and delivery of prison agenda that is often reactive and short-term, as well as the burgeoning prison gangs and

serious organised crime across English prisons, has challenged the stability of this mode of governance. Inevitably, the prevailing political structure of the prison service constricts the governance of prison health and healthcare delivery. Furthermore, the paradox of being tough on crime encourages harsher statutory commitment that maintains a high rate of imprisonment; yet the logic that ‘we are all in this together’ has been exposed via the visible loss of welfare services and deindustrialisation processes that inevitably targeted poor people as the ideal candidates for imprisonment.

Initiating reforms that fail to resolve the scarcity of resources issue merely exposes the extent to which solutions permeate the political vision of neoliberalism. Additionally, limited actions taken by the oversight mechanisms of prisons signifies the paradox of monitoring mechanisms and challenges their very existence. Seven recommendations have been proposed, from reducing the prison population and increasing spending on the community services to calling for greater transparency in political accountability and catalysing legal actions against the government via the routes of European Convention on Human Rights, the Corporate Manslaughter and Corporate Homicide Act 2007, and state crime. To untangle the political paradoxes that have shaped and constricted prison health governance and delivery of healthcare in England and to realise its utility, an increasing radical and upstream approach needs to be created to effectuate a change through recommendations such as those offered here.

The next chapter will conclude the thesis by exploring the impact of the findings of this research, outlining its research strengths and limitations, and discussing its empirical, conceptual, theoretical, methodological, and policy contributions.

Chapter 12: Conclusion

12.1 Revisiting research questions

This study's investigation was guided by the main research question: "How does austerity impact prison health governance and healthcare delivery in England?" Drawing from the perspectives of 87 prison health experts, this thesis argues that austerity exposes six political paradoxes that have shaped and constrained prison health in England since 2010. These paradoxes are: i) the need for austerity and cost-saving measures; ii) the operationalisation of prison health within a punishment structure; iii) the perceived stability of a structured, top-down control of prison service that affects the governance and delivery of prison health services; iv) the orchestration of political rhetoric on tough on crime and 'we are all in this together'; v) mobilisation of neoliberal responses of the government towards prison instability that do not appear to address the root cause of it; and vi) continual scrutiny on prisons and prison health that have yet to initiate paradigm-shifting in ensuring a stable prison regime that is conducive for the governance and delivery of healthcare services in English prisons.

Overall, the findings demonstrate that austerity has failed to reduce the burgeoning national debt, to control the governance and delivery of effective and efficient healthcare services, and to improve the utility of health among prisoners in England. The subsequent sections describe how this study's findings answer the research questions that have been operationalised for this study.

12.1.1. In what ways have austerity been mobilised as a vehicle to strengthen neoliberal constructs that impact prison health governance and the delivery of prison healthcare services in England?

Study participants opined that austerity had been mobilised as a vehicle to strengthen neoliberal constructs via two political fallacies: i) the economy needs to be balanced to reduce burgeoning national debt, and ii) the national credit card (government borrowing) is reaching its spending limit. Although appearing to be common sense, study participants vigorously challenged this reasoning from both economic and ideological perspectives. They argued that the UK was not part of the Eurozone, and yet it opted for voluntary and pre-emptive deflation (Gamble, 2014; Schrecker, 2016). By claiming that the national credit card had reached its limit, participants critiqued that this fallacy would lead to economic shrinkage from the lack of stimulation via demands for goods and services (Blyth, 2013; Stiglitz, 2014; Weeks, 2019).

More broadly, despite a political claim that austerity was necessary to reduce the state debt, participants observed that the debt-to-GDP ratio rose to 84.6% in 2020, following the government's concerted effort to bail out the banks (Farnsworth, 2018; Office for National Statistics, 2021b). They also noted the blame game that the

Conservative politicians initiated towards the previous Labour government, specifically, their claim that their political predecessors had mismanaged the economy (Gamble, 2014).

All of these strategies were opportunistically executed, considering that it was impossible to assess the feasibility of how HMPPS could deliver £900 million in savings by 2015 without reducing the prison population (European Public Service Union, 2016; HM Treasury, 2018; NOMS, 2015; O'Dea and Preston, 2010). Overall, presenting austerity as an imperative neuters political criticisms. It also dislodges its implementation from the neoliberal framework, in which its impacts were visible to prison healthcare and the broader prison regime.

12.1.2 How is austerity manifested upon prison healthcare governance and healthcare delivery, as well as the supportive prison regime?

The government's implementation of austerity measures, per participants' views, resulted in the stagnant prison health funding that ignored increased complexities of prisoner health, alongside poorer healthcare provisions and purposeful activities for prisoners, which served as a form of double punishment. Despite the increased complexities in terms of prison population's health compared to the general public (Dolan et al., 2016; Fazel et al., 2016; Forrester et al., 2013; Herbert et al., 2012; Ritter et al., 2011; Stürup-Toft et al., 2018), stagnant prison health funding over this period effectively has meant fewer resources were available to address prisoners' ill-health effectively (NAO, 2017). The study participants articulated how they adjusted their healthcare services by resorting to extreme cost-saving measures, such as reducing services, paying less for staff, and opting for the use of volunteers for services. Given the poor retention of the healthcare workforce, participants also had to use agency staff, which were more expensive, lessening the cost-saving measures and predicted to worsen given the lack of a coherent government approach to recruitment and migration policies and uncertainties of Brexit (The Health Foundation, 2019).

Consequentially, imprisonment can be an indirect form of double punishment where the strict imposition of austerity leads to indifference towards the incarcerated population's needs. The participants observed that following a 30% reduction in prison staff between 2009 and 2017 (CPT, 2017; NAO, 2017), there was an increased inability of prisoners to attend healthcare arrangements, frequent postponement or cancellation of appointments, longer waiting times to access treatment and insufficient consultation time with medical professionals. In fact, the participants described how prisoners' prolonged and inadequate access to acute and urgent healthcare services, such as operations and cancer treatment, caused death and disability.

Additionally, the participants linked the shortage of prison officers and prisoners spending long hours in their cells to an exponential increase in self-inflicted deaths,

riots, assaults, and self-harm. These findings shine a contextual light onto a catalogue of failures reported by official reports (CPT, 2017; CPT, 2020a; House of Commons Justice Committee, 2016; House of Commons Library, 2017; Ministry of Justice, 2020f). Moreover, staff reduction made it impossible to curb the flow of psychoactive substances, which increased by 447 times in 2019 since 2010 (Ministry of Justice, 2019b). This study provides further context that these substances increased medical emergency cases, created a fearful environment for staff and vulnerable prisoners, undermined health interventions, and called upon external healthcare resources (e.g., ambulances) that were already stretched.

Located within the broader context of government outsourcing, the research findings confront the logic that increasing privatisation of prisons and prison healthcare services would save the government in spending. Given the limited scope of accountability and quality control on these private contractors, the participants imposed closer monitoring on these private contractors. While those who were in the commissioning roles attempted to address the potential democratic deficit (Chomsky, 1999), they were also honest that doing so would inevitably increase transaction costs, which is antithetical to the cost-saving driver of the government. Furthermore, the 2019 transfer of HMP Birmingham from G4S to the public sector and the bankruptcy of Carillion were the highest-profile failures of this strategy during the period of the study (Ministry of Justice, 2018a; Sasse et al., 2019). These events pointed to the continued subsidisation of private businesses' failure, in which the taxpayers will cover the costs (Farnsworth, 2012; 2013). Not only has privatisation failed to achieve systematic innovation and efficiency, but also it costs more in the long run.

12.1.3 How has the top-down control of the prison service affected prison health governance and healthcare delivery across English prisons?

The study participants unpacked how prisons' top-down governance constricts how prison health and healthcare services are governed and delivered in England. Similar to the top-down imposition of the economics of austerity, the governance of prisons dictates a top-down control of how prison health and healthcare services are governed and delivered in England. This research registers an exception to the existing literature on dispersal governance (Bevir and Rhodes, 2003; Fidler, 2007; Kooiman and van Vliet, 1993; Rhodes, 1996), whereby the prevailing political determinants trump the governance and delivery of health in prisons by NHS England. Given the lack of coherent aims of imprisonment under Rule 3 of the Prison Rules 1999, as well as competing priorities around security, public protection, cost-savings, and efficiency (Liebling and Crewe, 2012; Loader and Sparks, 2002), the agendas force the prison health system in England to align itself with the prevailing political ideology.

This top-down sentiment was further unpacked by the participants' arguments that the justice ministers were omnipotent and ordered how prison policy and services should be delivered across English prisons. Although the portrayal of civil servants being independent of political interference (Gash et al., 2010) and despite section 11 of the Prison Act 1952 holds prison governors responsible for their establishments, examples from this study illustrate the opposite: the civil servants must navigate political mines carefully and conform to the political vision of ministers.

The political orientation of ministers would dictate the governance, policy, and delivery within the prison service. Furthermore, ministers' temporary nature resulted in 'butterfly' policies—moving from one policy reform to another—which did not provide stability and continuity in policy implementation. These political figures are transient (Flinders, 2002), and the perpetual political leadership change allows ministers to detach from responsibility in the event of a crisis.

The growth of informal governance, in the form of prison gangs and serious organised crime groups, further challenged the stability of the top-down control of the English prison service. This growth parallels the increasing use of psychoactive substances, which weaken institutional governance. Building upon previous research (Gooch and Treadwell, 2020; Maitra, 2010; Skarbek, 2011), this study illustrates how these criminal groups trafficked drugs via former prisoners to supply contraband, preyed on vulnerable staff to bring in contrabands, and sustained drug markets via coercion and violence. The participants observed that having fewer prison officers resulted in a loss of control of the prison institution (similar to the Strangeways Riot in 1990) and undermined coordinated action for health delivery. These facts are in line with the crisis of legitimacy theory (Habermas, 1973).

12.1.4 To what extent did longstanding issues of English prisons impact prison health governance and delivery of healthcare, as well as the broader prison regime, once austerity was put into place in 2010?

The study participants articulated how the longstanding issues of overcrowding and more punitive sentencing policies, as well as how the poor continued to bear the brunt of reduced resources in the community, worsened the impacts of austerity on prison healthcare and the broader prison regime since 2010. The longstanding issue of overcrowding, according to the participants, juxtaposed the worsening problems of hygiene and cell maintenance since the implementation of austerity. This observation supports how the existing prison conditions exacerbate the poor health of prisoners (House of Commons Health and Social Care Committee, 2018; NAO, 2020), which became an increasing concern given the increase in cases and deaths linked to COVID-19 in English prisons (Burki, 2020; HMPPS, 2021c; Ismail and Forrester, 2020b; Kinner et al., 2020).

The perpetuation of the political slogan of 'tough on crime' over the past few decades (Reiner, 2011) resulted in statutory obligations that maintained England's high

imprisonment rate. Alongside the use of the Criminal Justice Act 2003 and the indeterminate sentences for public protection, successful prosecution for historical sexual offences, increases in the recall policy for released prisoners not complying with their terms of releases, and limited use of community resources have been cited as furthering the use of imprisonment (Ministry of Justice, 2013; Prison Reform Trust, 2020). Despite the high offending rate (Ministry of Justice, 2020d) that illustrates the futility of increased imprisonment, the imprisonment rate seems likely to increase, following a political announcement on increasing police resources in 2022, alongside the extension of the stop and search programme and review sentencing for serious offenders (Ministry of Justice, 2019f).

In contrast to the claim that 'we are all in this together' (Cameron, 2010a), this research demonstrates that participants believed that the poor continue to bear the burden of austerity, especially when the imprisonment rate is set to increase. Using the market as a political compass, participants witnessed the withdrawal of welfare services from the community, as well as a deindustrialisation process that forced penal institutions to become first responders for some individuals. Homelessness was up 60%, fitful sleeping 134%, and food banks use increased four-fold between 2010 and 2018 (UN General Assembly, 2019). The loss of funds contributes to the broader unfulfilled aspect of well-being and welfare needs. When individuals arrive at penal institutions, they present with extraordinarily complex health and social needs and depend on scarce prison healthcare resources that have not increased since 2006, even as prison populations have grown.

A small group of participants also connected the dots between deindustrialisation, economic downturns, increased crime rates, and the increased incarceration of former military and those impacted by the steel industry closures across England. These areas of high deprivation depended upon employment in manufacturing industries, but the deindustrialisation of the 1980s, the failure of miners' strikes, and the long decline of working-class agency through the trade union movement had left them vulnerable (Milne, 2014). This assertion supports existing research that suggests the impacts of austerity are most severe in areas with high levels of deprivation (Beatty and Fothergill, 2017; Clifford et al., 2013; Jones et al., 2016; Taylor-Robinson and Gosling, 2011) while reinforcing the observation that the burden of adjustment is not experienced symmetrically.

12.1.5 What has been the government's response to the ongoing instability since 2010?

The study participants observed how the government responded to the ongoing prison instability since 2010 by building an additional 20,000 prison places by 2025 (CPT, 2020a), recruiting new prison officers, and blaming psychoactive substances for prison instability was an effort to instil order in English prisons. They noted that these manoeuvres disguise austerity's contribution towards the current instability and simultaneously amplify the neoliberal vision.

As many interviewees argued, building more prison spaces did not address the issues of degrading living conditions or overcrowding in English prisons. Similarly, despite the nationwide recruitment campaign to recruit new prison officers to restore prison stability (Ministry of Justice, 2016), the majority of the participants argued that it did not reinstate the number of prison officers pre-austerity. Nor did these new officers have the emotional intelligence and skills to discharge their duties effectively. The adverse working conditions resulted in nearly four in ten (38%) officers leaving the prisons with less than one year's service (HMPPS, 2019b).

Participants contended that blaming the increasing use of *Spice* for prison instability seeks to extricate the link between austerity and system instability. Such a claim masks how austerity hindered purposeful activities and reduced workforce capacity to conduct drug searches. Separately, almost all participants expressed scepticism about the Treasury's announcements of the end of austerity in 2019. Apart from the changing dates of the end of austerity (Farnsworth and Irving, 2015; The Conservative and Unionist Party, 2017; Vina et al., 2013), they observed the lack of real changes in resources for both prisons and the community.

Furthermore, they alluded that Brexit would stall economic growth, parallel to various predictions (Erken et al., 2017; Mion and Ponattu, 2019; PricewaterhouseCoopers, 2016). Further forecasts predict that the UK economy will likely suffer the worst damage from COVID-19 (Bank of England, 2020). The Treasury recently announced that more than £10 billion per year would be cut from departmental spending plans next year and in subsequent years (HM Treasury, 2020). Austerity has yet to show a sign of abating.

12.1.6 In what ways do the scrutiny mechanisms of prisons mediate the impact of austerity on prison health governance and healthcare delivery in English prisons?

Monitoring actions on the governing and delivering of prison and prison health have yet to secure any fundamental reforms to the system. While internal monitoring exists in terms of escalation of issues via line management and across governmental departments (House of Commons Justice Committee, 2019b; Ministry of Justice, 2018b), the participants' narratives rendered them futile, as the civil servants had no alternative but to comply with the prevailing political agenda. Similar scepticism was projected onto trade unions such as the PGA and the POA, as well as the scrutiny by parliamentary committees despite their continual monitoring (Brazier and Fox, 2011; Defty et al., 2014; Rogers and Walters, 2006).

Likewise, external scrutiny mechanisms, such as HMIP, PPO, and IMBs abstained from commenting on how austerity directly impacts prisons and prisoners. Many participants blamed the apolitical nature of these organisations. Additionally, the lack of consensus among these organisations in portraying the current prison system in crisis further weakens their position in challenging the government's current stance on austerity.

12.1.7 What are the policy solutions to address the impact of austerity on prison healthcare and prison healthcare delivery in England?

Considering how austerity has increased the state debt, weakened the governance and delivery of healthcare services, and worsened the health among prisoners in England, participants suggested the following seven solutions to address the adverse impacts of austerity on prison healthcare and the broader prison system:

i. Reducing the rate of incarceration in England via alternative routes to imprisonment, such as fines and diversion of individuals from prisons to health institutions. Such efforts would be more financially sustainable, proportionate to individuals' criminal harm, and more responsive to their mental health needs (Mills and Kendall, 2018);

ii. Increasing resources for prisons to improve prisoners' access to healthcare and an improved living environment, while concurrently ensuring recurring spending for preventive services in the community to address potential risk factors of offending (UN General Assembly, 2019);

iii. Imposing higher taxes on profitable corporations and wealthy individuals to increase resources across all public sector organisations (Ruckert and Labonté, 2017);

iv. Ensuring better transparency via increasing political literacy of the public (Chang, 2010), framing messages on how prison health spending can reduce the dependencies on health and law enforcement services, and underscoring political accountability towards the relevant ministers (Boin, 2001; Terry, 1995);

v. Improving data collection and publication of the true cost of imprisonment and private prisons, as well as ameliorating forecasts on future proposed cuts on public sector services (NAO, 2017; Stuckler and Basu, 2013);

vi. Encouraging non-governmental organisations to challenge democratic deficiencies in prison and prison health governance and delivery (Scott, 2018; Green and Ward, 2004), alongside forming an independent oversight authority to ensure proper implementation of recommendations resulting from prison monitoring and inspections; and

vii. Initiating legal challenges under Articles 2 and 3 of the European Convention on Human Rights and the Corporate Manslaughter and Corporate Homicide Act of 2007 for arbitrarily interfering with prisoners' entitlement and serious management failures leading to a gross breach of a duty of care, as well as

framing austerity as a state crime owing to exposure of prisoners to torture, cruel treatment, or punishment (Green and Ward, 2004).

Although these proposed solutions are not a panacea to remedy the impacts of austerity over the last decade, if implemented correctly and robustly, they may have the opportunity to facilitate fundamental reform on prison and prison health in England.

12.2 Thesis contribution

This thesis makes empirical, theoretical, methodological and policy contributions to interdisciplinary prison health studies. These contributions are explicated below.

12.2.1 Empirical contribution

The novel analytical narrative presented here strengthens the realisation that austerity is a political choice and, after a decade, is clearly a failed political ideology. As affirmed by participants, politicians claimed that austerity was imperative to reduce the state debt and recover from the global recession that emanated from the US and European countries (Gamble, 2014). However, the UK debt-to-GDP reached an apogee in 2019 compared to the pre-austerity era in 2010, following the bank bailout programme of the government (Office for National Statistics, 2021b). Austerity has failed to fulfil its objectives in reducing deficits. It also illustrates the British exceptionalism in opting for voluntary deflation despite not being a member of the Eurozone when there is no economic imperative for doing so (Gamble, 2014; Schrecker, 2016). Its fiscal adjustment programme was comparable to what the Troika imposed on Greece, Ireland, and Portugal as part of their bailout conditions (ibid.). If recession provided the pretext, it is startling that growth did not provide a reason for relief, as the United Kingdom's economy, the fifth largest in the world, is continually growing, exceeding 2% between 2013 and 2018 (OECD, 2018). This thesis highlights one of the central political economy characteristics of austerity: it is a mere political choice with an active interplay of discrediting evidence and downplaying state adaptability, rendering it a failed political agenda after a decade.

This study also underscores how imprisonment during the time of austerity becomes a form of double punishment. Building on Sykes's (1958) theory of deprivation, this study reports how austerity obstructs access to healthcare and purposeful activities for prisoners, creates precarious living conditions and increases levels of violence that subject prisoners to excessive distress or hardship. The fact that prisons continue to hold these citizens not only belies the notion of healthcare equivalence in prisons, but also actually constitutes a human rights abuse. These findings contest the efficacy of previous studies showing that imprisonment is an opportunity to improve prisoners' health (Crewe, 2005; Goffman, 1968; Wacquant, 2002). Current resources and conditions make such improvement difficult. It also reveals the deterioration of formal prison governance that indirectly fuelled the rise of prison

gangs and organised crime within English prisons and materialised the crisis of legitimacy (Habermas, 1973), which undermines leadership and coordinated action for health delivery.

The thesis builds upon existing scholarly and governmental work that argues that austerity deteriorates safety nets for the communities and primes vulnerable individuals from these communities for prisons. The fact that approximately 14 million people in the UK live in poverty, experiencing record levels of hunger and homelessness (UN General Assembly, 2019), evidences deterioration in the population's health and supports the conclusions that the poor health of prisoners is partly a by-product of their experiences before entering incarceration (Marmot, 2005; Spencer, 2001; Whitehead, 2006; Williams, 1995; WHO, 2014). Eventually, these individuals arrive at penal institutions demonstrating extraordinarily complex health and social needs that have gone unmet due to diminished community services under austerity.

Based on the participants' narratives, this thesis provides preliminary evidence of how austerity affects populations in deprived communities and those who experienced the process of de-industrialisation. Building on extant studies that the impacts of austerity are most severe in areas with high levels of deprivation (Beatty and Fothergill, 2017; Clifford et al., 2013; Jones et al., 2016; Taylor-Robinson and Gosling, 2011), this study illuminates the links between social issues and relative deprivation, including imprisonment. This link is further demonstrated by the indices of income inequalities, such as Gini Coefficient, Palma Ratio, Top 1% share, S80/S20 ratio, and P90/P10 ratio, all of which point to a widening income inequality between 2010 and 2019 (Office for National Statistics, 2021a). This study finding also builds upon the evidence of a 49% real-term reduction in Government funding from 2010 to 2018 alongside a rise in demand for key social services (House of Commons Committee of Public Accounts, 2018) that has further reinforced inequalities, especially in deprived communities.

In previous generations, several areas across England depended upon employment in mines, steelworks, and shipbuilding, but the deindustrialisation of the 1980s, befitted the neoliberal construct of rolling back the state intervention from the economy. The results left the working class vulnerable (Milne, 2014; Pacione, 1997). This present study not only builds upon the assertion that the poor bear the brunt of austerity (Harvey, 2010), but also underscores the notion of double regulation of the poor by Wacquant (2000). Participants witnessed a close meshing between the rolling back of the welfare state and rolling out of penal institutions. It also reinforces the strengthening of the coercive arm of the state as well (Cavadino and Dignan, 2006). Various US literature has examined the role between austerity and deindustrialisation, which finds a reduction in lifespan of those living in poverty and an increase in the seriousness of criminality that leads to imprisonment (Linkon and Russo, 2002; Nosrati et al., 2018). This study offers a preamble for future

quantitative studies that might explore the association between the government's decisions to withdraw funding from a welfare-based approach and the increase in criminality in areas that experienced deindustrialisation during the austere era in the UK.

In addition, this study builds upon privatisation lessons from other countries, particularly Australia and the United States, on the lack of oversight and quality control monitoring of private prison providers, and nuances supporting arguments against the privatisation of prisons and prison healthcare services in England. Rather than reducing inefficiency and improving cost-saving and competition, this study illustrates that it achieved the opposite with immense consequences. Participants' observations shed new light on how privatisation increases monitoring costs for the government, which contradicts the cost savings agenda. Meanwhile, using profit as a moral compass, as illustrated by study participants, could limit the efficacy of health utility on prisoners. Furthermore, the transfer of HMP Birmingham from G4S to a public sector prison, the bankruptcy of Carillion, and the poor performance of private contractors who delivered the Transforming Rehabilitation programme post-imprisonment signified the arguments against privatisation (Ministry of Justice, 2019a; House of Commons Justice Committee, 2019b). It provides an early warning that privatisation might cost more in the long run as the government continues to subsidise their failure.

Yet, despite its poor track record across the English criminal justice system, forecasts indicate private contractors will occupy an increasingly significant role in the penal landscape following an outsourcing plan for two new prisons, HMPs Glen Parva and Wellingborough (House of Commons Library, 2018b; Ministry of Justice, 2019f). Several participants signalled this move as politically irrational. This anomaly is ripe for an academic investigation into estimation of the actual costs of privatisation in prisons and the broader criminal justice system. These future studies should expose the contradiction of continuing to trust these private contractors when they continually fail to deliver in terms of costs, service efficiency, and quality, as well as the broader moral legitimacy for the state to maintain the administration of punishment rather than the private contractors.

Finally, this thesis illustrates how the impotence of oversight mechanisms of English prisons continues to inflict the peril of austerity on prisoners and the prison workforce. This study seeks to address the lacuna that Padfield (2018) identified by examining the effectiveness of external monitors in impacting those who work and live in prisons. This study finds that civil servants, from policymakers to prison officers, had to maintain their impartiality by aligning themselves to the vision of justice ministers. Concurrently, this study provides the first evidence needed to assess parliamentary committees' effectiveness in monitoring prison and prison health and establishes a foundation upon which future studies should build. Negative publicity from damning parliamentary inquiries has yet to translate into substantive

reforms. This fact corroborates the finding that one-half of the HMIP recommendations for improvement have not been achieved in 2019/2020 (HMIP, 2020). All monitoring bodies have expressed serious concerns about prison staff's failure to implement improvements following their reports (House of Commons Library, 2019b).

The participants also criticised the ineffective oversight mechanisms of English prisons, which reflects the unwillingness of HMIP, PPO, and IMBs to challenge austerity on the grounds of its deterioration of prison regime and prison healthcare services. Ironically, they impose liability on civil servants who had no choice but to execute political mandates. These findings contradict earlier studies of these boards, which present a more favourable view of their role in highlighting and preventing institutional abuse and upholding accountability (Bennett, 2016; Lewis, 1997; Ramsbotham, 2003). This study also articulates a new phenomenon: the Lobbying Act of 2014 increasingly prevented third sector organisations from speaking up against austerity based on their contractual clauses and statutory requirements. It identifies a trend that can be generalised across charitable sector operations across the UK whereby the work of members of charitable organisations must reflect the viewpoint of their funders, consequently muting, concealing and obscuring the voices of these voluntary organisations. Silence and lack of meaningful actions helped create the space and conditions for the deep-seated crisis that austerity continually inflicts on prisoners and the prison workforce.

12.2.2 Theoretical contribution

The second contribution of this thesis is theoretical clarity in analysing the complexity of the impact of austerity on public sector services. This thesis argues that, based on the perspectives of prison and prison health experts, austerity exposes six political paradoxes that have shaped and constrained prison health in England since 2010. This framework reflects the impact of neoliberalism: mutable and tentative 'rolling back' and 'rolling out' policies, hegemonic programmes, and governmentality (Ward and England, 2007). Overall, austerity has failed not only to reduce the burgeoning national debt, but also to control the governance and delivery of healthcare services in a way that is effective and efficient, and to improve the utility of health among prisoners in England. While maintaining a sensitivity to the uniqueness of other contexts, this framework could potentially be adapted to other public service sectors to examine the impacts of austerity on different settings of health.

Furthermore, this thesis advances further understanding of the limited autonomy and independence of civil servants. The participants found that civil servants were unable to challenge the impact of austerity on prisons and prison health effectively. Irrespective of the organisational strata, all of them avoided using the word 'austerity' in their day-to-day discussions within their departments and with stakeholders, demonstrating their passive and pervasive acquiescence as civil servants. While social policy theorists such as Gash et al. (2010) have assumed that public bodies

exist to depoliticise decision-making processes and that civil servants are independent decision-makers, this thesis suggests that this conclusion is somewhat problematic and rather overstated, at least within the prison service context. Instead, the top-down control mimics the critical realist theory of governance (Marsh, 2011), reflecting how the government maintains a firm grip on hierarchical coordination, inherited from the Westminster model of strong ministerial steering.

Ministerial involvement in prison services is a tradition that continues to the present day. This study does not align neatly with the theory of representational dimension (Sparks and Bottoms, 1996), which posits that officials' behaviour is a homogenous reflection of the system as a whole. Tensions exist within the narrative of those who worked across English prisons themselves, where they spoke against ministerial involvement in the prison service. Nevertheless, on the whole, this study demonstrates how civil servants have drifted into the margins of decision-making, doing their best to execute the ideas the central government had foisted upon them. Inevitably, study participants from all organisational levels aligned with the objectives of politicians and their ideological hegemony (Gramsci, 1971). This has depoliticised austerity through economic logic, disguised the use of austerity as a political apparatus, and disconnected political accountability to emasculate criticisms.

Additionally, this study highlights the constriction of prison health governance within a top-down control structure of prison service. In fact, it is a new form of governance that has yet to be theorised by academics, which seeks to mesh the theoretical representation of prison health system and structure with the empirical manifestation of adaptation towards top-down structure. While the concepts of government without governance were in fashion in the 1990s-providing an alternative to the traditional top-down, command-and-control approach of hierarchical steering by the central government (Bevir and Rhodes, 2003; Fidler, 2007; Kooiman and van Vliet, 1993; Rhodes, 1996)—they tend to leave limited space for the domination of one government agency over another. This new form of governance highlights the zero-sum approach that demonstrates a collision between a top-down and a dispersed system, prioritising short-term security and control in the criminal justice system. It is a form of governance that is completing riddled with ideology, power and political interests and can thwart social pursuits, such as rehabilitation. Underlying the structure of prison health governance and delivery is the state's choice to align prison health governance and delivery with the prevailing political ideology (Holden, 2011; Peck and Tickell, 1994; Vayrynen, 1999).

This thesis provides further impetus for the emerging scholarly turn towards informal governance within prisons that flourished because of weak formal governance. Advancing previous research (Gooch and Treadwell, 2020; Maitra, 2010; Skarbek, 2011), this study demonstrates how the microeconomic structure of organised crime thrived. Previous studies (ibid.) were based on ethnographic accounts from 2014 and before, leading to a disparity between previous accounts and current developments.

As an update to existing scholarship, and moving beyond Habermas's (1973) crisis of legitimacy theory, this study explains and conceptualises the lack of detection and enforcement resulting from fewer prison custodians and a broader crisis of legitimacy of prison governance, which has resulted in a loss of control of the prison institution, an undermining of leadership, and coordinated action for health delivery.

The thesis also seeks to build on the theory of agnotology, which remains under-theorised in social sciences (Proctor and Schiebinger, 2008). The narratives of a minority of civil service participants who denied the relationship between austerity and prison instability, claiming hard evidence of causation, has emerged from this analysis. Most participants rejected such logic, concluding that the violent catastrophe following the Benchmarking Programme 2012 did not merely happen by chance. These denials nevertheless resemble a process of manufacturing doubt and promoting ignorance and indifference via the continual process of gaslighting (ibid.). Those in power manipulate the public by fragmenting the reality of austerity. Blaming prison instability on the increasing level of psychoactive substances is an act of agnotology, enabling theorisation of denialism. The politics of austerity cannot be fully appreciated without looking at the political response that frames the prison crisis.

This thesis highlights the long-standing degradation of the prison rehabilitation construct over the last few decades. A mismatch between the policy that recognises rehabilitation as one of the penal drivers and the resource constraints reinforces the conflict between 'policy-in-form' and 'policy-in-use' enacted on the 'frontstage' and 'backstage' of policy formulation and policy implementation. Furthermore, the stability of the governance and delivery of prison health is highly dependent upon the ministerial view that rehabilitation initiatives are soft on crime. This view is further juxtaposed by a vague purpose of imprisonment under Rule 3 of the Prison Rules 1999, which is written to encourage and assist prisoners in leading a good and useful life, and reinforces the notion of punishment at the expense of rehabilitation. When unpacking the pro-punishment sentimentality, the complex meaning of prison rehabilitation continues to occupy the backseat of prison discourse. This view amplifies the theory of bureaucracy (Weber, 1930): that prison service continues to be ill-equipped to translate vague and conflicting goals into integrated actions. This inability creates ripple effects on prison management, the delivery of healthcare equivalence, and eventually impedes prisoners' access to health services. The concept of prisons as potentially rehabilitative merely obfuscates the dominant reality of punishment in English prisons.

Finally, this thesis paves the way for international research to determine the ways in which the exposure of prisoners to torture, cruel treatment or punishment via austerity could amount to state crimes. Implicit in the human rights-based definition of state crime is the inclusion not only of active violations of human rights but also of passive failures to protect individuals against violations of their rights by other

individuals or corporations (Green and Ward, 2004). In light of recent ministerial admissions, including those of Boris Johnson, austerity programmes were more wide-ranging, severe, and damaging than initially intended (Al-Jazeera, 2019), and the UN's special rapporteur investigation found the UK government in breach of its human rights obligations in a 'systematic' and 'tragic' way (UN General Assembly, 2019). Demonstrating the framing of state crime caused by austerity, imposed on one of the marginalised groups within today's society, is a fertile field for health and criminological inquiry.

12.2.3 Methodological contribution

The third thesis contribution is methodological. This research is the first in-depth, large scale qualitative study exploring the impact of macroeconomic austerity on prison health governance and delivery. The sample (N=87) included prison health professionals in England, international and national policymakers, prison governors and officers, as well as representatives from prison health services in England. Interdisciplinary lenses from public health, criminology, social policy, law, politics, economics, and sociology formed a sophisticated theoretical framework. As Szostak (2013; 2015) and, more recently, Pye (2018) have noted, interdisciplinary research is a means of generating coherent debates and delivering richer outcomes to resolve today's complex research problems, something which is beyond the capability of a mono-disciplinary approach. This study utilises this framework in theorising the impacts of austerity on prison health governance and delivery from different disciplinary dimensions.

This study further builds upon the paucity of 'studying up' research in the prison health field. Building upon previous methodological studies on elite participants (Lilleker, 2003; Littig, 2009; Mikecz, 2012; Richards, 1996), the methodological contribution is demonstrated via interviews with 56 international and national experts, who occupied authoritative positions and engaged with policymaking activities in the prison health field, and who were capable of influencing political outcomes on prison health. The sparsity of research with political and policy elites is not unique to the prison health field, considering their position in an asymmetrical distribution of knowledge and their insularity from the public, which can be attributed to their power (Hunter, 1995; Ostrander, 1995).

The thesis outlined how invitation strategies were carefully planned and executed, as previous studies have illustrated how elites are relatively inaccessible (Laurila, 1997; Ostrander, 1995; Sabot, 1999; Thuesen, 2011; Welch et al., 2002). Strategies included adapting to their busy schedules, creating a good impression to foster trust and openness throughout the process (Hammersley and Atkinson, 2007), and going beyond media soundbites (Hallin, 1992; Petkov and Kaoullas, 2016). While previous literature forewarned the direct implications of the power dynamic, noting that elites could deflect questions (Batteson and Ball, 1995) and manipulate the dissemination

process (Sabot, 1999; Welch et al., 2002), this thesis proves otherwise in that all of these elite participants were open about their experiences and in articulating the impacts of austerity on prison health. On a broader level, it challenges the duality of an ‘us against them’ position, since the process was amenable and reciprocal, with me bearing in mind the need to critically question their viewpoints rather than merely accepting their propositions. Overall, this thesis method provided insight into the hidden elements of the austerity phenomenon, which fits the aim of the research: to understand the impacts of macroeconomic austerity of prison health governance and delivery of prison healthcare in England.

While the large sample size of this study helps with the transferability of the findings across the prison health system, condensing the data from 87 interviews and devising cross-cutting theories across all interviews proved challenging. Existing grounded theory methodology favoured a three-stage analysis coding process: (a) open coding, (b) focused coding, and (c) axial coding (Charmaz, 2006). To provide further refinement on the emerging theories from the analysis, the researcher devised an additional stage, called ‘The Fourth Order’ to consolidate the axial codes to form a central research thesis. Here, all the axial categories from the different interview phases underwent a further deductive and synthesis process to form a central research thesis that austerity exposes six political paradoxes that have shaped and constrained the prison health in England since 2010. Amalgamating axial codes involved refining their tacit meaning to ensure that the categories explicated all the properties and were faithful towards their axial essence, narrowing down towards the central thesis. The central thesis was realised when these categories covered all the major themes from the interviews.

Finally, this study addresses academics’ concerns relating to data saturation. It addresses the perception that research can never achieve data saturation. Data saturation demands turning every stone but offers no precise method of achieving this threshold. To entirely bypass methodological elitism, this research employed two strategies. First, a five-dimension framework (Aldiabat and Le Navenec, 2018; Bonde, 2013; Bowen, 2008; Morse et al., 2009) was drawn upon: 1) examining the nature and complexity of the investigation; 2) the interdisciplinary nature of the research established the heterogeneity of the sample; 3) theoretical sampling prompted further focus on the emerging theories from the initial interviews; 4) triangulation process of the sample selection; and 5) the use of subjectivity and intuition to determine data saturation. Second, this research devised a new variance called ‘participant saturation’, where key stakeholders recommended as participants were already interviewees. Upon achieving this kind of saturation, it will be futile to interview additional stakeholders for the research. Doing so ensured inspection of every angle, which is the very requirement of data saturation within the grounded theory methodology.

12.2.4 Policy contribution

Finally, this study highlights the urgency of policy responses that could strengthen political accountability towards the imposition of austerity on prison and prison health. Several participants recommended monitoring per capita spending on prisons and prison healthcare services, which can be facilitated by international organisations such as the WHO and the CPT, given austerity is a global phenomenon. Similarly, quantifying the actual costs of imprisonment and ill-health within this setting is needed to form the basis of political, policy and social discussions, especially on the extent of prison effectiveness in addressing them. Rather than focusing the impacts of austerity within the prison setting only, connecting the postponement or cancellation of health appointments and longer waiting times to access treatment to the broader NHS England performance, for instance, would provide a bird's eye view of the event.

National research could be focused on tracking the extent of implementation of recommendations from the prison oversight bodies to improve prison health and regime in England. To address the partial and inconsistent view of the participants on the extent to which austerity impacts different prison establishments and prisoners, this thesis suggests a closer monitoring of the austerity impacts across prison establishments and prisoner groups in England. Independent external organisations will be in the best place to monitor this development as part of their scrutiny framework. Similarly, tracking mechanisms that connect ministers to their reform agenda–irrespective in the events of success or failure–would reinforce the omnipresence of their political power in directing civil servants to execute their political vision. Such research could potentially highlight the lack of ownership and compliance, and how the broader political climate around Brexit, responses towards the COVID-19 pandemic, and the discussions on withdrawal from human rights commitments often tamper with the implementation of those recommendations. Perhaps such a potentially large-scale analysis could prompt the question: 'What would prison health look like in light of these challenges'? Put another way, 'Do the political shocks involving prisons signal that we are nearing the end of a period of prison volatility, or instead are we closer to the beginning of a new period of great change'? Overall, these research projects could potentially be significant in delivering original, significant, and rigorous scholarship.

This thesis also presents an opportunity to reflect on the impact of austerity measures in other domains where policy choices could compromise health. Future international research could focus on determining the extent to which macroeconomic conditions and the political economy frameworks that the member states adopt are commensurable with a government's commitment to provide sufficient financial resources for prison health. The analysis could be linked to the existing obligations, such as the principle of equivalence of healthcare in prisons under the Mandela Rules, as well as the commitment of the nation states in realising

the Sustainable Development Goals 2030 that were estimated to be between US$3.3 and US$4.5 trillion a year (Ismail et al., 2021; Tangcharoensathien et al., 2015). As politicians are faced with competing fiscal demands, it is important to address under-resourcing of health and welfare services in the criminal justice system and to understand the political archetype that could either nurture or thwart prison health commitment.

12.3 Strengths and limitations of the study

This research contextualises the impact of austerity on the prison health governance and the delivery of prison healthcare services in England. The significance of the findings herein pertains to countries beyond England, particularly those where austerity shaped prison policy following the 2008 global economic recession. This thesis presents an opportunity to reflect on the impact of austerity measures in other domains where policy choices could compromise health. Such explorations would likely indicate that austerity cannot be justified empirically or ethically, given its deleterious health effects on governance, the workforce, and policy end users.

As with all research, however, there are limitations to the study reported on in this thesis. It is beyond the scope of this study to demonstrate with quantitative certainty that austerity is responsible for worsening prison health governance and the delivery of healthcare in English prisons. Some measures demonstrated the effects of austerity over the last decade, particularly the increasing violence that precipitated from the post-2012 Benchmarking Exercise in prison, which saw a reduction in prison workforce; there is no other plausible alternative explanation for existing prison instability. Furthermore, an overwhelming majority of participants explicitly rejected the claim that more proof is needed. In doing so, participants clearly indicated that they saw austerity as inflicting harm on prison health governance and healthcare delivery in England.

Considering the qualitative nature of this study, the findings of the instability of the prison health system and the broader regime of prisons cannot be precisely attributed solely to austerity. There are longstanding prison issues that are connected to government policy decisions and are broader than austerity, notably inadequate funding and delivery of prison healthcare services, poor health of prisoners, and statutory commitment on sentencing—all of which have been discussed in this thesis. Although asserting with quantitative certainty that austerity is responsible for worsening prison health governance and delivery in England is beyond its remit, interviews from this study can also be used more conventionally as a precursor to quantitative research by discovering how austerity impacts the prison health and prison regime. Experimental studies could identify potentially counter-intuitive and important findings regarding fiscal relations, redistribution, and the normative order within prisons. These studies would also help ensure that more conventional quantitative statistical generalisations replace the potential pitfalls associated with qualitative analytical generality.

While this study attempts to understand the impacts of austerity on prison health from 87 prison health experts' perspective, it discounts the experience of prisoners themselves. This gap suggests the need for future studies to understand the micro-assumptions made by the research participants, particularly on how the distribution of resources impinges individual prisoners. As such, future research should address the specificity of the impact of austerity on the diverse prison populations, as well as unequal distribution of spending cuts along gender, age, ethnicity, and nationality, alongside intersectionality among them. As 90% of prisoners will eventually leave prison (House of Commons Library, 2019a), future studies could also assess the impacts of austerity on prisoners after they return to their communities.

Moreover, the study utilised a convenience sample (N=17) for the micro-level of the governance study phase. It was highly dependent on the availability of prison governors and officers to take part in this research. The data also focused solely on adult prisons in England and may not reflect conditions in other places of confinement, such as youth offender institutions and immigration removal centres. It is parsimonious to assume that some of the insights provided here do not apply to these environments.

Those participants who took part in the study may also have been those who had a strong motivation to express their viewpoint. Although their realities are important through a constructivist lens, these participants may have provided an unreflective impression of the setting. However, on balance, the research's ethical framework influenced the participants' decision to participate or not and share their experience in specific establishments. Epistemologically, the principles of constructivism grounding the study suggest that meaning has intersubjective underpinning and is context-bound. In adopting this perspective, the study did not seek generalisable findings or definitive truths but instead intended to capture the shared understanding or consensus (within a diverse and varied system) of the prison using the voices of experts of the prison health system. Regardless, the study's findings are transferable to other health settings and have a role in theory building, especially about prison health, governance and delivery of services, and austerity discussions.

12.4 Final thoughts

A decade has passed since the introduction of the political rhetoric of austerity in England. Austerity and imprisonment have failed to deliver their stated objectives: to rapidly reduce the burgeoning national debt and the rate of reoffending, respectively. However, after over a decade of failures, the state continues to pursue austerity and imprisonment, producing the same result, and political reluctance to dispense with them seems as strong as ever. Austerity is an expensive political choice, and the actual cost of imprisonment during austere times constitutes an egregious violation of human rights. This research offers a starting point, providing a narrative calling for fundamental reform to create a more positive and inclusive system, in line with

England’s international and domestic commitments to the humane treatment of all people, including those whose behaviour warrants censure.

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Appendices

Appendix 1

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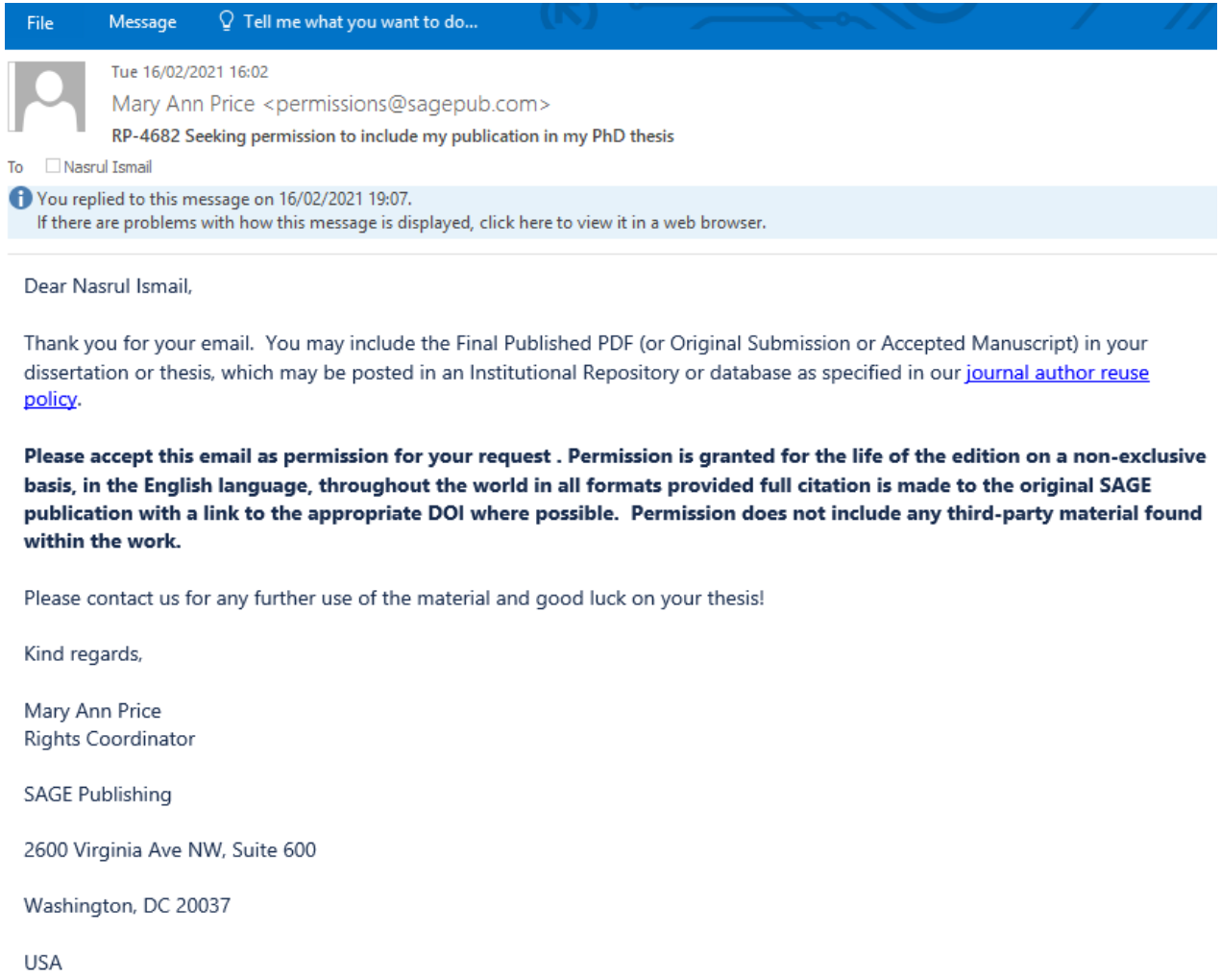

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Appendix 2

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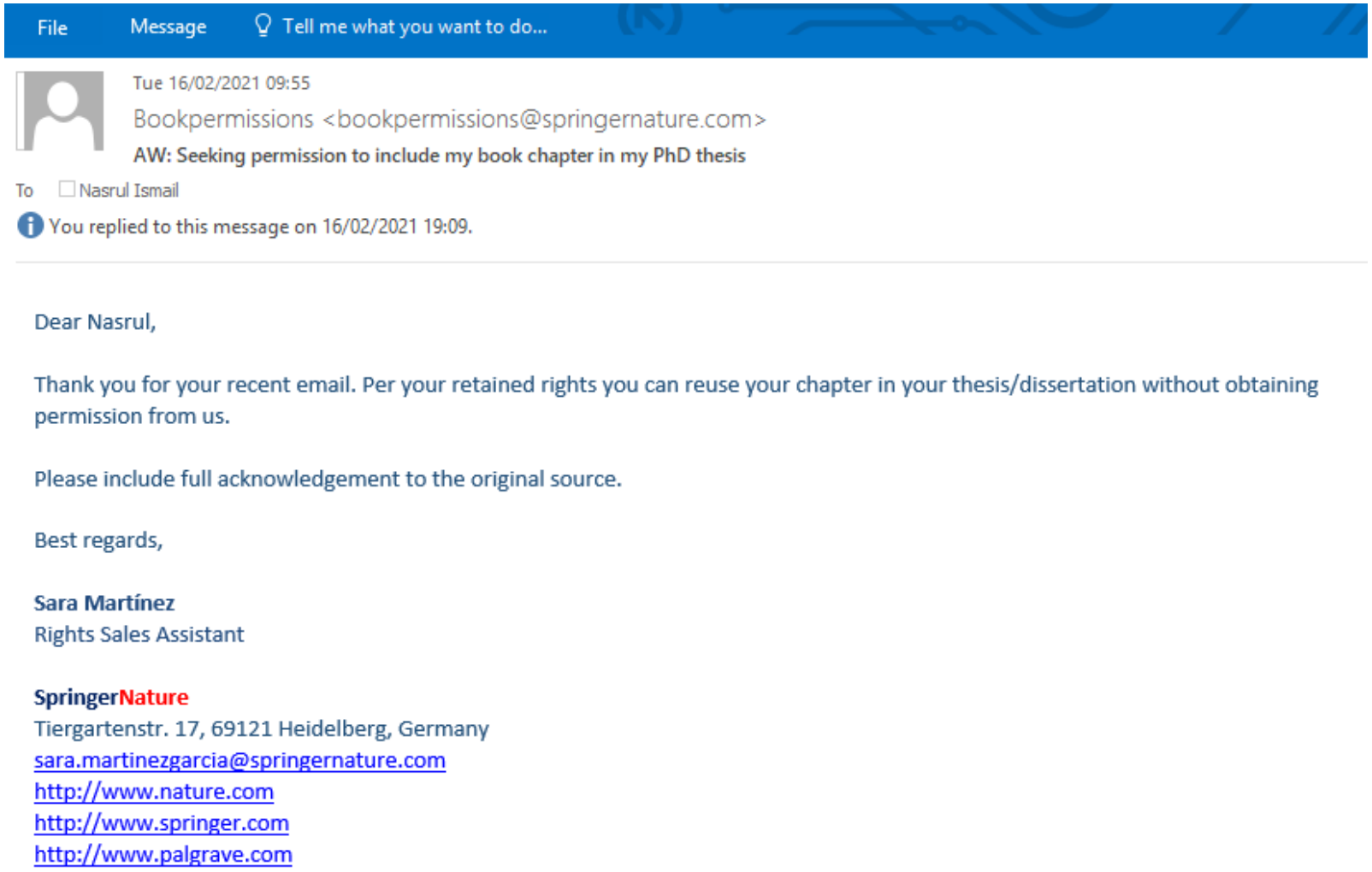

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Appendix 3

Justice Ministers and their policy and political focus on prison during term of office

Minister	Brief summary of policy and political focus on prison during term of office
 **Ken Clarke (2010 – 2012)**	Signalled that short sentences fewer than 12 months were not effective in rehabilitating prisoners. Proposed increased scrutiny on the relationship between the European Court of Human Rights and the UK. Planned to reduce sentences, including those convicted for rape, who pleaded guilty at the pre-trial stage. Introduced Green Paper on Transforming Rehabilitation that sought to change how probation service is delivered via extension of statutory rehabilitation to offenders serving custodial sentences of under 12 months, thus opening the market to the public and voluntary and private sector organisations, and introduced payment by results for providers to reduce reoffending. Criticised by his political peers for being soft on crime for proposing a reduction in the prison population. Responding to the English riot incidents in 2011, he adopted a tougher stance towards offenders, which increased the number of prisoners during this period.

 **Chris Grayling (2012 – 2015)**	Pursued a “tough justice” agenda by 1) ending automatic early release for terrorists and child rapists; 2) terminating simple cautions for serious offences; and 3) introducing increased protections for householders defending themselves against intruders. Executed prison’s Benchmarking Exercise to reduce the number of prison officers, thus contributing to prison instability. Proposed cuts to legal aid and imposed flat-fee court charges for magistrates’ courts, with the lowest fee being £150 for a guilty plea. Proposed the introduction of British Bill of Rights to replace the European Convention on Human Rights. Introduced a limit of 12 books for prisoners. Created the now defunct Community Rehabilitation Companies to manage those on probation for low-level crimes. Criticised by the House of Commons Justice Committee in 2015 for a 38% rise in prison deaths since 2012 and for the failure of privatising the Probation Service via the Community Rehabilitation Companies so that those services would be restored to public ownership and control.
 **Michael Gove (2015 – 2016)**	Scrapped the courts fee and the limit of 12 books per prisoner, as instituted by Grayling. Dismantled a plan for the British government to build a prison in Saudi Arabia.

 **Liz Truss** **(2016 – 2017)**	The first woman to hold the Justice Minister position. Announced a £1.3 billion investment programme in prison service and recruitment of 2,500 additional prison officers to address violence in prisons, as part of the Prison Safety and Reform White Paper 2016. Introduced the Prison Reform Bill, which laid the foundation for collaborative commissioning for prison governors. That Bill, however, did not carry forward because of the snap general election in 2017.
 **David Lidington** **(2017 – 2018)**	Served the shortest time period—six months. Conceded to European Court of Human Rights ruling on prisoner voting in Hirst v UK (No.2), albeit in a rather tokenistic way, by allowing remanded prisoners, approximately 2% of the prison population, to vote, which Strasbourg acceded to.

 **David Gauke (2018 – 2019)**	Famously quoted for his remark “prison does not work,” he proposed scrapping short sentences of under 12 months and modernising prisons via use of technology in their diurnal regime. Favoured rehabilitation over punishment and recommended fewer women in prison. Introduced the Urgent Notification process to allow HMIP to notify the Justice Minister of failing prisons, with HMPs Nottingham, Exeter, Birmingham, Bedford and Bristol, and the Feltham Young Offender Institute given such a notice during his tenure. Criticised by the House of Commons Justice Committee for failing to tackle prison instability. Forced the former Parole Board Chair, Nick Hardwick, to resign following an assessment to release John Worboys, a black cab rapist.
 **Robert Buckland (2019 – Present)**	Recommended that sexual and violent offenders be required to serve two-thirds of their sentence, as opposed to half. Announced intention to have another prison in Wales as part of Boris Johnson’s plan for another 10,000 additional prison cells. Criticised for suggesting that suspects accused of serious crimes should be granted anonymity if the accusations threatened their reputation; the idea was viewed as potentially favouring the rich. Condemned by the Prison Reform Trust and Howard League for Penal Reform for the delay in releasing non-violent prisoners from prisons during the COVID-19 pandemic.

Source: HM Government, 2020a.

Appendix 4

Example of topic guides for international and national policymakers

Understanding the Impact of Macroeconomic Austerity on Prisoner Health and Wellbeing in England

Topic Guide for Interviews with international policymakers

The purpose of this qualitative research is to investigate the variegated, deepening impact of austerity on prisoner health and wellbeing. Specifically, it will focus on the Healthy Prisons Agenda (WHO, 2007) which seeks to reduce prisoners' health risks, recognise prisoners' human rights while maintaining a security regime, champions the principle of equivalence of prison health service provisions compared to community health services, and adopts the whole-prison approach to promoting health and welfare in prisons.

Introduction of the interview

- Acknowledgments for participant's time and participation;
- Information about the research project;
- Information about the interview; and
- Obtain written informed consent from the participant.

The interview

(1) Introductory question

i. In what way did this study appeal to you?
ii. How do you see the role of your organisation in delivering the healthy prison agenda?

(2) Sequence 1: The current state of health in English prisons

i. What is your view on the current state of health in English prisons?
ii. What are the factors that you think impact the delivery of health agenda in English prisons?

(3) Sequence 2: Fiscal measures that impact the Healthy Prisons Agenda

i. What is your view on austerity and its impact on prisoner health?
ii. How has austerity measures been implemented within English prison system?
iii. In what ways has austerity impacted the availability, accessibility, acceptability, and quality of health service for prisoners?
iv. Are these impacts similar to other European countries?
v. In your opinion, why has the topic of austerity and its impact on prison not been widely discussed in academic or public debate?
vi. What are the opportunities presented by austerity on prison health?

(4) Sequence 3: Balancing austerity with international obligations on health

i. How has the UK government justified the measures of austerity that impact prisoner health?
ii. How has the government demonstrated that it has exhausted alternative measures regarding prisoners' enjoyment of health?
iii. Overall, how has the state attempted balancing austerity with its international obligations that protect prisoners' right to health?
iv. What are the risks of the continued approach of austerity on prison health?
v. How can these risks be managed better?

(5) Sequence 4: Alternative measures to austerity

i. How could we bridge the policy aspiration on prison health and the reality of austerity?
ii. What would a realistic expectation on prison health look like during the time of austerity?
iii. Apart from economic consideration, what other considerations should be taken into account prior to imposing austerity on prison health?
iv. What else could be done to mitigate the impact of austerity on prisoner health in England?

(6) Elaborating probes

In order to encourage participants to articulate their opinion in detail, during the interview, the following prompts will be posed where appropriate:

- What do you mean by…?
- What is it like…?
- In what way…?
- Why do you think that this is the case?

(7) Concluding remarks

- Closing remarks
- Appointments about reciprocal possibility to contact for any additional info
- Request for an introduction to another potential participant as part of the snowballing recruitment strategy, where appropriate.
- Respondents' validation process.

References

Barbour, R. (2014) *Introducing Qualitative Research: A Student's Guide*. 2nd edition. London: Sage.

Creswell, J. W. and Creswell, J. W. (2012) *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. 3rd edition. Thousand Oaks: Sage Publications.

Silverman, D. (2015) *Interpreting Qualitative Data*. 5th edition. London: Sage.

Understanding the Impact of Macroeconomic Austerity on Prison Health in England

Topic Guide for Interviews with National Policymakers

The purpose of this qualitative research is to investigate the impact of austerity on the prison health agenda from the perspective of national policymakers. Specifically, it will focus on questions regarding how policymakers maintain prison health standards during a time of austerity, as well as on any benefits or detriments to the prison health agenda as a result of austerity.

Introduction of the interview

- Acknowledgments for participant's time and participation
- Information about the research project
- Information about the interview
- Obtain written informed consent from the participant

---

(1) Introductory question

i. In what way did this study appeal to you?
ii. How do you see the role of your organisation in delivering the prison health agenda?

(2) Sequence 1: Impact of austerity on prison health

i. What is your view of the current state of health in English prisons?
i. How have austerity measures been implemented within the English prison system?
ii. What opportunities does austerity present in terms of prison health?
iii. What are the challenges presented by austerity regarding prison health?
iv. Apart from a reduction in the financial allocation for prisons, how else have austerity measures impacted the strategic delivery of the prison health agenda?
v. Are these measures being implemented consistently across all prisons in England?

(3) Sequence 2: External factors that impact prison health

i. Why does the imprisonment rate remain broadly constant despite a reduction in financial resources?
ii. Are there any other external factors that contribute towards the institutional instability that we currently see in English prisons?
iii. Why has the topic of austerity and its impact on prisons not been more widely discussed in academic or public debate?
iv. The Prisons and Courts Bill 2017 previously sought to introduce a new commissioning structure, new prison standards and new powers for governors. Is there any future plan to reintroduce these reforms?

(4) Sequence 3: Maintaining prison health standards during a time of austerity

i. How has the government justified austerity measures that impact prison health?
ii. How has the government demonstrated that it has exhausted alternatives prior to imposing austerity measures on prison health?
iii. What were the channels made available to you to provide feedback regarding the impact of austerity on prison health?
iv. Has the nationwide recruitment of prison officers improved the running of prison operations?
v. How close do you think austerity is to coming to an end and what changes would you envisage?

(5) Sequence 4: Alternative measures to austerity

i. Apart from economic considerations, what other considerations should be taken into account prior to imposing austerity measures on prison health?
ii. Would justice reinvestment plans be considered as alternative measures to austerity?
iii. Would contracting out either services or the overall running of institutions be viable options to reduce prison operation costs?
iv. How would you communicate the impact of austerity on prison health to politicians?
v. What else could be done to mitigate the impact of austerity on prison health in England?

(6) Elaborating probes

In order to encourage participants to articulate their opinion in detail, during the interview, the following prompts will be posed where appropriate:

- What do you mean by…?
- What is it like…?
- In what way…?
- Why do you think that this is the case?

(7) Concluding remarks

- Closing remarks
- Appointments about reciprocal possibility to contact for any additional info
- Request for an introduction to another potential participant as part of the snowballing recruitment strategy, where appropriate.
- Respondents' validation process.

References

Barbour, R. (2014) *Introducing Qualitative Research: A Student's Guide*. 2nd edition. London: Sage.

Creswell, J. W. and Creswell, J. W. (2012) *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*. 3rd edition. Thousand Oaks: Sage Publications.

Silverman, D. (2015) *Interpreting Qualitative Data*. 5th edition. London: Sage.

Appendix 5

Example of invitation letter

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Appendix 6

Example of a two-page summary of the research project

[This appendix has been removed as it contains personal information]

Appendix 7

A copy of the policy briefing circulated to all participants and key policymakers

Policy Briefing: The impact of austerity on prison health in England

Nasrul Ismail, University of the West of England (UWE Bristol)

About the research

In England and Wales, the rate of imprisonment is 155 per 100,000 people. This is slightly higher than the global average imprisonment rate of 144 per 100,000.

Prisons give the state access to a population that is at a particularly high risk of ill-health and uneven access to services.

Despite the supportive legal and policy structures surrounding prison rehabilitation, the austerity policy, which necessitates deep cuts in public sector spending, threatens its advance in improvement.

This research investigates the impact of austerity on prison health in England. It demonstrates that austerity and imprisonment are a political choice, and that a combination of these two agendas have exacerbated the existing poor health of the prisoners.

This briefing makes recommendations for policy and practice, in creating a more positive and inclusive system, in line with the country's international and domestic commitments to the humane treatment of all people.

Policy recommendations

- Consider reducing the current prison population in England. The annual cost per prison place is £38,042. Using alternative measures such as fines, community service and restorative solutions will reduce prison costs, as well as allowing the establishments to rehabilitate a smaller group of prisoners.
- Consider monitoring and publicising the level of compliance towards the established international standards of health. Intergovernmental, governmental, and non-governmental organisations can play a role in articulating that a lack of financial resources should not arbitrarily interfere with prisoners' enjoyment of good health.
- Consider publishing the details of prison spending for transparent comparison against other nations.
- Consider implementing more progressive taxation among multinational corporations, tackling tax evasion, and addressing the discrepancies in corporate tax rates. A negligible recovery rate of 0.05% (five pence per pound sterling) for the £5.8 billion tax evasion by multinational companies could raise £29 million, which can address funding shortages for prisons as well as across public services.

Key findings

The government reasoned that austerity measures were the only possible response to the economic downturn. Yet, evidence demonstrates that our economy has grown over 2% since 2013 and it has never returned to the low recession point of 2009.

Longer waiting times to access prison healthcare are becoming a regular occurrence. Prisoners are not being released from their cells. There is also a visible deterioration of the living conditions in prisons. Violence, bullying, and drug-taking incidents are increasing, making prisons far more dangerous as a place to live and work.

There is a rampant use of overtime among prison officers due to staff shortages. Additionally, there is an increase in presenteeism, where prison officers come to work ill because they feel they have little choice. Whilst sickness absence has fallen across public sector organisations in recent years, the HM Prison and Probation Service recorded an average loss of 9.3 working days last year, up from 9.1 days in 2017, due to staff illness.

We have a system where people are dying [and] we have a system where people are falling through the cracks. The problem is that… it is a prison setting. If it happened in the community, there would be a lot of disquiet and a lot of uproar in the media…(Participant 4, Advisor to a European intergovernmental human rights organisation)

Although various independent inquiry mechanisms exist to hold the government accountable for its treatment of prisoners, they do not appear to be able to overturn the harmful austerity measures.

The consistency of implementation of austerity measures makes it harder to argue that prisoners are being discriminated against, given deep cuts to housing and social care programmes, which generally have greater public support.

Privatisation of prisons, an initial attempt to reduce prison operational costs, increases monitoring costs for the government in the long run. There is no evidence that demonstrate private prisons rehabilitate prisoners better than public sector prisons.

Alternatives to austerity, such as reviewing sentencing policies, ensuring intergovernmental, governmental, and pressure group organisations provide greater oversight on prisoners' right to health, and ensuring greater resources that the English prison system requires, can help to make prison institutions more stable.

[P]risons, like hospitals, are expensive. Prison health is best served when the general principle of avoiding sending people to prisons is applied…. (Participant 2, Consultant for an international health organisation)

References

The findings in this policy briefing can be referenced by citing the following publications:

1. Nasrul Ismail (2019) Contextualising the pervasive impact of macroeconomic austerity on prison health in England: a qualitative study among international policymakers. BMC Public Health;19:1043, https://doi.org/10.1186/s12889-019-7396-7.

2. Nasrul Ismail (2019) Rolling back the prison estate: the pervasive impact of macroeconomic austerity on prisoner health in England. Journal of Public Health, fdz058, https://doi.org/10.1093/pubmed/fdz058.

Further information

This research is supported by an Economic and Social Research Council (ESRC) Research Studentship Award (ESRC Grant: ES/P000630/1). The views expressed are those of the author and not necessarily those of the funder.

Contact the researcher

Nasrul Ismail, Department of Health & Social Sciences, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY, United Kingdom.

Email: Nasrul.Ismail@uwe.ac.uk

@nasrulismail27

The feedback that I received after the circulation of these documents was positive. One participant said, “I've read your articles with great interest – and admiration; very well done; and I'm happy to know that I've been able to provide some support to your work”.

Most participants asked to be kept in touch and to be informed of all publications deriving from this project for reference.

Several participants even forwarded the paperwork to their wider network who operated at the United Nations, the European Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, the House of Commons Select Committees, and the UK National Preventive Mechanisms.

[This appendix has been removed as it contains personal information]

Appendix 8

Conference presentations throughout the PhD study

- Ismail, N. (2019) Impact of austerity on prison health in England: a qualitative study involving national policymakers. 12th European Public Health Conference, 20th – 23rd November 2019. Marseille, France.

- Ismail, N. (2019) The pervasive impact of austerity on prison health in England: the perspective of national policymakers. Oral presentation at The Fifth International Conference on Law Enforcement and Public Health (LEPH), 21st – 23rd October 2018. Edinburgh, United Kingdom.

- Ismail, N. (2018) Impact of Macroeconomic Austerity on Prisoner Health in England: A Qualitative Study Involving International Policymakers. Oral presentation at The Fourth International Conference on LEPH, 21st – 24th October 2018. Toronto, Canada.

- Ismail, N. (2018) The Impact of Macroeconomic Austerity on Prisoner Health and Well-being in England: Preliminary Findings from an International Study. Invited presentation at the Prison Health Research Symposium, University of Central Lancashire, 20th June 2018. Lancashire, United Kingdom.

- Ismail, N. (2018) What is Good Prison Research? A PhD/Early Career Perspective. Invited presentation at the 2nd International Correctional Research Symposium 2018, 8th May 2018. Prague, Czech Republic.

Appendix 9

Ethical approval by the Faculty Research Ethics Committee at UWE Bristol in December 2017

[This appendix has been removed as it contains personal information]

Appendix 10

Ethical approval from the National Research Committee of the Ministry of Justice in January 2019

Ministry of Justice

HM Prison & Probation Service

National Research Committee
Email: National.Research@NOMS.gsi.gov.uk

11 January 2019

APPROVED SUBJECT TO MODIFICATIONS

Ref: 2018-381
Title: Understanding the Impact of Macroeconomic Austerity on Prison Health in England.

Dear Nasrul,

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 modifications:

- The research question: *"How do national policymakers challenge the oppressive nature of austerity that threatens the overall prison health governance in England?"* should be reworded more objectively and with less emotive and leading language.
- Similarly, questions in the topic guides to participants should also be reworded to remove assumptions. For example, the question "*Were any channels made available to you to enable you to raise your concerns regarding the impact of austerity on prison health?*" assumes that the participant had concerns.
- As healthcare services are provided by the NHS England Health and Justice commissioning group, the Committee recommends that the context of austerity, as set out in the proposal, is enhanced by reference to NHS England Health and Justice funding decisions. You may also wish to separately seek approval using this link: https://www.myresearchproject.org.uk/
- Additionally, the Committee recommends that a clear definition of austerity – including dates - is provided in accessible language to avoid confusion with other concepts and processes. Similarly, a definition of 'health' in this context should be provided to participants to ensure conceptual clarity in the interviews.
- The HMPPs Business Plan 2018-19 sets out the current context of challenges across the custodial estate and references phenomena such as a growing elderly population and Novel Psychoactive Substances. These phenomena have significant relevance to the area of public health in prisons and

although related, are distinct from government policies on expenditure. The research may wish to consider their interaction with the concept of 'Austerity'.

- The current proposal indicates that Prison Governors might receive two letters. One to invite them to participate in the study and another to ask for permission to interview prison officers. The Committee recommends that these letters are combined,
- As participants are being approached due to their very specific roles, particular attention should be given to ensuring their anonymity. If anonymity cannot be guaranteed, respondents will need to be fully informed about this prior to providing their consent. Additionally, if establishments will be easily identified in the findings, participants should be informed of this via the consent form.
- The consent form must also inform research participants that they can refuse to answer individual questions or withdraw from the research until a designated point (that needs to be defined), and that this will not compromise them in any way.
- When using recording devices, the recordings should be treated as potentially disclosive and it is recommended that devices with encryption technology are used. Recordings should be wiped once they have been transcribed and anonymised unless there are clear grounds for keeping them any longer.

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.

Yours sincerely,

Lydia Baxter
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 11

Ratification letter from the UWE Faculty Research Ethics Committee in February 2019

[This appendix has been removed as it contains personal information]

Appendix 12

HMPPS Research Criteria

I reviewed my application against the following seven criteria prior to submission that ranged from linking the research to one of the HMPPS priorities to anticipating demands on resources for each individual establishments (HMPPS, 2017b):

1. Is the application sufficiently linked to HMPPS priorities? At the time of submission, their priorities were:

    a. Delivering punishment and orders of the court;
    b. Security, safety and public protection;
    c. Reducing reoffending;
    d. Improving efficiency and reducing costs.

2. What are the anticipated demands on resources? This includes, but is not limited to, staff time, office requirements and demands on data providers.

3. Does the research overlap with other current or recent research?

4. How appropriate and robust is the research methodology?

5. Are there any data protection or security issues to consider?

6. Are there any ethical considerations?

7. What is the extent of the applicants' research skills and experience?

There are seven key sections to be completed in the application form (Ministry of Justice, 2019):

1. Key details about the applicant and information regarding the research project, for instance, the proposed topic and the project collaborators;

2. The aims and objectives of the research, which include an outline of the primary research questions, the alignment of the research utility to HMPPS business priorities, and the potential contributions to academic knowledge;

3. The proposed methodology, together with the resource implications and operational risks of using the proposed methodology;

4. The requirement to access the prison frontline, which asks for a rationale on the selection of these institutions;

5. Data protection, which involves issues around data collection, retention and disposal. In addition, compliance with the European General Data Protection Regulation 2016/679 is required. This ensures that participants have the right to be informed of the research and how their data are handled and stored following the interviews, along with the right of access, rectification, erasure, portability, and object of data processing;

6. The research ethics approval which it is intended will be sought from other institutions, for example the university ethics committee; and

7. The proposed dissemination routes of the research.