

University of Warwick Prisoner Participation Project (PPP) *Brief for Stage One Selection (Chemistry meeting)*

Background

Prisoners, Medical Care and Entitlement to Health in England and Ireland 1850-2000 is a five-year Wellcome Trust funded project researching topics that resonate with current concerns in the prison service including:

- *the very high incidence of mental health problems amongst prisoners
- *the health of women, and maternity services in prison
- *the link between nutrition and health in prison
- the harmful impact of prison on young offenders
- reform organisations and reintegration into the community
- political prisoners, hunger strikes, and health
- responses to addiction and HIV/AIDS.

Warwick's particular research interests are marked with an asterisk. The project is shared between the University of Warwick, University College Dublin, London School of Hygiene and Tropical Medicine, and Dublin City University.

All the strands of research straddle the period from the start of the modern prison system in the mid-nineteenth century up to the current day, and compare the provision of medical services and notions of the entitlement of prisoners to health in both England and Ireland.

The research team is exploring:

- who advocates for prisoners' health?
- to what extent are prisoners deemed entitled to health care?
- how do debates on human rights influence the provision of medical care for prisoners?
- to what extent are prison doctors constrained by dual loyalty to the prison service and to prisoners themselves, their patients?

The project engages with policy makers and prison reform organisations, and involves several policy workshops. It will result in several public outreach projects, one of which will work with prisoners within prison and/or ex-prisoners and/or prisoners' families.

What we are looking to commission

We are looking for a partner with whom to generate a project(s) that will primarily work with prisoners within the English prison system, but might also touch upon prisoners' families and ex-prisoners post-release. You must be **expert** in negotiating within prison bureaucracy, because we aren't.

We have included in the appendix a list of potential partner organisations we are approaching. If you felt a proposal would be stronger through working with a(nother) partner(s) please do feel free to make approaches yourself to these or other organisations you can recommend. We will also be making the commission available as an open call.

- The project(s) must focus primarily on mental health and have some link to our historical research and research findings and history in general.
- The project may also touch upon maternity, pregnancy, women in prison, food in prison.

- The fact that Warwick is not the main research location for juvenile offending does not preclude working with youth offenders.
- A potential broad theme *might* be nourishment (physical, mental, spiritual)
- The project must have completed its work within and outside prison by Summer 2018; the finding / results / observations will feed into a policy event in Autumn 2018 (tbc)
- The partner must be willing and able to talk about the project at the Autumn policy event.
- The project must be focussed on work within prison, but we also hope for some sort of external public sharing – which might be an event, exhibition, panel discussion, seminar etc. It is not essential, but something to keep in mind.
- We are open to practically any artform (in its widest sense) that you think you could take into a prison: theatre, writing, dance, music, singing, reading, painting, photography, drawing, debating, digital, radio, collage, object handling etc. It might even be a project which is more ‘think-y’ and less ‘output-y’ – there don’t have to be physical outcomes like paintings or theatre pieces.
- But we do need to have evaluation methods – what did we (you and us) and participants learn? How did it change us all? What implications might it have for prisons, mental health, physical or spiritual health? What policy outcomes are there?

Funding & selection

We have around £20K funding to be able to offer a partner(s) a design and delivery fee and to fund any facilitator / material costs and costs associated with an external sharing event.

From the applications, we will select six to eight organisations with whom to hold chemistry meetings (it’s important we get along!) and take three through to a second round where we can discuss ideas in more depth. We will work with those going forward to the second round to create a reasonably detailed budget at that point.

How to apply

Please send one page of A4 responding to the brief above with outline ideas, evaluation methods, possible public sharings, timescales, and indicative budget. Please outline any constraints (periods of unavailability etc) and tell us about the audiences you could reach and the approaches you might take. We want to work in partnership but we also want you to give your expertise free reign.

Applications should be sent to Flo Swann, Public Engagement Officer on the prisoner health project. **f.swann.1@warwick.ac.uk** Please don’t hesitate to get in touch with Flo if you would like to have an informal chat prior to submitting an application.

- Applications must be received by **Sunday 25 June midnight** and will be acknowledged as received.

Decisions on who to take forward to chemistry meetings will be made by

- Professor Hilary Marland
- Dr Rachel Bennett
- Dr Margaret Charleroy
- Ms Flo Swann
- Ms Katie Klaasen (tbc)

Chemistry meetings will be held at the University of Warwick on **05 & 06 July**. Second stage date tbc

Appendix

- Project website, and other relevant site
- Relevant reading
- Examples of materials that would be available
- Warwick project staff and their research themes
- Partner organisations approached

Websites

- [Project website](#)
- [Centre for History of Medicine \(CHM\)](#), Warwick
- [Prisoner Health project pages](#) within CHM site
- [Institutional Diet](#) event

Relevant reading

- [Prison: still searching for a solution](#) article Warwick Knowledge Centre
- [Fish Custard anyone? The food of healing and punishment](#) article Warwick Knowledge Centre
- Our [evidence submission](#) to the Joint Committee on Human Rights inquiry into *Mental Health and Deaths in Prison*
- [Prisoners of Solitude: bringing history to bear on prison health policy](#) article in *Endeavour*
- Our e-newsletter [Issue 1: March 17](#) [Issue 2: April 17](#)

Examples of historical materials that would be available

- Prisoners' memoirs
- A chaplain's journal
- Minute books from Pentonville Prison in London
- Liverpool Gaol archives
- John Burt's book on the system of separate confinement (of which he was a great supporter)
- Prison Commissioners' Reports
- The medical journal of a ship's surgeon
- Correspondence to, from, and about Mountjoy Prison in Dublin
- Reports on individual prisoners and newspaper articles

Warwick project staff and their research themes

Professor Hilary Marland

Hilary is one of the lead academics on the project and Director of the Centre for the History of Medicine at the University of Warwick. With the other lead, Professor Catherine Cox (UCD) she is researching mental health in prison.

Drawing on prison records, official reports, medical literature and memoirs, Hilary and Catherine are investigating the ways in which mental breakdown was, and is, experienced by prisons and their prisoners, mapping changes in approaches to care and treatment. They are exploring the impact of reform and change in health care provision within and beyond the prison walls, and the relationship of the prison with the mental hospital and psychiatric services.

Since the inception of the 'modern' prison system in the mid-nineteenth century to the current day, the relationship between mental illness and the prison has been hotly debated, in terms of why so many prisons

came to contain large numbers of mentally ill people, as well as their tendency as institutions to produce or exacerbate mental disease.

Prison governors, medical officers, chaplains and other prison officers have been, and still are, grappling with relentlessly high levels of mental illness among prisoners, and the detrimental impact of prison regimes – solitary confinement, overcrowding, and poor diet and conditions.

Historically, advocates of these regimes and prison officials were often reluctant to acknowledge the impact of prison discipline on prisoners' health and wellbeing, as they remained ever alert to cases of malingering and feigned insanity. Mental breakdown was often attributed to the intrinsic mental weakness of the prison population and by the late nineteenth century explanations of the criminal mind were invoked which rested on ideas of degeneration and hereditary weakness.

Hilary's previous research and publications have focused on the history of psychiatry, including *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (2004) and the relationship between migration and mental illness, a joint project with Catherine, resulting in *Migration, Health, and Ethnicity in the Modern World* (2013). Her most recent book *Health and Girlhood in Britain, 1874-1920* was published in 2013.

Dr Rachel Bennett

Rachel is examining women, health care and maternity in English and Irish prisons. She is addressing broad questions surrounding access and entitlement to medical care within the prison and examining them from the female perspective. She questions the role of the prison medical officer in shaping the daily prison routine and whether there was, and is, an acknowledgement that penal provision must be differentiated, first on the basis of gender but also if a woman is pregnant. Her research also explores whether 'innocent' infants were, and are, more entitled to medical care, both pre- and post-natal, than their incarcerated mothers and how this impacts upon the treatment of pregnant prisoners in theory and in practice.

Since the creation of the modern prison system, women have been imprisoned separately from their male counterparts. While some historical attention has been afforded to the running of female-only prisons, and how this differed from the regimes imposed in male prisons, Rachel examines if, and how, gender distinctions impacted upon the provision of medical care within female prisons.

It also questions whether prison administrators and prison doctors acknowledged the distinct requirements of women in terms of such health matters as diet and sanitation and whether responses to a prisoner's physical and mental ill health were differentiated on the basis of gender.

Rachel examines the conditions in which pregnant women were incarcerated, drawing upon evidence showing that medical examination of women upon entry into the prison was often perfunctory; until they were at a very advanced stage of pregnancy, women were often subject to the normal prison routine, including being locked in solitary confinement for long periods which was liable to cause psychological stress exacerbated by the limited availability of emergency attention. Bennett is exploring the extent to which there were specialised maternity facilities in prison hospitals as well as specially trained staff on hand to offer medical assistance to pregnant women, and if there were provisions for midwife and health visitor contact particularly after the turn of the twentieth century.

Prisoner memoirs offer day-to-day accounts of prison life, and newspapers and medical journals reveal interesting examples of the debates on the reform of medical care in prisons. The standard of medical care that should be afforded to pregnant prisoners and their unborn infants was regularly debated during the

twentieth century. Enquiries into conditions in female prisons offer a unique insight into the emergence of new ideas on female prisoners' entitlement to health. In addition, the research draws upon numerous cases, where the inadequacies of the medical care afforded to female prisoners, particularly in cases of pregnancy, had resulted in the death of mothers and their infants. These cases attracted the attention of the prison authorities, piqued the public's interest and produced responses by reform groups.

Dr Margaret Charleroy

Margaret's research takes an integrative approach to medical history, drawing on questions and methods from population studies and social science history. For this project she is examining the management of prisoner's health, disease, and chronic illness in institutions shaped by imperatives to punish, control, and rehabilitate as well as efforts to improve conditions and prisoner's wellbeing.

Medicine in prison has always existed within competing objectives. On the one hand, prison medicine, and those practicing it, aimed to rehabilitate inmates and prepare them to contribute to society upon release. On the other hand, medicine was practiced in a context where the mission is to house, control, and discipline inmates for the actions that brought them to the institution. This rendered prison medical practice more innovative as practitioners, called upon to balance contradictory objectives, were willing and able to experiment with treatments, physical structures, and social organization. The contradictions at the heart of prison medical practice pushed correctional institutions into the frontiers of medical practice.

This is evidenced in physician management of inmate diet, discipline and punishment. Inmates, for example, were punished through hard, often unproductive, labour. The physician was responsible for determining the maximum physical stress each inmate could safely endure in labour placement. In this capacity, his duty of care for his charges competed with his responsibility to the prison administration in the very same act.

Partner organisations approached

RideOut
Stretch
Prison Choir Project (London)
Poets in Prison
Through the Gap Theatre (Women in prison, York)
Imagine If Theatre (Leeds)
Unlock Drama (Milton Keynes)
TiPP (Manchester)
Changing Tunes (Bristol)
Finding Rhythms
Synergy Theatre (London)
Open Clasp Theatre (Newcastle)
Clean Break (London)
Cardboard Citizens (London)