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## 'Helping Not Hurting': Horizontal Care and Learning to Peer Care in Prison

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### ABSTRACT

Over the past two decades, the proportion of older prisoners has increased dramatically from 7 to 17 per cent of the total prison population in England and Wales. This is problematic as their needs are holistically different to their younger counterparts and prisons are not designed for issues associated with older adulthood. Increases in human frailty, disability and dependency raise numerous financial and managerial issues for prison administrators. These issues are set against a backdrop of reduced funding, overcrowding, increasing violence, increasing self-harm and suicide. The study investigates existing low-level, preventative peer caregiving practices, examining the factors that constrain or promote care giver/receiver relations in a prison setting. The aim of the study is to contribute to new understandings that can mitigate the effects of an increasingly ageing and infirm population, by developing the amount and quality of peer caregiving. Data were collected using mixed qualitative methods, namely, participant observation and interview. Prisoner peer caregiving is identified as a relatively new discourse and practice that is in tension with better established discourses and practices of security, control, and managerialism. Developing models of horizontal care, supported by social forms of learning are recommended as contributing to improving peer care practice in prisons.

### KEYWORDS

Older and disabled prisoners; prison research; ethnography; peer care

## Introduction

Older and disabled prisoners (ODPs) have increased dramatically (Ministry of Justice [MOJ] 2019), and this runs counter to the 'age-crime curve' concept (Mann 2012). As many as 90 per cent of older prisoners have a moderate or severe health condition, and 50 per cent have three or more (Criminal Justice Alliance 2020). Increased human frailty and dependency has exposed issues in relation to the need for supporting ODPs with their Activities of Daily Living (ADLs), and the management of formal health and social care for ODPs, (Her Majesty's Inspectorate of Prisons [HMIP] 2018; Probation and Prisons Ombudsman [PPO] 2017). This is in the context of continued criticism of prison health services

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(House of Commons Health and Social Care Committee 2020), 12 years of austerity measures and increased prisoner unrest (National Audit Office [NAO] 2020). Taken together, the issues raise numerous economic and managerial issues for prison administrators (Lee et al. 2016; Tucker et al. 2018). The plight of ODPs is embedded within the context of late modern, populist public perceptions on crime and victimisation (Garland 2006), and a dramatic shift towards tougher sentencing (MOJ 2019), and this has been linked to the proliferation of neo-liberal policies (Wacquant 2010).

Prisons can be seen as a microcosm of the wider socio-political system, indeed many of the issues identified in the study, such as the ageing demography and a lack of recognition of the value of social care, mirror issues in the community. Historically prisons have had a single-minded approach to their main purpose of the secure containment of prisoners yet increases in the numbers of frail and vulnerable population mean that they now serve more than one purpose, such as maintaining the safety and welfare of ODPs. Prison regimes are undifferentiated by age and environment, and there is evidence of operational weighting towards the needs of the majority younger population (Prison Reform Trust 2017; Shaw et al. 2020). In combination, these issues mean Her Majesty's Prison and Probation Service [HMPPS] is facing a perfect storm of increasing need at a time of limited resources and increasing unrest (NAO 2020).

In partial response to the problems and to the Care Act (2014), HMPPS issued national guidance (Prison Service Instruction [PSI], 17/2015) instructing governors to mobilise able-bodied prisoners to provide peer support for others with needs, legitimating the role of the prisoner peer caregiver.

The purpose of this study is to understand the current state of peer social care in a U.K. prison, to expose the causal tendencies that inhibit/enable the processes of prisoner peer caregiving, and to recommend practices that might promote better care giver/receiver relations and practices in a prison setting.

## Methodology and analysis

Building on a literature review conducted in 2015 by Stewart and Edmond (2017), the relevant literature published between 2015 and 2021 was searched, summarised, and synthesised to prevent repetition of previous studies, and to shape the research question.

The study is framed within critical realist ontological and epistemological perspectives. Data were collected using qualitative methods, that is participant observation, interviews, document analysis and researcher reflections. The qualitative nature of the inquiry enabled a detailed exploration of the features of daily life of the participants in a normally concealed environment. As supported by Corsaro and Molinari (2000), ethnography is an ideal method to document participants' membership in their culture and focus on key transitions.

The caregiver /receiver dyads were observed over 22 days and twelve ODPs were interviewed in three separate residential areas. Their ages ranged from between 41–93 years of age although the overwhelming majority were aged above 60. A continuously reflexive approach was adopted in relation to the positioning, impression management and ethical decision-making, (see Stewart 2020).

Exemplary quotes, researcher notes, and reflections were thematically clustered and analysed according to the ideas of Braun and Clarke (2006). 'Caregiving' and 'learning' were identified as crucial social practices that underpin the development of peer care,

therefore based on reflection of the results of the pilot study and the literature review, the concepts of ethics of care, theories of social learning, and theories of personal development provide the theoretic perspectives for the interpretation and analysis of the data.

## **Ethics of care**

'Care' is an enduring and contested issue in social policy (Lloyd 2006). Caregiving and receiving are usually understood within a context of intimate personal relationships in which one person has greater need than the other. Care is essential in the early stages of human survival, and it is likely that we will all become emotionally or physically dependent and frail as we age, and in the period approaching death.

Fisher and Tronto (1990) and Tronto (1993) put forward a broad definition of care:

On the most general level, we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our world so that we can live in it as well as possible. That world includes our bodies, our-selves, and our environment, all of which we interweave in a complex, life sustaining web.

This broad position grounds the political dimensions of care (responsibility, power) in how care is unequally valued and distributed.

In ethics of care humans are seen as fundamentally interdependent, and by emphasising care as a relational process, an ethic of care acknowledges caregiving and care receiving as a process involving a diverse group of actors with differing motives. By placing the person in need at the centre stage, ethics of care helps us to consider 'the lived experiences of giving and receiving care, and how context, conflicts, and power impact the difficult moral decisions as well as the practical tasks of care' (Barnes 2006).

## **Theories of self-development**

A complex range of psychosocial theories have been used by psychologists, social workers, health researchers and criminologists in their attempts to theorise the outcomes of prison peer working. Such theories demonstrate the impact of learning, reciprocity and team working on the individual, helping to elicit their motivations and changes to their embodied narratives, towards the performance of pro-social behaviours. The connection between providing support for others and personal change is discussed in relation to several theories of personal transformation, for example, 'wounded healer' narratives (White 2000) and narratives of redemption and generativity (McAdams et al. 1985).

## **Situated learning theory**

Communities of Practice [COPs] are defined by collective approaches to problem-solving and common goals (Wenger 1998). Communities are sustained and practices reproduced by on-going inter-connectivity between group members or communities. Groups develop an embodied curriculum in specific areas of interest, that are based on mutual practices, and contribute to the development of a sense of community. Consequently, the analytic focus veers towards performance and interpersonal events, such as exchanges of communication (Wenger 1998). The conceptualisation of power becomes more central to

the theory, and there is a drive to understand how individuals and groups develop meaning.

Owing to an absence of formal training and the community orientated transmission of knowledge and practice, social theories of learning provide an appropriate theoretical lens to support the analysis of existing learning processes and practices, and the possibility of making recommendations for future learning practices.

## Ethics

ODPs are regarded as an extremely vulnerable population, as such, I was highly conscious of not wanting to further stigmatise or 'other' the participants or incur reputational damage to the organisation. Ethical considerations were approached from the perspectives of both 'procedural ethics', for example, formal authorisation for research, and an 'ethics of practice', or dealing with conflicts and dilemmas occurring within the course of the research (Guillemin and Gillam 2004). My aim throughout the research process was to give visibility to my decisions and actions, and to increase the transparency of my reflexive processes thereby maintaining a continuous and critical approach to ethical reflection. This process was assisted with persistent reference to the British Educational Research Association [BERA] (2018) ethical guidelines.

From a procedural perspective, an internal University ethics application was lodged at tier 2, this was endorsed on 07.11.17. Subsequently an application was subsequently placed with the National Offender Management Service research ethics panel. Once approved, I was connected with a local research advisor to discuss the parameters of the study, and residential custody managers were informed of my presence and the research aims.

## Reflexivity

Ugelvik (2014, 272) advises, 'In reflexively self-conscious ethnographic accounts, it is important to disclose one's auto-ethnographic roles as these are vital for the reader trying to make sense of the text'. As such, my privileged status as a white, middle-aged male, with knowledge of the prison system engendered a position of relative power. Moreover, my reflexive positioning is unusual in that I have had a good deal professional involvement with prisons, namely, as a prison nurse, prison nurse manager and nurse educator. Pertinently Coffey (1999, 1) suggests, 'Ethnographers should be aware of how fieldwork, research and textual practice construct, reproduce and implicate selves, relationships and personal identities.' It is therefore suggested that my field worker self is mediated specifically by my embodied professional socialisation as a former prison healthcare professional.

## ODPs and peer care in prisons

All the ODPs interviewed required variable levels of assistance with their ADLs, moreover 9/12 interviewees were serving their first sentence in later life. These characteristics are defined elsewhere as the 'double burden' of ageing in prisons (Turner et al. 2018). Older prisoners are the fastest rising sub-group in the prison demography, with figures

predicted to rise from 13,616 in 2018–14,100 in 2022 (MOJ, National Statistics 2018). The causes of this development include an increase in life expectancy, higher custody rates, an increase in people committing crime in later life and targeted drives to retrospectively prosecute historic sex offences (PPO 2017; MOJ 2018).

Despite high incidences of age-related problems, prison administrators have been slow to respond to the social, physical, and mental health needs of this sub-group of prisoners (Aday and Krabill 2013). Furthermore, social care in prisons falls short of the target of parity with community services, as set out in the Care Act (2014), (Tucker et al. 2018). Consequently, prison officers have come under pressure to provide social care, mental health care, palliative care, as well as their custodial role, and this is without adequate training and support.

In response to the above challenges, there have been changes to local and national policies in support of the development of peer interventions. The caregivers (known locally as Buddies) are risk assessed and employed under HMPPS regulations (PSI 6/2012), and their roles are defined by PSI (17/2015) which delineates between ‘personal’ and ‘intimate’ levels of care. There were differences in the composition of the caregiver teams between the residential areas; however, in general the caregivers were younger (aged 29–60 years) and more physically able than the ODPs.

Peer workers are prisoners who have earned trust ‘through their conduct on the landing and they are given more autonomy than standard prisoners’ (Nixon 2019, 44). Although academics have found it difficult to estimate the economic value of peer care (Bagnall et al. 2015), it is reported that 87 per cent of prisons have schemes to promote peer care (Forsyth, Heathcote, and Senior 2019). Caregiver activities include helping and care at practical, social and emotional levels (Stewart 2018).

In the following sections, extracts are presented and discussed from a combination of observations, interview transcripts and researcher reflections, describing the perspectives of the interconnecting individuals and groups.

## **Theme 1: immediate precarity and longer-term risks**

In this section, an illustration of the daily lives and personal troubles of the ODP participants is presented. Day-to-day life is characterised by a blend of predictability, concerns for personal safety, the possibility of dying in prison and uncertainty about their longer-term futures in the community. The extracts allude to the subjective costs of life within a regime that is undifferentiated by age and environmental quality.

Precarity is considered as a ‘condition of living with insecurity, uncertainty and possible exploitation, as well as social suffering that affects most of the (prison) population’ (Casalini 2019, 134). The principle of precarity provides the foundation from which to explore the experience of living with frailty and disability in prison, and subsequently, the priorities of care.

An increasing level of dependence was typified by the views of an 85-year-old ODP, who enjoyed relatively good physical health, but lived with a diagnosis of dementia. It is an emotionally charged statement, in which multiple vulnerabilities become apparent.

(ODP, Eddie). ‘Life would be very different without them (the Buddies)’. I wake up and I don’t know where I am, it takes me a while to get going. I don’t feel like I’m getting older, but I

opened a packet of biscuits the other day and they ended up going all over the floor, I suppose that's a sign (of ageing). I'm 85, I've outlived my closest family, I won't see my sentence out. It's not their (the Buddies) job but they come in every day and every night, it's valuable to me.'

The example of undertaking an ordinarily simple activity is used to highlight a growing awareness of physical and mental decline, and this evokes a sense of loss associated with the universal processes of ageing. This self-perception can add to the pressure on older adults, who wish to avoid being seen as losing their capacity for self-reliance (Lloyd 2014). There is a mixed view on the caregiver's skills and competence but also an appreciation of their contribution to his quality of life, coupled with hint of reluctant dependence. Eddie has learned that the Buddies visits help to instate an affective sense of belonging and the sense of connection appears to carry added importance given the absence of other supportive relationships. Eddie suggests he will not survive the duration of his sentence which essentially amounts to a 'de facto' life sentence (Turner et al. 2018), and there is an unhappy reference to the prospect of dying behind bars.

The following quote pulls together a range of interconnecting issues including a connection between age, infirmity, and environmental factors.

(From interview with ODP, Sam). 'I used to get on well with this young Brazilian chap, you know, he used to pop down and have a chat occasionally. I asked him to push me (wheelchair) once, but he just didn't have a clue. He thought it would be funny to go a bit faster ... I don't think he realised; it wasn't a good experience for me ... it frightened the life out of me; coming out of my wheelchair would be really dangerous for me. There was another chap, he pushed my chair through a pile of pigeon poo, it's not nice stuff. It sounds so petty, but it attached to the wheel, and then it got all over my cell floor, I can't get to it to get it off.'

There are several elements to this narrative of disempowerment and carelessness towards Sam's personhood and health status. His younger friend thought it would be a thrill to ambulate his wheelchair erratically, but he is unaware of the ODPs fear, and of the consequences of him falling from his chair. The ODP has difficulty manoeuvring himself into a position to be able to uphold his personal and environmental hygiene needs. The event places him in a dependent position as he will have to rely on someone to assist him with these unpleasant tasks, resulting in a sense of disempowerment.

Much of the research site was designed and built in the pre-Victorian era with the purpose of accommodating younger, able-bodied individuals. Within the small community of ODPs, hierarchical relations and to an extent the prevailing prisoner culture was less overt, yet friction between groups resulted in occasional intergenerational expressions of frustration. For example,

(Interview with ODP, Jack), 'They kept bringing me the wrong meal, I couldn't put up with it. I went down there and threw my lunch back at them. But, let's be honest, I can hardly breathe never mind have a go (fight) with them'.

Here we see an attempt to manage a delicate sense of self in the context of diminishing physicality and autonomy. This could reflect a need for a managed front and to express agency in the context of the prisoner culture and risks of exploitation. Jack projects a masculine image of toughness, independence and risk taking, alongside internal concerns

about frailty and safety, resulting in him feeling one way but having to behave in another. As Biggs (2004, 51) observes, 'the mask of masculinity is a trick of identity management'.

The extracts confirm the findings of the literature review about the high level of vulnerability of the older prisoner population and provide a front row perspective on the sources of precarity. In the context of prison culture, the stigma associated with their offending, discourses of ageing and hegemonic masculinity, the ODPs were at the bottom of the prisoner hierarchy. The transcripts show that although the ODPs privately expressed vulnerability, they wanted to be perceived as independent and competent within their community. Furthermore, there were numerous expressions of concern about their futures, discharge from prison and the possibility of dying behind bars.

## **Theme 2: expressions of care in prisons**

This section deals with the issues of who cares in prison, and in what way. I delimit caregiving as restricted to formal services, showing the expression of care to be diffuse, multi-dimensional, and often spontaneous. Practices associated with peer caregiving are shown to occur within the inter-connecting fabric of peripheral social activities that serve to shape prison life and help the prison to function. Prison culture and hegemonic masculinity mitigate against expressions of emotion and care among the male population. However, the following examples buck stereotypical notions of hierarchical relations and demonstrate a willingness to 'do right' in response to human vulnerability.

(From interview with ODP Ralph). During my interview with Ralph, we are spontaneously interrupted by a former Buddy who has casually called in to check on his well-being. I use the opportunity to keep him talking about his experiences; in relation to peer care he suggests ... 'The main thing is having a bit of mutual trust and having a bit of chat, a cup of tea and biscuits. You get to know things like how they like their beds made ... it could be something silly, something simple. I used to leave a clean cloth with a dob of disinfectant on it by the sink, then he can have a go at cleaning something himself if he needs to ...'

There are several striking elements within this extract. The visitor no longer works as a caregiver, yet he has retained a sense of responsibility towards the ODP and continues to visit him, even though there are no financial incentives or gains in terms of his sentence. He acknowledges the importance of trust and attention to detail, and consistent with the findings of research by Clarke, Dyer, and Horwood (1998), of not waiting to be asked how to help. He appears to understand that supporting the ODP to help himself is more important than doing things for him. By leaving a cloth and cleaning product in an accessible position, he enables the older adult to uphold his level of self-care and sense of personal autonomy, and this is important in terms of maintaining the ODPs age identity.

The above situation holds interest in terms of individual motivations to support others and how they have learned to provide support. It demonstrates that the process of providing help and care are not neutral as some individuals appear more motivated to provide support than others. This is significant in terms of planning peer caregiving, and the potential of matching caregivers and care receivers.

In the following extract an older participant serves a supportive function to the younger caregiver.

(Interview with Buddy, Lee). 'It's not what I'd have expected but I sometimes like hearing what the older guys have to say, and it does help me when they listen to me and give advice. The young help the old; we have a talk and that, and the old help the young, you know?'

The aforementioned extract describes the responsiveness of the older participant towards his caregiver and provides evidence of completely informal, supportive relationships. The relational exchange implies a sense of intergenerational 'generativity' which (McAdams et al. 1997, 678) describe as 'the concern for and commitment to promoting the next generation, manifested through mentoring'. The ODP provides a supportive ear for the younger caregiver and their discussions appear to positively influence his mental well-being and enable Lee to progress through his sentence constructively. In their discussion of peer working in prison, Perrin and Blagden (2014) suggest listening to others' problems creates a feeling of togetherness and help to counteract loneliness. There are several implications within this short extract: caregiver / care receiver dyads have the potential to foster positive affective outcomes, there are inter-subjective benefits for both parties, and significantly care can be reciprocated in more than one direction.

This section describes a range of peripheral individuals involved in helping and supporting, and examples of socially emergent practices of care are provided. As the peer caregivers were permanently based on the wings, they were well placed to develop an understanding of the ODPs needs and be the main source of personal care. Within the all-male, hyper-masculine environment the visibility of dependence, appears to trigger a willingness to respond with humanised, altruistic interactions; some ordinary prisoners are shown to be attuned and responsive to suffering, leading to examples of horizontal and bi-directional care. The centrality of relationships and attention to emotional dimensions of care are also visible.

### **Theme 3: caregiving and personal development: who cares wins**

Caregiving in prisons can be physically and emotionally demanding and it can be fraught with conflict. Developing an understanding of the intrinsic and extrinsic costs and benefits the caregiver's extract from the role, and factors that sustain their motivation would appear central to developing knowledge of what factors might promote or demote the role. This section discusses the pains and gains associated with peer caregiving at the research site. Narratives of personal sacrifice, increased self-awareness, personal growth and identity reconstruction become visible within the data.

(From interview with Buddy, Mark), 'I like to see myself as a bit of a Mr. Fix-it, for old people, like with Mr. X a few weeks ago. When he got here, he'd lost his glasses; it might sound like a little thing, but he'd lost his glasses and was in a right state over it. This sort of thing means everything to someone with dementia. I helped him do an 'app' to go over and see the optician. He'd lost his dentures, I helped him get an app in to see the dentist. He might want to pick something from the menu, something tough or chewy, but I make sure he gets a soft diet ... otherwise he won't be able to manage it ... and he wouldn't be able to eat. I like to be recognized as like a 'go to' guy for this or that, it makes me feel useful. I know the system; I like having a purpose and I'm being helpful.

Here a blend of intrinsic and extrinsic gains become discernible in Mark's representation of his preferred self. The older participant is not knowledgeable enough or sufficiently able to negotiate the applications processes and needs someone to intervene

and support him. Mark has reached a stage in his sentence where he can make use of his experientially accrued knowledge of various prison systems to be of practical support to the newly sentenced ODP. He demonstrates an empathic awareness of the anxiety induced by life without the identified items, particularly for someone living with a diagnosis of dementia. The interventions are relatively small but taken as a whole, and they have the potential to make a tangible difference to the older prisoner's well-being.

In his study of the factors that contribute towards crime desistance, Maruna (2001) found that many offenders expressed a strong desire to support others as a way of 'giving back' to society, and as a method of earning redemption. The 'wounded healer' narrative (White 2000) refers to the 'professional ex', for example, individuals who have recovered from addiction, or in this case, an offender who made the adjustment to prison culture. Their identities are re-positioned or transformed in relation to helping others who have yet to realise change. This is accomplished through sharing one's experience, strength, hope and acting as a role model or 'helping others who are not as far along the in the recovery or reintegration process' (Lebel, Ritchie, and Maruna 2016, 110). Collica (2013, 23) further extends this process saying to 'make good' offenders need to be able to find 'a higher purpose while subsequently making sense out of their life histories'.

The theme of personal change is continued in the next extract.

(Buddy, Gary). 'If you had of seen me two years ago you wouldn't have believed I could be capable of doing this job. Things had really gone wrong for me out there; I needed to come in (to prison). I was in a really bad way; honestly, I can't say how bad things had got. I always took whatever I fucking wanted; now I'm helping not hurting'.

There is a retrospective and charged emotional edge to Gary's extract which looks back to an undisclosed but darker side of community life. Prison has provided an opportunity for the complete change of lifestyle he needed to recover his health and sense of self. This is reflective of a view that under certain circumstances prison can work for some (Crewe and Levins 2019). There is a sense that he could not have foreseen himself working in a caring capacity, yet in doing so he has discovered unexpected personal gains. Caregiving provides an opportunity to telegraph to others that he is not who he once was (Toch 2010). The final sentence seems emotive, even poignant, describing movement from shade to light, or 'making good'. The emerging narrative has a redemptive subtext, typifying ideas of personal transformation, towards pro-social behaviour and an ideal future self. However, is Gary alluding to helping others or himself, or dualistically both? Interestingly, Maruna (1991, 287) notes that helper narratives serve 'to make acceptable, explicable and even meritorious the guilt laden, "wasted" portions of an actor's life'.

The extracts give rise to an inter-textual richness in which the nuanced and overlapping factors which sustained their motivation appear to extend from a mixture of practical benefits clustered under the sub-grouping of occupation and the re-negotiation of time. Intrinsic motivations include, the satisfaction associated with providing support for vulnerable others, adherence to a sense of duty, the effects of empathy, the re-positioning of the self in the context of their moral careers, and the enactment of new personal narratives. These processes are shown to enhance reflection and self-awareness, leading to the prospect of longer-term change. Therefore, peer caregiving appears to provide an opportunity for a transition or the turning point the participants crave to renegotiate a spoiled identity (Goffman 1963).

## Theme 4: learning to peer care

Aside from occasional guidance from untrained staff, and other artefacts, formal opportunities for learning about social care values and practices were rare. Under ordinary circumstances education occurred in clearly defined courses, that are more likely to be aligned to resettlement aims. For a range of reasons some of the formal training interventions in support of older adults seem to have enjoyed only limited success, in some cases this was attributed to staff shortages (Forsyth, Heathcote, and Senior 2019). In this subsection I foreground theory aligned to social learning, specifically COPs, in relation to social influences on learning, (Wenger 1998).

Brian says a little melodramatically: 'We work as a team and play to each other's strengths. I make a point of listening to the lads, but it doesn't always mean I'm going to act on it!' He says that he sometimes has information or a healthcare issue to pass on. Brian says they try and get together as a team once per day, although I observe them chatting together at several points in the day, sometimes for long periods of time.

There is a discernible pecking order within the small community of peer carers; status is based on personality, competence levels and length of experience. Brian seems to fulfil a foreman style role, helping to coordinate the other group members and occasionally liaising with the wing staff. He has performed the role for two years; it is my observation that he is liked and respected by the other members. I later recorded Steve from same team saying,

When he (Brian) isn't available, Nick steps into the role to act up as number one ... We can usually see when Brian or someone else is going through a tough time and when that happens, we know how to step in and cover.

There is a consensus that they support one another, their personalities are complimentary, and they are mutually engaged in jointly negotiated working practices. There is a shared repertoire of skills and shared histories of learning; accordingly, their 'practice resides in a community of people', (Wenger 1998, 78).

Social learning theory identifies learning not as a cognitive process but as social processes, stressing the importance of 'belonging, engagement, inclusiveness, and identity development' (Nicolini 2012, 80). In his seminal work Hirschi (1969) classically identified the four elements of 'attachment, commitment, involvement and belief' as important control factors in supporting changes towards pro-social behaviour in offenders. Desistance research has examined the role of relevant variables finding that, social relationships, being believed in, and a sense of purpose are meaningful in terms of reducing offending, (Gobbels, Ward, and Willis 2012). The analysis of learning to be a peer caregiver shows how through socially developmental processes, theories of social learning and criminological theories of self-development overlap. Working in teams and learning to care appears to offer the opportunity for self-development and longer-term personal change.

The staff at the research site appeared to understand a need for training but did not have the resources or expertise to sustain it. In synthesising the issues, the solution to the success of training lays not in standardised didactic training, but by making more of the resources in the environment, namely social learning processes for example, shadowing, mentoring, providing opportunities for reflective discussions, supported by

focussed workshops. Learning needs to be re-defined as socially produced, or falling outside of formal, vertical boundaries.

### Theme 5: purpose and power

In this section, I bring together the intersecting concepts of purpose and power to progress the analysis of peer caregiving and receiving at the research site, and to review how the practices of caregiving are situated and maintained. Power will be defined as 'the capacity to achieve outcomes' (Giddens 1982, 39). The extracts and analysis surface complex expressions of asymmetric relationships, highlighting shifts from traditional, clearly bounded, 'hard' power, towards notions of more contemporary and anonymous 'soft' power (Crewe and levin 2011). The analysis of power is a common link between ethics of care and theories of social learning as both theories encourage a critical discussion of power. Conflict is shown to be a feature of both learning and caring.

The opening extract helps to illustrate the nature of some ODP/officer interactions, and says much about the relatively relaxed, community orientation in the designated social care area.

(Interview with ODP Bobby). An officer looks into the cell, his facial expression is slightly ominous and imposing, he then says, 'Have you got any Spice? Have you got a mobile phone? Do I have to spin (search) your cell?' It's all very tongue in cheek, he walks away while we sit together chuckling. Bobby says, 'What would I want with a mobile phone? The only thing I miss around here is a cigarette, but my lungs are at 24% capacity'. An ODP passes in the corridor in his wheelchair, looks in and the joke continues, 'Have you got any illicit items in your cell?'.

We realise the officer is joshing with us and play along with his ironic script; it's an unexpected distraction which lifts the social climate momentarily. The interaction speaks to the backstage / frontstage social rules for acceptable interactions between the ODPs and staff in this insular community. The element of parody runs counter to the accepted prison culture, in doing so serving a bridging function, and helping to build the community on the spur. Yet we are left in no doubt who is in charge as the dynamic reproduces the asymmetric power differences between the socially distant groups. There is no need to take a strong disciplinary line with the ODP, as in Bobby's words, 'Risk? How can I present a risk? They could leave me anywhere, I'm not likely to run away', and the possibility of any kind of disciplinary infraction are low.

This situation can be contrasted with the following extract taken within the same residential area.

(Researcher note): 'The officer asks me about my vision for the peer social care training, I suggest that it could include many topics and list a few examples. When I mention issues relating to safeguarding and interpersonal boundaries, he became rather charged and responded ... 'You talk about boundaries; these are people who exploit personal boundaries. This con (former caregiver) wants to come over and 'help'; he's an ex-heroin addict, he wants to come over and grab whatever drugs he can get his hands on. Such and such is forgetful, he won't notice if his med's go missing, he won't know the difference. And do you know what else? He has £500 in his account, he's vulnerable'.

This animated monologue speaks to the respective positions of the 'ODP', 'Buddy' and 'Officer', and the relationship between them within the context of the wider, rules-based

organisation. The officer is clearly suspicious of the request; he constructs the ODP as vulnerable and blocks the request to protect him from the predatory other. The prisoner churn is slow, it is therefore likely that he has access to their records and has a good working knowledge of the backgrounds of the individuals involved. Inter-wing interactions are configured as a security risk and this trumps any potential benefits of a meeting; this position is understandable in the context of the officer's professional socialisation and discourses of security. The officer uses his procedural knowledge and professional experience to make a discretionary judgement which he believes will uphold the safety of the ODP. However, it is also possible that the request could have been made in good faith, and an opportunity to boost the ODPs quality of life has passed.

The extract shows how policy, occupational culture and tacit rules shape attitudes, actions, relationships, and affect decision-making. The flow of power within the organisation becomes overt, and status of the actors is maintained. In this instance, the officer could make a difference to the lives of the participants, but his decision aligns with discourses of security rather than the promotion of relational benefits. The situation could represent an example of officer resistance or operational cynicism (Nixon 2019), or simply a point of friction between the role of the officers and the commitment shown by the peer worker. The PSI is devoid of any type of guidance for situations such as this, and the officer resorts to established custom and practice.

## Discussion

In summary, the combination of theories and methods informed different aspects of the research, combining to shed light on the phenomenon of peer caregiving and learning to care in the environment. Ethics of care, theories of self-development and social theories of learning helped to situate and deconstruct caregiving and learning to peer care. The examination of the interactions of care dyads, team roles and peripheral communities surfaced issues relating to the relationship between peer caregivers and receivers, the motivation of caregivers, and helped to generate alternative strategies and practices for caring and learning.

This research was undertaken before the global coronavirus pandemic of 2020, a crisis which has concurrently resulted in a sudden visibilisation of the need for social care, and the effects of neo-liberal imperatives on health, justice, and social policies. The research found that services at the research site were simply not designed or configured for high numbers of dependent ODPs. Despite the best efforts of many individuals, the systemic responses to dependent prisoners were seen to be affected by reduced resources and unformed leadership, consequently the provision of peer care was inconsistent.

The combination of increasing frailty and disability, and poor environmental design literally limited the ODPs lives. Even where adaptations and adjustments had been made, the data describes problems such as, the distance between facilities, poor quality furniture, cramped cells, and accessibility issues, and these issues served to impact on the way that others were able to support and care for them. The prison regime was undifferentiated by age and loaded in favour of the majority (younger) population which resulted in concerns for their personal safety and issues relating to the expression of masculinity. There were numerous accounts of disempowering, paternalistic 'I know best' approaches to decision-making amounting to unconsciously ageist institutional processes. Yet

conversely, some ODPs described the importance of their social activities and the value of feeling cared for via peer support. The demonstration of empathy, awareness and consistency were identified as important qualities in their caregivers.

As consistent with the literature relating to ageing in males, stoicism featured in the descriptions of their lives, health status and futures. The ODPs did not want to discuss matters of 'health', 'dependence' or 'well-being' directly, moreover they expressly did not want to be seen to be 'cared for'. Mostly the ODPs did not ask for help, preferring horizontal assistance from neighbours or friends when available. They wanted to be supported to look after themselves even though the biopsychosocial processes of ageing worked to undermine this. However, when probed, peer support was appreciated, and coalesced between practical support for ADLs and emotional/social support. Help with these issues supported them to exercise varying degrees of autonomy and were central to their perceptions of independence.

The caregivers wanted to show they could change and be trusted, and caregiving represented a rare mechanism for the performance of phronesis and redemption. Prisons limit personal agency and constrain opportunities to earn redemption for previous wrongdoing; however, all the caregivers were able to identify the meaning that their role added to their existence. The communities of caregivers were seen to have internal hierarchies with the most experienced caregivers shouldering the greatest level of responsibility. Experience led to competence and this was associated with higher status within the group. Social dynamics such as attachment, belonging and maintaining an internal morality were also shown to shape the caregiver's attitudes, and subsequently how they delivered care.

For practical reasons, the performance of peer caregiving brought the potential to gain a greater sense of existential purpose and structure, through actions such as, taking responsibility for others, making practical decisions and the performance of empathy. Several caregivers suggested the fulfilment of purposeful roles evoked an increased sense of agency which mitigated the effects of institutionalisation. However, many of caregivers already struggled with their own health and social issues and were often left with nowhere to take the emotional baggage associated with the role.

## Conclusions

Prisons are usually cast as austere environments where care is sparse. Punitive discourses are normally regarded as antithetical to care; however, in this research, care in prison is shown to be diffused. Planning and policy remain largely behind the experiences of ODPs, peer caregivers and others involved in supporting this kind of activity. Current HMPPS policies and practices effectively condemn ODPs to greater levels of precarity, and evidence from the wider literature shows that such factors can affect individual's self-esteem and negatively impact on health (Navarro 2007; Pickett, James, and Wilkinson 2006). Ultimately, prison administrators should demonstrate greater recognition of the value of peer care, and fulfil their duty of care to the caregivers with training and guidance.

Fundamentally, this research suggests that when enabled to flourish, peer caregiving brings practical, relational and rehabilitative benefits to individuals and communities. The research supports a view that meaningful roles and social relationships, whether via

communities of care or communities of learning, are key to the development of a pro-social, replacement self. In the context of waning formal services, peer caregivers are possibly the best placed group to provide low-level, preventative support for the social needs of ODPs and peer care has the potential to be developed at low cost. Moreover, without peer care, it would be difficult for the courts to justify handing down custodial sentences to vulnerable groups.

In conclusion, HMPPS cannot continue to overlook this pressing collection of issues, it needs to work with health and social care agencies to take greater moral responsibility for the issues. Changes to the demography and increasing dependence confronts HMPPS with the need to re-orientate its role; discourses of security and efficiency need to be carried-out with greater parity to discourses based on rehabilitation, inter-subjectivity and mutual care. As Toch (2000, 276) suggests, 'Prisons have a great deal to gain – and little to lose – in multiplying the opportunities for inmates to engage in altruistic activities that add a human face (or a humane face) to corrections.' HMPPS needs to live up to its values of looking after those in its care with humanity, by promoting equity, safeguarding the vulnerable and providing prisoners with opportunities to develop.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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