



A model for prison change: combating discrimination

Paul Illingworth

MPhil/PhD student, Institute of Education, University of Warwick, UK

Abstract

Discrimination takes the form of continuing segregation and exclusion in society. Prison staffs are actively encouraged to be anti-discriminatory. Offenders are one group discriminated against by society; estimates have been as high as 90% of offenders also having mental health problems. People with mental illness are also discriminated against, therefore offenders with mental illness are at greater risk of being discriminated against. This article explores how quality assurance models could be used as a means of improving anti-discriminatory practice in prison settings.

Key words

Anti-discrimination; offender management; quality assurance; change, prisons

Introduction

In March 2004 the Office of the Deputy Prime Minister (ODPM) published a discussion document, which stated: '*social exclusion has complex and multi-dimensional causes and consequences, creating deep and long lasting problems for individual families, for the economy, and for society as a whole*' (ODPM 2004a). The document went on to state that since coming to power in 1997 the government has established a Social Exclusion Unit and set up an agenda to 'tackle both the causes and consequences of social exclusion'.

Additionally, the government stated they had invested heavily in the area of economic causes of social exclusion, in particular '*worklessness, low income, child poverty, early years development and education*'. They went on to state their '*new approach*' emphasised '*prevention, partnership and joined up working*'. There is perhaps no doubt that much time, effort and money has been spent on social exclusion. However, the document appeared to miss some areas of exclusion by focusing on those listed above.

While health was mentioned, this mainly focused on Health Action Zones and Healthy Living Centres. However, in June 2004 another document was published (ODPM, 2004b) that specifically focused on mental health. Ethnicity and diversity were included in the ODPM 2004a report, but little specific emphasis was given to them. The original report also mentioned crime, but the focus was mainly on initiatives such as Crime and Disorder Reduction Partnerships, the Reducing Burglary and Street Crime initiatives and the National Crime Reduction Strategy.

While all these are laudable, and potential vote catchers, they do not necessarily address the social exclusion of offenders and given that there has been estimated to be 90% of prisoners with mental health problems (Singleton *et al*, 1998) and a significant number of prisoners (27% of the total population as of 30 June 2008) from black and other ethnic minority groups (Ministry of Justice (MoJ), 2009a), a major gap in the social exclusion agenda appeared to require further attention. The government had produced a report (Social Exclusion Unit, 2002) that attempted

to rectify the high levels of re-offending by ex-prisoners and highlight these issues. However, the report focused on resettlement and reduction of re-offending and therefore did not, as such, specifically focus on inclusivity.

It would, therefore, appear there are several groups of people where stigma and discrimination can cause social exclusion, namely:

- people who are mentally ill
- people from black and minority ethnic backgrounds
- people who are/have been prisoners
- people who are mentally ill and from a black or minority ethnic group
- people who are mentally ill and who are/have been prisoners
- people who are from black and minority ethnic backgrounds and who are/have been prisoners
- people who are mentally ill, from black and minority ethnic backgrounds and who are/have been prisoners.

Most people in western cultures live in a society that tends towards categorising people according to a range of societal divisions; gender, colour of skin, age, sexual orientation, whether someone has a disability. How people are categorised can help to shape how they are responded to, treating some groups more favourably than others, for example. This is illustrated by Payne (2000):

'It is impossible even to begin to think about people without immediately encountering 'social divisions'. We automatically perceive other human beings as being male or female, black or white, older or younger, richer or poorer, sick or well, or friend or foe. In forming a perception of them, we place them in pigeon-holes, adapting our behaviour and attitudes to them in terms of the slots into which we have placed them.'

Consequently, it would be naïve to assume we react in an identical way to everyone, as individual presenting features are taken into account together with ones own values and beliefs. The tendency to make assumptions about people based on their ethnicity, age, gender and other characteristics can often lead to treating different groups of people very differently, either consciously or not.

Social work was one of the first of the caring professions to acknowledge and respond to discriminatory issues (Dominelli, 1988; Thompson, 2001). Much of this built on the 1960s civil rights movement and initially mainly focused on political, economic and social factors. However it was not until the turn of the decade that emphasis was placed on race, gender, sexuality and disability (Thompson, 2001).

One problem with this focus on the experiences of different groups was the risk that each group would find they were seen in isolation and would have to compete against others to be seen as the group who were most discriminated against, and therefore most in need of assistance. In other words, each group of people discriminated against were having to compete against each other, rather than for them all to get the same treatment by society at large. Additionally differentiating between groups meant that those groups who were less vocal would not have their specific needs met. More recently, giving attention to one specific aspect of discrimination (for example racism), both in society at large and the prison service specifically, has resulted in that being seen as of greater importance and has risked other discriminatory practices (for example sexist or ageist behaviour) being less of a priority.

Discrimination

Government policies notwithstanding, discrimination (i.e unfair treatment) takes the form of continuing segregation and exclusion. There are many causes of this, not least deep seated historical roots. Examples of this exist in entry to some countries, for instance, enquiries are made as to whether a person has had or has a mental illness. Further historical examples of social exclusion by countries in the earlier part of the twentieth century (including Canada, parts of Europe and the USA) include enforced sterilisation for 'insane men, women, boys and girls', (Sayce, 1997) are available.

It could be argued the Prison Service in England and Wales developed, as have other state services such as the police and health services, from society's dominant group, most typically, white males. This is not surprising in that these organisations emerged from a time in history when white British men dominated society. Perhaps because of this, these same institutions still lean towards a white male culture. This

A model for prison change: combating discrimination

subtle form of discrimination can be illustrated in health care, many older people's day centres provided traditional English meals and produced their information in English as standard, and did not always recognise that people from minority ethnic groups may have specific dietary needs, such as halal meat, although this has improved.

However, such discrimination does not just exist in health care, but throughout society generally. For example, how many restaurants provide a vegan menu or halal meat dishes as routine? It is important to consider when providing a service that it is not appropriate to provide a standard level of service for all, as different groups may have a greater need for support in a given area due to the discrimination they have or may face.

The approach taken to achieve equality within the Prison Service and the National Offender Management Service (NOMS) more widely is published in *'Promoting Equality in Prisons and Probation: the National Offender Management Service Single Equality Scheme 2009 – 2012'* (MoJ, 2009b). The scheme purports to focus on race, disability and gender equality and sets out the approach to equality in prisons and probation areas, and to an extent it does. However, the

document is predominantly biased towards race, which is perhaps not surprising given the history of racial incidents within the prison system. Adding to this, the 'lead' for coordinating work on equalities is the Race Equalities Action Group (REAG). What is disappointing is that the other areas of discrimination have not had equality of attention. Although it is encouraging to note that the above document acknowledged work on achieving the standard for disability has not always been successful and that there would be work undertaken to pull this and related policies together to bring about a coherent approach to equality (MoJ, 2009b, p7).

Having taken a brief view of prison services links to discriminatory behaviour and attempts to reduce it, it is worth exploring some of the literature on it and then seeing how this relates or might relate to the prison service. [Thompson \(2001\)](#) viewed discrimination as functioning on three levels. Each level was seen as reinforcing and being reinforced by other levels, as seen below in **Figure 1**.

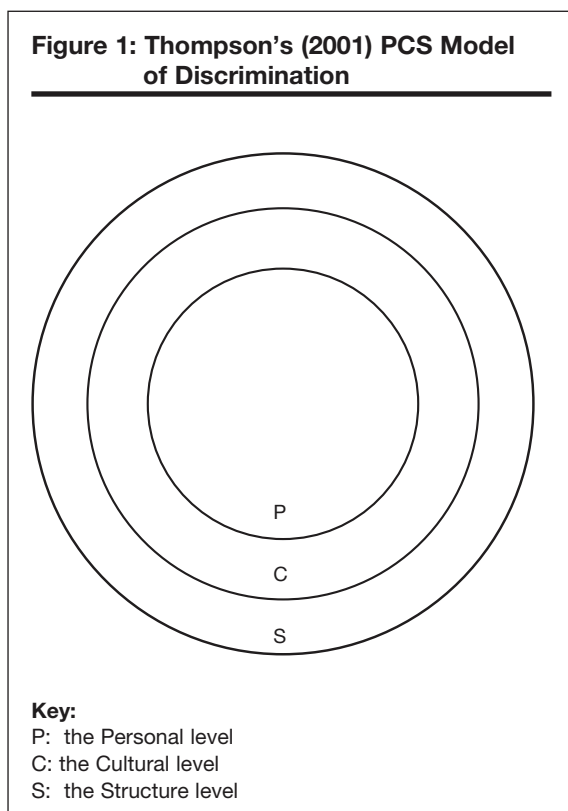
Discrimination can, as a consequence, exist at:

- The personal level (P) – individual thoughts, actions, feelings and attitudes and also involves an individuals working practices.
- This level of discrimination takes place in a cultural context (C) – common values and shared ways of seeing, thinking and doing. It is about shared meaning, consensus, conformity and humour, as a means of sending and reinforcing a culture.
- In turn, the cultural aspect is embedded in a structural level (S) – the established social order and customary social divisions and power relation. It also relates to oppression and discrimination being institutionalised.

Due to the inter-dependency of the three levels, action to address discrimination has to be undertaken at all three levels. To just focus on the individual alone would not address the problem. For a more detailed explanation of the PCS model, see Thompson, 2001, pp16-39.

In the Prison Service of England and Wales all three levels may have existed. The report into the killing of Zahid Mubarek, the young offender who was tragically murdered by his cellmate in March 2000, illustrated this. The original allegations were levelled at the personal level and also at the cultural level, which in turn may have

Figure 1: Thompson's (2001) PCS Model of Discrimination



A model for prison change: combating discrimination

been embedded at the structural level. (Keith, 2006). Following the murder of Zahid Mubarek a Commission for Racial Equality investigation was undertaken and a five year programme of work was agreed, which culminated in a report in December 2008 (Ministry of Justice, 2008). This report clearly demonstrated there had been major advances in relation to race equality within the Prison Service over the five year period. However, one must ask the questions:

1. Had Zahid Mubarek not been murdered, would these improvements have been made?
2. To what extent have other areas of discrimination been addressed in the same period of time?

It is perhaps unfair to ask the first question, but it is a question that remains difficult to answer. One would hope the improvements would have been made, but no one will ever know for certain. The second question can be answered a little more easily. Certainly moves have been made to address discriminatory practices. *'Challenge It, Change It'*, is the latest diversity training programme for prison staff, which is being rolled out as this article is being written. However, clearly the same amount of resources and effort has not been given to the other areas of discriminatory activity as has been for race.

Model for Change

Given Thompson's levels, it would, therefore, appear appropriate to not only address discriminatory issues in the Prison Service via educational programmes, which attempt to focus on the personal, and to an extent cultural levels (*'Challenge It, Change It'* for example and there have been several in the past), but also through other approaches, which target structural levels. It is probably timely to be considering means of bringing about improvements and change, given the whole organisational change currently taking place within offender management. The introduction of the NOMS and the merging of the Prison Service and Probation Service within NOMS currently, the introduction of a commissioner/provider business model, similar to that introduced in health care several years ago, would suggest the organisation is ripe for change.

One method that would appear useful for addressing discriminatory issues, at the structural level, would be to use a quality framework.

Quality here refers to the total quality of the organisation, the structure, the processes and the performance. This equates to Donabedian's (1980) classic 'Structure, Process and Outcomes' (SPO) model of quality assurance. At the same time this should be related to Maxwell's (1992) six dimensions of quality:

- access to services
- relevance to need
- effectiveness of service
- fairness
- acceptability
- efficiency.

This brings together many interrelated elements and is in keeping with Thompson's (2001) view of discrimination, demonstrated in **Figure 2**.

Briefly, Donabedian's model originated in America in the field of public health, it

Figure 2: Donabedian/Maxwell Matrix

	Structure	Process	Outcome
Access			
Relevance			
Effectiveness			
Fairness			
Acceptability			
Efficiency			

A model for prison change: combating discrimination

demonstrated the importance of relating structures and processes to outcomes. Donabedian originally took the qualifications of practitioners and the facilities and/or technologies available to them at that time and explored these in relation to preventive measures, diagnosis and treatment. He then applied this information to how people actually felt as a result of the care received. Although Donabedian's model is made up of three elements: structure (the physical and organisational resources), process (what is done to prisoners and their families) and outcome (rehabilitative effect on the prisoners), it is useful to view it as having two parts:

- 1 System design – structure and process of the organisation
- 2 Performance monitoring – outcome measure.

Both parts are necessary and neither can succeed without the other.

While the above quality assurance strategy might seem very different from the work being undertaken in prisons, that is not necessarily the case. By simply using the three headings, (Structure, Process and Outcomes (SPO)) and placing different roles and/or activities under each, it can easily be seen how the SPO model could be applied to the Prison Service in England and Wales generally (see **Table 1**). Namely, the Prison Service is made up of several parts that can be described as either being part of the structure, or a way of undertaking activity, or an end result of the overall course of action.

There are no firm definitions of quality, as Keighley (1989) noted: *'quality is, like politics, or sex, or religion, something that everyone believes they understand and convinced she/he knows how to do it correctly or appropriately'*. However, Shaw (1986) had identified three 'As' and three 'Es' of quality: accessibility, acceptability, appropriateness, equity, effectiveness and efficiency. Maxwell (1992) built on this work to develop six dimensions of quality. If any one of

the components of the prison service, as given in **Table 1**, were examined in relation to each section of the Donabedian/Maxwell matrix (D/M Matrix), it would be possible to identify strengths and weaknesses in given areas of an organisation. To achieve this, the D/M Matrix could be used in two ways. First, the matrix can be developed as a set of pre-determined questions for staff to self-monitor or managers to monitor. Then, depending on the answers to the questions, action would then be identified to improve practice in that area if appropriate. For illustrative purposes **Figure 3** demonstrates this in relation to resettlement of offenders. The second approach would be for staff or prisoners, dependent on the area being quality assessed, to be asked to give a numerical value from 0 to 10, 0 being poor or non-existent, 10 being excellent, to pre-determined statements. **Figure 4** gives examples of how potential questions could be framed. By using both approaches simultaneously, to cover the same area, both a qualitative and quantitative assessment could be made.

Individual establishments would need to adapt or add to parts of the matrix to ensure it was specific to their needs. Therefore a generic and specific matrix could be developed across state and private prisons, and the different categories of prisons: A, B and C, women's, young offenders and foreign nationals. The recently appointed Directors of Offender Management (DOMS) could develop a national matrix structure so that measures of performance could be made across all of the England and Wales prisons. The prison component could be changed from resettlement to segregation or any other part of a prison, it would then be possible to identify any strength the service had and where improvements could be made. Discrimination could be measured along the 'fairness' axis, with general and/or specific statements included to examine not just race, but all the various groups within anti-discriminatory legislation.

Table 1: Example of how Donabedian's model applies to elements of the Prison Service

Structure	Process	Outcome
Resettlement Units	Sentence Plan	Release into employment
Facilities	Therapy	Functional
Technologies (OASys*)	Offender Education	Perception
Organisations	Interaction	
Resources	Leadership	

*OASys stands for Offender Assessment System

A model for prison change: combating discrimination

Figure 3: Donabedian/Maxwell Matrix Relating to Resettlement

	Structure	Process	Outcome
Access	The service takes place near to the target population. Rooms are available. The right staff are available. Are consultations held at the best time for prisoners?	Are all prisoners individually assessed in the resettlement unit? Are they appropriately referred to other services?	What percentage of the total number of prisoners, are referred to the resettlement unit? Are staff always available when needed?
Relevance	Are there private rooms available to see the prisoner? Appropriate resources are available. Does the resettlement unit have the relevant groups within it? Are there clear links to external agencies?	Are prisoners' actively involved? Are prisoners' families, where appropriate, actively involved? Is there good communication between agencies? Is appropriate advice given?	Does the resettlement unit meet the needs of prisoners referred to the unit? Are prisoners satisfied with the service they receive? Are appropriate follow-up procedures taking place?
Effectiveness	All resettlement staff are trained to give accurate information. Resettlement staff have received training to negotiate with and use internal and external agencies.	Do all prisoners find the resettlement staff helpful and supportive? Do the criteria allow prisoners to explore their resettlement needs and negotiate their sentence plan?	What percentage of prisoners referred to the unit are effectively 'resettled'? Are prisoners making informed choices regards changing their offending behaviour?
Fairness	Does the system take into account prisoners who cannot read/speak English? Are there opportunities to have forms in different languages? Are prisoners from diverse backgrounds disadvantaged by the information given?	Are there mechanisms in place to ensure prisoners from different cultures, or social backgrounds understand the procedures and advice?	Are there any corresponding decrease(s) in re-offending rates?
Acceptability	Does the documentation value diversity and promote equality of opportunity? Does the system prevent unlawful discrimination? Are prisoners adequately informed of what to expect from resettlement staff beforehand?	Do prisoners find the way they are dealt with to be in keeping with the way all other prisoners are dealt with? Does the assistance given and procedures carried out take account of cultural differences?	Do prisoners and their families believe the help they receive is appropriate? Do the employers believe the level of support received as adequate? Have suggestions to improve the service been obtained and acted upon?
Efficiency	Can documentation be shared across internal agencies? Is there appropriate use of staff time?	Is there an excess of paperwork? Is there replication of documentation? Does the paperwork minimise workload? Is there an appropriate allocation of time to each prisoner?	Is there any evidence that re-offending rates have been reduced since the resettlement unit opened? What cost savings have been made as a result of resettlement units input?

A model for prison change: combating discrimination

Figure 4: Example of Donabedian/Maxwell Matrix Relating to Resettlement (Prisoner version)

	Structure	Process	Outcome
Access	You know who to and how to contact resettlement staff	You were referred to the resettlement unit within 24hrs of arriving at the prison	You had your needs identified and a sentence plan agreed
Relevance	The different groups within resettlement were correct to your needs	You felt involved and what happened was right for you	What was set up for you met your needs.
Effectiveness	The way the resettlement team were set up helped you	You felt that you were being dealt with positively	You had a good outcome that helped you meet your needs
Fairness	Resettlement staff treated you the same as everyone else	You had as much help as everyone else	The sentence plan was balanced to meet your needs in relation to your situation
Acceptability	The resettlement teams' approach appeared to suit you	The resettlement staff treated you with respect	You agreed with your sentence plan
Efficiency	You came up against few or no blocks within the resettlement unit	Little or no time was wasted	Resettlement staff got things done right the first time

Implications for Practice

A whole organisational approach is needed with sign-up from all parties. Organisations such as the Health Service have benefited from being a more outward looking and responsive organisation. The Prison Service and NOMS more generally would also benefit from being more outward looking and working with more agencies. This has begun to happen, with the partnerships made between the health and prison services. More work is needed to improve on what has happened so far and recent reports (Bradley, 2009) have emphasised the need for greater partnership working and joint training. Additionally, efforts are being made for greater partnership working (NOMS, 2007). This all takes a great deal of both mental and physical change in approaches to doing things differently, but ultimately produces benefits for all parties.

Staff will need to be open to different perspectives on how changes in day to day work can be carried out, while still retaining the high levels of security. Moving to an organisational approach to quality improvement and reduction in anti-discriminatory practice will take time. Beliefs and practices will need to be challenged, for just achieving mechanical change (i.e the Prison Service Order (PSO) or Prison Service Instruction (PSI) tells people to do something, but will not necessarily change deep seated beliefs), but with time it can be implemented. Management will need to agree to the model for prison change as will staff representative groups. Leaders will need to ensure such changes are made possible, but primary to their success will be the commitment of all staff to the overall programme.

For change to happen through the use of the DM Matrix, it is important to ensure that the following are addressed:

- The organisation's culture moves to one of encouraging learning and responding positively to experience (a blame culture would need to be eradicated).
- The needs of the customer must be central (customer could be prisoner and/or society) to all actions, particularly relevant in light of the NOMS commissioner/provider approach. The idea that a prisoner is a customer may take some time to assimilate into the ethos of prison service staff, but in effect prisoners are a consumer of a service, albeit a service they probably do not want.
- Quality must be planned and actively managed.
- Everyone has a customer (prisoner/society) who they serve and are, therefore, a supplier of a service. Again this is likely to be more central to the future working practices of NOMS.
- Processes and systems and not just people need to be changed. Any successful business needs to have the correct processes in place and a structure that supports them.
- Quality is best achieved through teamwork. It's a cliché, but quality is everybody's business and an integrated approach is the best way of producing a quality service.
- Effective two way communication is central to the whole process.
- Problems and errors must be critically analysed, prevented from happening again and learned from, not just identified and mended. (This links to the first bullet point).
- Quality needs to be measured. The D/M Matrix structure would enable this to be achieved, both quantitatively and qualitatively.
- Quality improvement must be continuous and ongoing.
- Effective leadership is essential at all levels of the organisation.
- Management must be involved and must support the process, but must not be seen as the sole drivers of the process.

Conclusion

The Prison Service is going through a period of unprecedented change following the development of NOMS and the commissioner/provider approach to service provision. It may be possible that there is an opportunity now to ensure that another piece of the jigsaw is in place. Much has been written about quality improvement and the benefits it can bring to an organisation. It may be that by benchmarking approaches used in health care, the Prison Service, and NOMS more widely, could fulfil two aims with one tool, reducing discriminatory practice and enhancing the quality of the service.

Address for correspondence

Author Paul Illingworth
MPhil/PhD student
Institute of Education
University of Warwick
Coventry CV4 7AL
UK
Mobile: 07939026269
Email: p.illingworth@warwick.ac.uk

References

- Bradley, K. Rt Hon Lord (2009) *The Bradley Report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health.
- [Donabedian, A. \(1980\) *The Definition of Quality and Approaches to its Assessment*. Michigan: Ann Arbor.](#)
- [Dominelli, L \(1988\) *Anti-Racist Social Work*. Basingstoke: Macmillan.](#)
- Keith, J The Honorable (2006) *Report Of The Zahid Mubarek Inquiry Volume 1*. London: The Stationery Office.
- Keighley, T. (1989) Developments in quality assurance. *Senior Nurse* 9 (9) 7–10.
- [Maxwell, R.J. \(1992\) Dimensions of quality revisited: from thought to action. *Quality in Health Care* 1 171–177.](#)
- Ministry of Justice (2008) *Race Review 2008. Implementing Race Equality in Prisons – Five Years On*. London: Ministry of Justice.
- Ministry of Justice (2009a) *Statistics on Race and the Criminal Justice System 2007/08*. London: Ministry of Justice.
- Ministry of Justice (2009b) *Promoting equality in prisons and probation: the NOMS single equality scheme 2009-12*. London: Ministry of Justice.
- National Offender Management Service (2007) Working with partners. [insert accurate link here]
- Office of the Deputy Prime Minister (2004a) *Tackling Social Exclusion: Taking stock and looking to the future. Emerging Findings. Social Exclusion Unit*. Office of the Deputy Prime Minister. London. HMSO.

A model for prison change: combating discrimination

Office of the Deputy Prime Minister (2004b) *Mental Health and Social Exclusion. Social Exclusion Unit Report*. Office of the Deputy Prime Minister. London. HMSO.

Payne, G [ed] (2000) *Social Divisions*. Basingstoke: Macmillan.

Sayce, L (1997) Motherhood: the final taboo in community care. *Women and Mental Health Forum*. **2**, p 4-7.

Shaw, C. (1986) *Introducing Quality Assurance*. London: Kings Fund.

Singleton, N., Meltzer, H., Gatward, R., Coid, J., Deasey, D. (1998) *Psychiatric morbidity among prisoners in England and Wales*. London: The Stationery Office

Social Exclusions Units (2002) *Reducing Re-Offending by Ex-Prisoners. Report by the Social Exclusion Unit*. London: The Stationery Office.

Thompson, N (2001) *Anti-Discriminatory Practice*. (3rd Ed) Basingstoke: Macmillan.