

**The Health and Wellbeing of
Women in Prison**

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THESIS

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DECLARATION OF AUTHORSHIP

I Anastasia Jablonska hereby declare that this thesis and the work presented in it is entirely my own. Where I have consulted the work of others, this is always clearly stated.

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ABSTRACT

The mental and physical health of women imprisoned in England and Wales, and around the world, is consistently reported to be lower than that of the general population and men in prison. Once imprisoned it is also widely recognised that women's health status is likely to decline. This thesis employed a mixed method design to explore women's experiences of health and wellbeing, and the choices they could make to promote their health while incarcerated. The research is comprised of three separate studies following the collection of data from one closed Female Training Prison in England. The first study employed a survey design to collect information on women's engagement in physical activity, healthy eating and their mental wellbeing. This revealed on a broad level that women in prison did make health enhancing decisions while incarcerated, and were trying to make healthy food choices and be physically active. The second and third study drew on recovery as a theoretical framework, and the research was grounded in the participants' own accounts of their experiences of health and wellbeing in prison, through utilising interpretative phenomenological analysis. Study two explored how ten women who spent the majority of their time on the main housing block of the prison experienced health and wellbeing. This study revealed that the lived environment in prison is an important determinant of health and wellbeing. The third study considered how the roles that women adopt in prison such as; gardens worker, gym orderly, or horticulture trainee, shape their experiences of health and wellbeing. Throughout studies two and three reoccurring themes of food, physical activity and health management are presented, as these were matters focused on by the participants in this study when making sense of their experiences in prison. The research is summarised with a discussion detailing the theoretical and applied contributions of the studies, along with the researcher's reflections and thoughts for future research.

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CHAPTER 1: INTRODUCTION

This thesis focuses on the health and wellbeing of women in prison. In doing so, broad topics of physical activity, diet and nutrition, as well as health promotion and healthy settings are explored for their role in health and wellbeing. It is necessary to begin the introduction to the thesis with an account of the rationale for the research. This begins with documenting the reasons for studying women in prison and particularly their health and wellbeing. The rationale for including topics of physical activity and diet are then presented. The final justification discussed is that of the inclusion of recovery as the theoretical approach to the programme of research. Attention will then shift to the aims of the project and the methodology used. Before moving on to discuss the literature more fully in Chapter 2, the structure of the thesis is outlined.

The rationale for studying women in prison, and particularly their health and wellbeing, began with two pertinent studies. The first (Plugge, Douglas, and Fitzpatrick, 2006) comprehensively documented the poor physical and mental health of women in prison and the second (Baybutt, Hayton, and Dooris, 2007) emphasised that, as a setting, prison represented an important public health opportunity to promote the health of a hard to reach population. Amongst the academic research there also appeared to be robust and influential reports that were calling on policy makers to adapt the way in which the penal system approached female offenders (see Player, 2014). Arguably the most influential of all of these reports was Baroness Corston's (2007) review of *Women with Particular Vulnerabilities in the Criminal Justice System*. The approach to vulnerabilities of women encompassed their domestic, personal and socioeconomic circumstances, that were also considered to be factors in their pathway to offending. The report highlighted the role women in prison often had prior to imprisonment of being a primary care giver to children and often the only one present, that they were frequently victims of domestic abuse, suffered with mental health problems and had a lower socioeconomic status. Within the report Baroness Corston documented that there was extant research into women in prison, but there was still a need for change in the way in which women in prison were treated and called for a women centred approach. Although confusion remained about what this

meant to policy makers and how this could be adapted to a ‘whole system approach’ (House of Commons, Justice Committee, 2013), the premise was simple: It needed to be recognised that more often than not, women do not have one single vulnerability, but a plethora. For example, women in prison could be both a single parent and have mental health needs, as well a history of being subjected to domestic abuse. That means women in prison need not one form of treatment, but an approach that can help to support them to overcome these simultaneously. However, what works for one female offender may not be the same as what works for another, and therefore they needed to be treated as an individual, and this needed to be implemented across the female estate. The need for this approach is more apparent when considering that the vulnerabilities that women had prior to imprisonment are usually exacerbated while in custody and therefore, the failure to adequately address these issues can result in further risk of offending on release.

The complexity of women’s needs were well documented in the report by Baroness Corston (2007) and recommendations to improve the provision of services were put forward, but very little subsequent change occurred in practice (Player, 2014). One particular progressive move was the development of standards and rules for working with female offenders, created through the Prison Service Order (PSO) 4800 (HM Prison Service, 2008). This was the first and remains the only PSO for female offenders.

Under the Coalition government and against a backdrop of difficult economic circumstances, the treatment of offenders was brought to the foreground again. In 2010 the publication of the Green Paper *Breaking the Cycle* by the Ministry of Justice marked a need to consider cost of imprisoning offenders, as the methods being used to rehabilitate were failing and the financial burden of reoffending remained. To overcome the economic challenge the government broadened its payment by results programme (Ministry of Justice, 2010a). By 2013 relatively hidden yet seismic shifts were being proposed to the criminal justice system. The Coalition government announced plans to fracture the provision of probation into two sectors (Ministry of Justice, 2013e). The management of high risk offenders was to remain the responsibility of the National Probation Service, whereas the management of low and

medium risk offenders would be outsourced to private companies. In an effort to reduce the alarming reoffending rates amongst short term sentenced prisoners, the plans also included increasing supervision of offenders so that anyone sentenced to imprisonment would be managed on release from prison for 12 months. This plan was an attempt to ensure that all prisoners were provided some support through the gate and in the community on release, as previously this was not the case.

During the same period conversations and publications on women in prison were resurgent (de Graaf, 2013; Martin et al., 2013; Penal Reform International, 2012; Prison Reform Trust, 2012; Sheehan, McIvor, and Trotter, 2013; Smart, 2012; Smoyer, 2013). Of particular importance during this period was the development of the Bangkok rules; a series of recommendations accepted by all 193 members of the United Nations, which act as a guide for the treatment of women offenders with the aim of setting a global standard (United Nations, 2010). As is discussed further in Chapter 2, the Rules not only acknowledge the reasons as to why women have distinct needs, but also what needs to be done to ensure that these needs are met by the criminal justice system. Through a series of 70 rules, strategies are set out to guide member states to better meet the needs of women in prison particularly in relation to their relationships with their children and families, and acknowledging how past experiences of trauma may impact mental health and substance misuse. These strategies were successful in promoting adoption and change as these recommendations can be seen to map onto subsequent UK government policies and reports (see Ministry of Justice 2013d).

In a new strategy to managing female offenders the Ministry of Justice (2013d) highlighted that they would keep women imprisoned as close to their home as possible, support women to maintain close ties with family and encourage resettlement through close community links. Similarly to prior policy publications (see Player, 2014), there was recognition of the need for services in prison that could address women's mental health needs, substance misuse problems and experiences of abuse (Ministry of Justice, 2013d). This was further heightened through the Ministry of Justice (2012f) report *A Distinct Approach: A Guide to Working with Women Offenders* where poor health and emotional wellbeing were considered to be factors in whether women could

progress with their rehabilitation during their imprisonment. This, therefore, emphasised the need to address women's multiple needs and was a timely intervention as "the criminal justice system can act as a gateway to health services for women who find it hard to access appropriate mainstream health and social care service" (Ministry of Justice, 2012f, p.39). A review of the female custodial estate was also completed and recommended closure of small and expensive prisons, but still concluded that women needed to be held close to home to facilitate the Transforming Rehabilitation agenda (Robinson, 2013). Set out in 2013, Transforming Rehabilitation marked a series of reforms to the criminal justice system aimed at reducing reoffending rates and thereby the cost of reoffending to the public (Ministry of Justice 2013e). One of the marked changes was to extend supervision in the community to offenders sentenced to 12 months or less, who had previously not been supervised, and to provide this supervision 'through the gate'. It was therefore important that women were held as close to their home as possible so that they could have continuation of their Offender Supervisor. However, the publication by Robinson (2013) perhaps should have signalled that the recommendation by Baroness Corston (2007) of small units for female offenders so that they could be held as close to home as possible, was not going to be met and that the overriding rationale for decisions being made by the government was cost.

There were also disparities in the views of policy makers and other agencies working with female offenders. In the introduction to the Ministry of Justice (2012f) *A Distinct Approach: A Guide to Working with Women Offenders* the authors declared that many of the Corston report (2007) recommendations had been embedded in daily practice across the prison estate. Shortly after and in a review of the female custodial estate, Baroness Stern wrote in the forward:

...by drawing on a range of official sources it (the report) sets out clearly what is the approach to dealing with some of society's most damaged and needy women. It shows how in spite of the publication of Baroness Jean Corston's review... little has fundamentally changed in the approach to women in prison in England and Wales and the way they are treated from day to day (Gullberg, 2013, p.7).

This was also supported by Women in Prison's (2012) five year follow up study which looked at the progress made on each of the 43 recommendations by Baroness Corston.

While progress had been achieved in enhancing community support for women offenders or at risk of offending develop through the expansion of women's centres, the majority of the recommendations that related to the treatment of women in prison had yielded no changes to government policy and therefore there had been little practical change. Overall, the report highlighted that although some progress had been achieved much more was needed to be done in relation to the recommendations made by Baroness Corston, it did however, acknowledge the development of PSO 4800, which was not one of Corston's recommendations but does demonstrate steps to meet women's needs in prison. At the time of concluding the research, Women in Prison (2017 p.3) had published a ten year follow up report where they were crucial of funding cuts to women's centres, which had lead some centres to close and further centres were likely to close imminently. This highlights the turbulence of the last ten years in terms of progress marked by the difficult economic climate and austerity measures.

Consequently, at the start of the research process for this thesis there appeared to be much more debate about whether there was progress in the treatment of female offenders, rather than direct action on improving the provision of services. Given the research findings on the poor physical and mental health of women in prison (Plugge et al., 2006) and that during imprisonment women's health was more likely to decline (Baybutt et al., 2007), there was a need to consider what women in prison were able to do to promote their health and wellbeing.

The framework for prison health care has also substantially changed over the past decade and this is explored more fully in Chapter 2. Similarly to the treatment of women in prison, the health of prisoners is frequently debated and reported on in a sense that there has been little progress in establishing an equivalence of care available in the community (Joint Prison Service and National Health Service Executive Group, 1999). Plugge et al. (2006) noted that although there were studies that had documented women's ill health in prison, there was no comprehensive study of women's health. Prior to Plugge et al's (2006) study, papers such as the Joint Prison Service and National Health Service Executive Group (1999) *The Future Organisation of Prison Health Care* made reference to the need for a different approach to female establishments but offered no explanation as to what they should be. Since the late

1980s the path to a healthier nation has advocated health promotion through supporting individuals to make healthy life choices and adopt healthy behaviours, with a focus on how the setting or environment can facilitate these decisions (World Health Organization, 1986). In 2013 the World Health Organisation recommended that prison settings needed to be healthier because “prison health is public health” (World Health Organization, 2013, p.3). This presented the rationale for developing knowledge about the decisions and choices women in prison could make to promote their health, whilst also considering the role of the prison environment in disinhibiting or facilitating these actions. This was needed in the context of a renewed focus on the environment of the prison, something Plugge et al. (2006) had recommended in their study findings almost ten years prior.

The rationale for focusing women’s engagement in physical activity and healthy diet in prison again drew from Plugge et al’s (2006) study, which documented lower levels of physical activity and consumption of five portions of fruit and vegetables per day, compared with women in the community and at levels that were not health promoting. In their research and more broadly argued by the World Health Organisation, the need to consider lifestyle choices of prisoners such as engagement in physical activity and healthy eating, as well as tobacco use and substance abuse, were of relevance because they are risk factors for non-communicable disease, in addition to being related to pathways to offending (Herbert, Plugge, Foster, and Doll, 2012; Plugge et al., 2006; World Health Organization, 2012). The failure to adequately address these risk factors during imprisonment would reduce the quality of life of the individual, burden society further with treatment costs on release and potentially lead to further offending, which may have further detrimental impacts on relationships with family and the community (World Health Organization, 2012).

Women in prison were the subject of this study because although they make up a minority of the prison population and only account for 5% of individuals in prison (Ministry of Justice 2017), they have distinct pathways into crime compounded by histories of trauma and abuse (Covington and Bloom, 2008; Penal Reform International, 2012; United Nations, 2014). These histories mean that women’s pathways are dissimilar to male offenders (Brown, 2006) and they are also more likely

to be the primary caregiver to children (Liebling, 2011; Sheehan et al., 2013). These factors mean that on entry to prison women have distinct needs, which require a specific approach (Corston, 2007). In the context of this research it is important to note that compared to men in prison, female prisoners experience higher rates of mental and physical illness (Fogel, 1993; Lewis and Hayes, 1997; Martin et al., 2013; Ministry of Justice, 2012c, 2013b; Plugge et al., 2006; Plugge and Fitzpatrick, 2005; Ruzek and Hill, 1986). Over 80% of women in prison have a long standing illness, compared with 32% of the general female population (Plugge et al., 2006). The most prominent long-standing illness reported by women in prison is depression, followed by anxiety and / or panic attacks (Plugge et al., 2006). Over 40% of women in prison are reported to have some form of drug dependence, compared with less than 5% of the general female population and just under 10% of the general male population (Plugge, Yudkin, and Douglas, 2009; Singleton et al., 2001, 1998). Women in prison also have higher prevalence rates of hazardous drinking, when compared with both men and women in the general population (Singleton et al., 2001, 1998). This additionally adds to the distinct needs of women in prison, but also highlights why research dedicated to understanding how imprisonment further impacts health and how women in prison are able to manage their experience.

The need for prisoners to have access to meaningful activity, such as physical activity and a nutritious diet are legislated for and the government is legally bound to provide these facilities (World Health Organization, 2013). However, research evidence suggested that there were barriers to women engaging in physical activity and eating a healthy diet in prison (Meek and Lewis, 2014; Plugge et al., 2006), these are explored in greater depth in the literature review that follows this Chapter. The decision to focus on the choices women could make in prison and their experience of doing so in relation to promoting their own health and wellbeing were further cemented through understanding how decision making can promote empowerment and increase self-esteem, factors which are particularly pertinent to women's rehabilitation (de Graaf, 2013; Drennan and Alred, 2012a; Ministry of Justice, 2012f). There was, therefore, a conscious decision made by the researcher to focus on choices women could make and their experiences of imprisonment, rather than principally looking at the how the environment and staff promoted, or could promote, health.

At the time of developing the research there had been much debate and traction over ‘trauma informed’ practice in women’s prisons, most notably stemming from the work of Stephanie Covington. Based in the United States and building on the seminal work by Harris and Falot (2001), Covington had substantially developed principles for the ways in which prison staff should work. This included that they needed to understand the trauma many women have experienced prior to imprisonment and furthermore during their incarceration, practices such as strip searches and confinement can traumatise or re-traumatise women (Bloom and Covington, 2009; Covington and Bloom, 2008). Trauma can be “any form of interpersonal or domestic physical, sexual or emotional abuse or neglect which is sufficiently detrimental to cause prolonged physical, psychological or social distress to the individual” (Moloney et al, 2009 p.427). It has been found to be disproportionately experienced by individuals who have had contact with the criminal justice system compared to the general population (MacDonald, 2013). This is in part due to the context of the lives of prisoners prior to custody that is marred by socioeconomic and familial dysfunction (Moloney et al, 2009). Women in prison have also been found to disproportionately experience trauma compared to men in prison (Wolf et al, 2007). This can be understood through research identifying histories of trauma in terms of sexual abuse in childhood that lead to risky choices in adulthood, such as sex work (Widom, 1995) and in part play a role in substance misuse (Driessen et al, 2006). In Driessen et al’s (2006) work they also conclude that early trauma experiences can lead to the development of mental disorders. Just over 50% of the research participants, from both male and female prisons, reported trauma and of these individuals 86% had one or more mental disorder, with a further 53% reporting a personality disorder. The impact of trauma is has also been shown to be long lasting. Although only few studies have included Post-Traumatic-Stress-Disorder (PTSD), in a systematic literature review Goff et al (2007) identified that the prevalence of PTSD was between 4-21% of sentenced women. These research studies would therefore indicate a clear link between early life trauma, offending and poor health outcomes for women in prison. This is further supported by Messina and Grella (2006) who found a strong and cumulative effect of exposure to trauma and poor health outcomes amongst women in prison.

There are also aspects of imprisonment that can lead to trauma or re-traumatisation. This can be through practices such as strip searches and confinement (Bloom and Covington, 2009; Covington and Bloom, 2008), but also through separation from children and family (Celinska, 2013; Rowe, 2011; Sheehan et al, 2013; Wolf et al, 2007), as well as bullying and intimidation by staff and other prisoners (Taylor, 2004). Prison can therefore become a place of re-victimisation and a space where it is not possible to engage with rehabilitative programmes with no form of reprise to overcome these issues due to powerlessness (Moloney et al, 2009; Norman and Barron, 2011). During imprisonment dependence on staff for basic needs, the removal of control and the necessity to comply with the rules of the regime, along with isolation, mean that the experience can infantilise women (Hooper, 2003). In addition, the trauma that women have experienced prior to imprisonment is likely to have left them with little confidence or trust in officials (Hooper, 2003; Policis, 2009) meaning that they are less likely to seek help when experiencing trauma in prison. Not only does trauma link to offending behaviour (see Brennan et al, 2012), but it is also clear that trauma creates health needs and the prison environment can exacerbate trauma and its resulting health needs. Consequently, it is important to consider how the environment can impact a woman's health and wellbeing during their incarceration and how this relates to trauma.

The body of work documenting the trauma women have experienced prior to custody has not gone unnoticed by policy makers. At the point of designing the method for this thesis, the word 'trauma' had permeated through political discourse in the United Kingdom. In the House of Commons, Justice Committee (2013) *Women Offenders: After the Corston Report* 'trauma informed' services were called for, and traumatic histories of women in prison were mentioned. The report also cited how there had been improvements to the conditions of women's imprisonment, evidenced through a decrease in rates of self-harm and self-inflicted deaths. For the researcher, this generated a need to engage with women in prison, to understand from their perspective how their health and wellbeing was impacted through incarceration.

As the approach to the research was to be led by the need to understand from an individual perspective how incarceration impacts health and wellbeing, it was

important to ensure that the theoretical narrative adopted would complement this. As will be discussed more fully in Chapter 2, consideration was given to desistance, but it was decided that recovery provided an approach that was grounded in “individual, contextual and fluid” circumstances (Drennan and Alred, 2012b, p.xi), and therefore lent itself to the focus of the research. The principles of recovery discussed by Drennan and Alred (2012) included: Hope, meaning in life, choice and empowerment. These were all aspects that had been discussed by Corston (2007) as foundations needed to promote better outcomes for women in custody and to address their distinct and unmet needs. How this could be achieved in the Corston (2007) report was through changes to the delivery of services to women in prison, but in this research the emphasis is on how an individual woman in prison can take control and make their own choices in order to foster their own recovery. The research does this through considering women’s experiences and therefore takes accounts of the barriers to making choices, which may be personal or structural.

The aim of the research is therefore to explore women’s health and wellbeing in prison and the research questioned answered by this thesis is:

How do women in prison perceive and manage the impact of their incarceration on their health and wellbeing?

The aim and research question was addressed by taking a mixed methodological approach. In order to build an understanding of particular elements of women’s experience of incarceration in relation to their health and wellbeing the principal research question was addressed across three studies. These studies were conducted at one closed Female Training establishment.

Study 1 sought to develop an understanding of women’s ability to make health enhancing decisions in custody. Drawing on the study by Plugge et al. (2006), which had reported, amongst other aspects of health in prison, physical activity levels and 5-a-day fruit and vegetable consumption of women in prison, the first study in this thesis also considered physical activity levels and 5-a-day fruit, as well as the barriers to

these decisions in custody. The study also captured women's mental wellbeing to understand how the decisions women could make in prison, in relation to physical activity and healthy eating, could enhance their health. This study adopted a mixed methodology design and collected data through a self completion survey.

The findings from Study 1 were used to guide the focus of the two subsequent studies presented in this thesis and took a qualitative approach in order to explore women's experiences in custody further. The theoretical approach, as already discussed, was recovery. The second and third study in this thesis also considered, in addition to the overall thesis aim, how the principles of recovery can be applied to these experiences and whether it is possible for women in prison to foster their own recovery. Thus, the second and third study also address the following research question:

To what extent can accounts of women in prison making sense of their experience of health and wellbeing be explained by recovery?

Study 2 turned the focus of the research to a particular lived environment in custody. The study explored how women's experiences of health and wellbeing in prison were shaped by their experiences of the main housing block. The qualitative research was grounded in the participants' own accounts of their experiences through utilising semi-structured interviews, which were audio recorded and transcribed verbatim. In order to develop a better understanding of women's lived experience in prison and the meaning these experiences have on their health and wellbeing the data were analysed using Interpretative Phenomenological Analysis (IPA).

Study 3 continued the matter of particular lived environments in custody, but broadened this further. The study explored how women's roles in prison shaped their experiences of health and wellbeing during their incarceration. There were three roles explored: Gardens worker, Clink trainee or gym orderly. As was the same with Study 2, the data were collected using semi-structured interviews, which were audio recorded and transcribed verbatim. The data were analysed using Interpretative Phenomenological Analysis (IPA).

This thesis is divided into eight chapters. The following chapter provides a review of the literature on health in prison, women in prison, physical activity and health promotion, food in prison and recovery. Although already outlined, it should be mentioned that the literature review guided the development of the aims and research questions. In Chapter 3 the methodology used in the research is detailed, along with reasons for employing such an approach and reflections on the process of conducting research in prison.

This is then followed by three chapters detailing three empirical studies into the health and wellbeing of women in prison. These chapters are presented as studies with a discrete introduction of pertinent literature, a brief summary of the methodology, followed by a findings and separate discussion section. Chapter 4: Study 1 presents the findings from a mixed methodological survey, which was designed to collect information on women's engagement in physical activity, healthy eating and their mental wellbeing in prison. Chapter 5: Study 2 includes interview data gathered from ten women who spent the majority of their time on the main housing block of the prison, and explores their experience of health and wellbeing in the environment. Chapter 6: Study 3 considers how the roles that women adopt in prison can shape their experiences of health and wellbeing. Across Study 2 and Study 3 themes of physical activity, diet and management of health during incarceration are explored.

To conclude the thesis, Chapter 7 provides a summary of the main findings across the three studies and discusses the contributions of the programme of research to the wider literature explored in Chapter 2. Additionally, the Chapter outlines the methodological considerations, summaries the recommendations of the thesis research and discusses possibilities for future research. Chapter 8 broadens the focus of the discussion and reflects on the findings in light of current policy at the time of finalising the thesis.

CHAPTER 2: LITERATURE REVIEW

2.1 Health in prison

Imprisonment... should offer an opportunity to break into this adverse cycle, deal with current health problems and encourage a healthier lifestyle on release from prison

Lord David Ramsbotham (HM Chief Inspector of Prisons, 1997 p.55).

Health is an important determinant of routes into criminality, and it is also an important determinant of desistance from crime and recovery. Individuals who have had contact with the criminal justice system have a comparably worse health status than individuals who have not had contact with the system (Revolving Doors Agency, 2013; Spencer, 2001). Specifically, individuals who've had contact with the criminal justice system are characterised as having complex health and social care needs (Revolving Doors Agency, 2013; The Marmot Review, 2014). Entry to prison should provide an individual with the help they need to promote their health and provide healthcare services the opportunity to reach this population, who in the community are hard to reach due to low health seeking behaviours (Anderson, 2007; Baybutt, Hayton, and Dooris, 2007; Revolving Doors Agency, 2013; Smith, 2000; Woodall, 2016).

In reflecting on the quote above from Lord David Ramsbotham in 1997, who at the time was HM Chief Inspector of Prisons, this is what should happen: Individuals who enter prison should leave prison with a better health status than they went in with, and be less likely to commit crime. However, the first section of this literature review will identify that the opportunity to access and promote the health of this particular population is being missed. This occurs evidently through the continuous rhetoric of the need to promote the health of the nation, and specifically prisoners. But, the health status of prisoners still remains stubbornly lower than the health of the population.

The end of this first section introduces the broad theme of this research; health promotion through encouraging and enabling health enhancing decisions. This literature review will then develop an argument for why women in prison deserve particular attention in research, and why there is a desperate need to explicitly promote their health. The third and fourth sections of this literature review are dedicated to the benefits of and, how health promotion can be achieved through women in prison choosing to be physically active and eating a nutritious diet. What these sections clearly identify is that there is a need to further understand women's perspectives on health and their experiences of making health enhancing decisions in prison. The final section outlines the consideration taken in the approach to this research and why recovery provides a significant theoretical framework to take forward in the subsequent studies presented in this thesis.

2.1.1 Defining health; the importance of wellbeing

This thesis draws health and wellbeing together. It is fundamentally argued that *health* and *wellbeing* cannot be discussed singularly, but that they must be discussed as a pair of interconnected terms. This assertion comes from paying particular attention to the World Health Organizations (1946) definition of health. The World Health Organization (1946 p.100) definition of health has remained unchanged for over half a century. It states that health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The definition is simple in its words, but complex to understand. The definition necessitates a multifaceted approach in order to understand health. Health cannot be understood without referencing wellbeing and, wellbeing cannot be understood without referring to its impact on health. This thesis draws the concepts together to explore how women's experiences of imprisonment are shaped by the choices they can make while they are incarcerated.

The definition of mental health by Taylor (2014) provides an example of where health and wellbeing cannot be used without reference to each other. Mental health encompasses two very distinct but closely related dimensions. The first dimension,

mental wellbeing, includes factors such as emotional wellbeing, life satisfaction, optimism, hope and a sense of purpose and belonging. The second dimension, mental health problems, refers to symptoms that meet criteria for clinical diagnosis of mental illness. It is possible for individuals to have optimal mental wellbeing while experiencing diagnosable mental health problems, and to have minimal mental wellbeing while experiencing no diagnosable mental health problems (Tudor, 1996).

The concept of wellbeing, and how to promote it, has become firmly embedded as a social and political problem. Under the leadership of the Coalition government the Health and Social Care Act 2012 established Health and Wellbeing Boards as a strategy to modernise the NHS (Department of Health, 2012a). From April 2012 each Local Authority area was instructed to assemble a group of leading professionals from health and social care backgrounds, as well as an elected local councillor to make up the board. Together these professionals hold a forum to share information on how to improve the health and wellbeing of the local population. Of particular importance is the boards' responsibility to reduce local health inequalities, and recently recommendations of these boards to oversee the improvements to prisoner health have been suggested (Frater and Tan, 2016).

Just as health is a complex term; wellbeing too is difficult to unpack. Wellbeing is subdivided into two main domains that interact with each other. Hedonic subjective wellbeing is considered to be how an individual feels and thinks about their life. It is the emotional aspect of wellbeing concerned with moods and feelings (Clow and Edmunds, 2014b). Whereas, eudemonia objective wellbeing is determined independently of the individual, and involves cognitive evaluation of one's life to assess socially valued good aspects, for example high income or years of education (MacLeod, 2013). These good aspects determine objective wellbeing, not whether the individual feels happy. Factors relating to objective wellbeing, such as poverty and inequality are measured through aggregating data on employment, health, housing and income, to include a few variables, and are used to score nations (Stiglitz et al, 2009). However, rather problematically prior large scale research studies (see Bellani and D'Ambrosio, 2011; Bohnke and Kohler 2008; Western and Tomaszewski, 2016) use differing aggregated variables for objective wellbeing, which limits the comparisons

that can be drawn across the findings of different studies. In a longitudinal analysis of objective and subjective wellbeing in Australia, Western and Tomaszewski (2016) reported that objective wellbeing was strongly associated with subjective wellbeing and those with a higher objective wellbeing score were more satisfied with their life. This led the authors to conclude that “subjective wellbeing is strongly shaped by the objective conditions of people’s lives” (p.20). However, previous research studies suggest that this does not hold true across gender differences. Nussbaum (2001) found that women reported a higher life satisfaction despite what the author determined as objectively measured worse conditions. Therefore, perception and circumstance are important factors for an individual in terms of their life satisfaction and these may not correspond to what others; academics, policy makers and statisticians, consider as factors that are necessary for higher levels of wellbeing.

Together, wellbeing and health are determined by diverse biological, psychosocial and environmental factors, but crucially they can be modified through external events and behaviours (Clow and Edmunds, 2014b). In many cases improved wellbeing occurs through taking drugs that can produce quick symptom elevation (Faulkner and Gorczynski, 2014), but can have negative side effects and long-term consequences, which can reduce quality of life for the individual (Silver and Yudofsky, 1988), and in some cases the individual may not respond to drug treatment (Baldessarini, 1989). An alternative therapy that offers the ability to modify wellbeing without negative side effects can be sought through physical activity.

2.1.2 Population health promotion; the beginning

The realisation that the National Health Service (NHS) was not only an institution to treat ill-health but could be used as an organisation to promote the health of the population was first established in the Department of Health (1992) report *Health of the Nation*. The paper symbolises the growth in interest of health in public policy and the need to take it seriously as a social matter. It sets out the need to reduce avoidable

deaths and to reduce the number of avoidable health concerns. Not only was this to promote health, but also to reduce the burden these costs had on the health service. Of particular interest is the assertion that health should be promoted in prisons. A few years later, and after a change of government, the Department of Health (1999) produced a report entitled *Saving Lives: Our Healthier Nation*. The paper represents a major advance in health promotion policy (Smith, 2000). It sets out aims to reduce illness and the number of deaths in the population by 2010. Crucially, the report acknowledges that there is a need to particularly focus on the health of those socially disadvantaged or excluded in society to reduce the health divide.

A population approach to increase the health of the nation could have more positive long term outcomes for all citizens (Huppert, 2009). For example improved health and less resource strain on health services, leading to a more efficient service. The Department of Health (1992; 1999) papers situate the need to promote prisoner health within the context of the population as a whole. Since then and, amongst an even greater recognition in the need to promote prisoner health globally, the World Health Organization (2008) has published information and advice on the need to and ways to promote prisoner health. This is an initiative that aims to establish prisons as one of many healthy settings. In Britain the Department of Health (2002) published the paper *Health Promoting Prisons: A Shared Approach*. This paper supports the need to prevent health deterioration in prison, but additionally the need to promote prisoners' health by encouraging and supporting them to make healthier choices. By doing so the information can be transferred to the community on release. To turn this into action, these requirements are set out in the Prison Service Order 3200, which specifically stipulates directors and governors to incorporate health promotion as part of a whole prison approach (HM Prison Service, 2003).

Overall, the need to promote the health of prisoners is firmly engrained into policy papers (Caraher et al., 2002; Woodall, 2016). Despite this and as already mentioned, prisoners' health status remains consistently lower than the health of the general population (Baillargeon, Black, Pulvino, and Dunn, 2000; Bridgwood et al., 1995; Chambers, Evans, Lucking, and Campbell, 1997; Department of Health, 2000; de Viggiani, 2007; de Viggiani, 2012; Durcan, 2016; Fazel, Hope, O'Donnell, Piper, and Jacoby, 2001; Reed and Lynne, 1998; Smith, 2000; Tayler, 1997; Travis, Western, and

Redburn, 2014). A marked change has occurred in who is responsible for health promotion. More recently the emphasis has been placed on individuals to make healthier choices, and healthcare organisations are tasked with providing information and support to enable individuals to do this (Department of Health, 2004). This shift in responsibility has seen prison health promotion being brought back into a national public health agenda. This change has been catalysed by the recognition and acceptance that individuals in prison will eventually return to the community. Therefore, there is a benefit to the wider public in promoting the health of individuals imprisoned as healthier individuals returning to the community are perhaps more likely to have been rehabilitated and less likely to reoffend (de Viggiani, 2012; de Viggiani, 2007; Woodall, 2012). These ideas have developed alongside the growing acknowledgement that prisoners are largely from lower socioeconomic backgrounds, and that this translates into a demographic of the population who experience widespread health inequalities (Department of Health, 2004; HM Chief Inspector of Prisons, 1996; World Health Organization, 2008b). The next section discusses the social determinants of health within populations, and proposes reasons for the findings.

2.1.3 Social determinants of health

Research into the factors that determine population health status has been underway for decades. A reoccurring finding is that a significant negative association exists between socio-economic status and health. This means, the lower an individual's socio-economic status the poorer their health status. The first Whitehall study began in 1967 and included a research sample of 18,000 male civil servants aged 20 to 64. The study unveiled a steep inverse association between social class, as assessed by grade of employment, and mortality from a wide range of diseases (Marmot et al., 1991). In the follow up study *Whitehall II*, similar results were found from a cohort where a third were female (Hamer, 2014). Other research has shown that individuals from lower classes are more vulnerable to stress (Tsutsumi, Kayaba, and Ishikawa, 2011), are more likely to smoke and less likely to eat the recommended 5-a-day of fresh fruit and vegetables, (Wardle and Steptoe, 2003). They are also less likely to regularly engage in exercise (Brodersen, Steptoe, Boniface, and Wardle, 2007; Hamer,

2014; Stamatakis, Hillsdon, Mishra, Hamer, and Marmot, 2009; Wardle and Steptoe, 2003). In Wardle and Steptoe's (2003) investigation of a nationally representative sample of 2,728 households across England and Wales, they found individuals of lower socio-economic status were associated with less health conscious thinking, less positive thinking about their health in the future and lower expectations of life longevity. These findings provide an insight into health beliefs according to socio-economic status and demonstrate why the health status of individuals of low socio-economic status is poor. Considering that prisoners are largely from lower socio-economic backgrounds, it is perhaps unsurprising that the statistics discussed in the next section identify the poor health status of prisoners.

2.1.4 The health status of prisoners

Understanding social predictors of health are important to this research as prisoners are largely from lower socio-economic backgrounds (Smith, 1996). It might therefore, be unsurprising that prisoners experience a higher burden of mental and physical illness compared with the general population (Bridgwood et al., 1995; Chambers et al., 1997; Department of Health, 2000; de Viggiani, 2006; de Viggiani, 2012; Fazel et al., 2001; Lewis and Meek, 2013; NHS England, 2013; Reed and Lynne, 1998; Smith, 1996, 2000; Smith and Borland, 1999; Tayler, 1997). The number of individuals in prison in England and Wales who self-report they have a disability is almost twice as many as the number of individuals in the general population (HM Chief Inspector of Prisons, 2009). Prisoners experience higher rates of blood born viruses (Department of Health, 2012b; Health Protection Agency, 2012; Weild et al., 2000). The risk of premature mortality, and suicide of individuals in contact with the criminal justice system is alarmingly high (Department of Health, 2012c; Ministry of Justice, 2017; Prison and Probation Ombudsman, 2017; Pritchard, Cox, and Dawson, 1997; Sattar, 2003). What is known is risk of suicide is highest amongst the first 28 days after release from custody (Pratt, Piper, Appleby, Webb, and Shaw, 2006). Pratt et al. (2006) also assessed factors associated with high risk of suicide. They found that people in custody, or recently released, were more likely to be characterised as having a mental illness and, or experience of substance misuse, in addition to being from a low socio-

economic background. It is concerning that these are the characteristics that lead to an increased risk of suicide, especially with regard to mental illness where prisoners experience higher rates of personality disorder, anxiety disorder, depression and, psychotic disorders when compared with population level data (Singleton, Bumpstead, O'Brien, Lee, and Meltzer, 2001; Singleton, Meltzer, and Gatward, 1998). Prisoners are also reported to have higher rates of substance misuse (Singleton et al., 2001, 1998). Taking these findings together, there is a pressing need to promote the health and wellbeing of the prison population.

Prisons have been identified as a serious public health issue, as there are increasing numbers of prisoners held with complex health issues, which often worsen during their incarceration due to conditions of overcrowding, separation from family, conflict, violence and boredom (Baybutt, Acin, Hayton, and Dooris, 2014; Cheliotis, 2012; Douglas, Plugge, and Fitzpatrick, 2009a; Levenson, 2002; Turnbull and Stimson, 1994; World Health Organization, 1998). It is clear then that prisoners are in need of healthcare that can promote their health and wellbeing during their imprisonment, but this is also important on release. Improving a prisoner's health and wellbeing can assist desistance from crime and can improve the health of the community the individual goes back to, as they are able to transfer the knowledge gained to others (Baybutt et al., 2007; Brodersen et al., 2007; de Viggiani, 2012; HM Chief Inspector of Prisons, 1996; Home Office, 1997; Woodall, 2012; World Health Organization, 2008, 2013). Most of all this then facilitates the development of a healthier society (Prison Reform Trust, 2011; World Health Organization, 2013). Despite the well-founded, and well known benefits of improving prisoners' health and wellbeing, improvements are still needed. In discussing the healthcare provided in prisons, it is important to know and reflect on who is responsible for delivering the service to prisoners.

2.1.5 Healthcare provided in prisons

The responsibility and commissioning of healthcare services in England is complex and dynamic. One part of this complex arena is the responsibility and commissioning for healthcare services in prisons. The Health and Social Care Act 2012 redistributed

the responsibility of healthcare services in prisons from Primary Care Trusts to a multi-agency partnership consisting of; National Offender Management Service (NOMS) NHS England and Public Health England (NHS England, 2013). Each agency has their own responsibilities, but in partnership their overarching aims are to: Reduce health inequalities, to promote health and wellbeing and, to improve the transition for prisoners accessing healthcare from custody to the community. These aims sit within the principal requirement to deliver in prisons the equivalent healthcare provided to the community (Hayton and Boyington, 2006; Penal Reform International, 2012).

As demonstrated, there is well-established evidenced research that prisoners are from socially disadvantaged backgrounds. There are health policies aimed at reducing health inequalities for those who are socially disadvantaged. As a result, there are policies to promote the health of prisoners. However, as already discussed the health of prisoners is still proportionally worse than the general population. It is therefore, unsurprising that the NHS in England, although it has sustained criticism for a lack of adequate care or poor access to treatment in many cases, when looking at the health care provided to prisoners some form of inadequate care, or access to treatment is reported across the entire prison estate, and recommendations for change continue to be made (Department of Health, 2012b; Frater and Tan, 2016). The World Health Organization has also conducted its own investigations into the healthcare provided to prisoners. In a report discussing the governance of healthcare in prisons the organisation asserted that ‘the right to health of prisoners is frequently disregarded’ (World Health Organization, 2013 p.vii). It reminds Member States of their duty of care of prisoners and, that they should recognize that they can be held accountable for situations where avoidable health impairments to prisoners have occurred. The approach that authorities have with regards to treatment of detainees is fundamentally important. Prisoners have no other alternative, but to rely on the authorities charged with their care to protect and promote their health, as they have lost this aspect of control over their life (World Health Organization, 2013). Consequently, the healthcare provided to prisoners is important, not just to reduce health inequalities, but it has the potential to lay the foundations for a healthy society.

Previous research has suggested that there are significant barriers to prisoners accessing healthcare in prisons (van den Bergh et al, 2010). Through focus groups with female prisoners in Canada, Ahmed et al (2016) illuminate that these barriers include poor communication between healthcare staff and prisoners, as well as health care staff and operational staff about appointments, considerable delays between requesting appointments and seeing a healthcare professional. This is particularly problematic when there are delays to seeing healthcare staff due to mental health issues as these may go unnoticed by staff and therefore there may be no urgency from staff to ensure the prisoner does see a healthcare professional. This dependency on staff for basic needs to see a nurse or a doctor is argued to be infantilising leading to low self-esteem and self-worth (Hooper, 2003). In the United Kingdom a lack of joined up working between healthcare staff, prison operational staff and probation staff has been argued to be endemic; leading to risks of mental health problems not being detected, screened, appropriately supported in prison or through the gate in the community (Danks and Bradley, 2017). This as the authors and has been noted elsewhere (see Ludlow et al, 2015) from a prison officer perspective is due to the lack of time to spend with prisoners to get to know them and therefore to be able to detect when they maybe having mental health difficulties. This lack of time can also lead to misunderstanding about behaviour change, for example when experiencing a mental breakdown and acting out verbally or physically, prior research demonstrates that this will likely end in the prisoner being sanctioned and segregated, causing further distress, rather than supported (Fournier et al, 2011; Howard League of Penal Reform, 2015).

Not only are there structural barriers in terms of the prison regime and accessing healthcare but there are also barriers in terms of perceptions of the service provided and the attitude of healthcare staff. Prior research has raised the issue of a lack of compassionate and caring staff, as well as confidentiality about healthcare matters by healthcare professionals (Ahmed et al 2016; Plugge et al, 2008). Considering that female prisoners are likely to have difficulty with confidence and trust in officials due to their histories of trauma (Hooper, 2003; Policis, 2009), this lack of confidentiality in prison is likely to be further damaging to their trust and confidence and may lead to low health seeking behaviours. This creates further risk of self-harm and suicide, which as suggested above may lead to sanctions rather than support.

Whilst the health of prisoners is largely declining, it would seem apparent that the National Offender Management Service (NOMS), NHS England and Public Health England, are failing to carry out their duty of care to prisoners. It is worth noting that in April 2017 NOMS was replaced by Her Majesty's Prison and Probation Service (HMPPS), a new service focused on reforming offenders both in custody and in the community. In light of prisoners' health issues and that the government has committed itself to a promoting the health of the nation, it seems reasonable that prisoners' health should be improved whilst in custody. The World Health Organization (2013) clearly recognises the benefits of health promotion with prisoners, both for their time in prison and on their release. This is extended to account for the benefits to society that are not only health related, but also crime related in that there is the potential for reduced reoffending rates. The benefits are health related but also relate extensively to wellbeing, in that these positive benefits to the individual, prison and society have the potential to affect mental, physical and social wellbeing.

2.1.6 Promoting health: A settings based strategy

The awareness of, the need for, and the benefits of health promotion in prisons, as already discussed, has received a lot of attention in policy papers and academic literature. These policies have perpetuated philosophies of health promotion that advocate empowerment, agency, and 'settings based' principles (Caraher et al., 2002; Scriven, Hodgins, Woodall, and South, 2011; Woodall, 2012; Woodall, 2016; Woodall, Dixey, and South, 2014). It has been argued that health is a complex notion driven and sustained through experiences of everyday life; in workplace, schools, hospitals, and prisons (Woodall et al., 2014), and that interaction with these sites including their environment, and their conditions must be considered when developing health promotion strategies (Dooris, 2009). An ecological approach where the environment empowers and offers opportunities for individuals to promote their health can also deliver a safe and secure setting (Baybutt et al., 2014).

The environment of the prison continues to be an important factor to consider in the potential of the prison to promote health and wellbeing (Bradley and Davino, 2002; Jewkes and Moran, 2015; Lindemuth, 2007; Moore, 1981; Nurse, 2003). The delivery of courses and rehabilitative programmes to develop life skills, qualifications and through the gate support is a means of promoting health and wellbeing in prison through meaningful use of time, and offering the potential of a better life on release from custody. It is also important to consider how the individual interacts with the environment, whether health enhancing decisions are made and what restraints there are to these choices.

2.1.7 Carceral geography and health in carceral spaces

Carceral geography is an emergent field that fuses together human geography and penology to study the complexities of space and place in prison, as well as its meaning. Over the past decade it has considered the wider structural, political and institutional context of space and imprisonment, as well as placing emphasis the everyday experienced, practices and agency of those imprisoned (see Hayward, 2012; Moran, 2013; Schliehe, 2014; Turner, 2012). The emphasis and attention to the everyday activities of prisoners is of particular relevance to this study, and thus carceral geography is particularly useful in considering the interplay between the prison space and healthy choices in prison. There are also parallels to prison ethnography, which, by way of brief summary, similarly pays attention to the significance of space to understanding the meaning of interactions within an environment to understand the impact of imprisonment (Drake and Earle, 2013). However, while prison ethnography is concerned with the spaces within the prison, carceral geography also considers the space between the prison and society and the places where this meets, for example the visit room (Foster, 2017; Moran et al, 2017) as well as the continuation of control once released through stigmatisation preventing integration into society (Philo, 2012; Moran, 2014). In their paper *The emotional geography of prison life*, Crewe et al (2014) content that there are spaces within the prison where male prisoners would display different emotions. Within the visit hall they could be warm and tender with their children, families or friends, while back on the wing these types of emotions

would not be shown and mocked if displayed. There were, however, spaces within the prison where prisoner to prisoner interaction could be supportive and appreciative, for example in the gym or in education when working closely with others. There were also spaces within the prison, most typically away from the wing, where “power, liberty and authority could be, for a brief period, be put aside” (p.69) and where staff to prisoner contact was more “humane” through staff asking prisoners to call them by their first name and bringing in sweets as rewards for achievement. The authors infer how “space matters” (p.61) and how prisons are not “neutral backcloths” (p.60) when conducting research, again highlighting the importance of this consideration in the research discussed in this thesis.

In terms of understanding women’s experiences of imprisonment, space matters when considering the impact of trauma on women. The learnt behaviour through experiencing physical and mental abuse is avoidance (Dehart, 2008) therefore, during imprisonment in order to reduce the likelihood of intimidation or altercations (Tewksbury, 2006) women who have been victimised are likely to withdraw from the shared spaces within the prison. Additionally, within the space of the prison aggression and bullying are feared in the sense of their anticipation, as well as their actual occurrence and therefore the environment can be tense without any apparent reasoning (Sykes, 1958). However, as Crewe et al (2014) and others (see Dirsuweit, 1999; Goffman, 1961; Johnson, 1987) point out, there are spaces within the prison that can offer ‘shelter’ ‘free space’ and a sense of ‘home’. In the context of women’s imprisonment and their health and wellbeing, it is therefore important to understand which places within the prison can offer a space to be less fearful and less anxious to minimise the environments impact on mental and physical wellbeing. Given the increased prisoner population and decreasing resources; in terms of funding for activities and for staff, as well as increased self-harm and suicide (HM Chief Inspector of Prisons, 2010; Offender Health Research Network, 2009; Women in Prison, 2017) the need to understand what places within the prison offer health enhancing prospects is of particular importance for women given their history of trauma. It is also of importance to understand the places that hinder health in order to look to improve these spaces to be health enhancing.

Place is also an important determinant of mental wellbeing (Jordan, 2011). Within the prison context Therapeutic Communities offer a sub-space of the prison, or in the case of HMP Grendon the whole prison, where the structure of the day is aimed at promoting health and wellbeing. The regime is supportive and encourages feelings to be expressed and problems to be resolved as a community (Parker, 1970) and has been shown to be effective in the development of supportive prisoner to prisoner and prisoner to staff relationships (Genders and Player, 1995). These principles are also used as part of the PIE (Psychologically Informed Environment) and PIPE (Psychologically Informed Planned Environment- appropriate for high security and high risk settings such as prisons), a further development from the Therapeutic Environments by the Royal College of Psychiatrists aimed at increasing psychological awareness of the setting (Johnson and Haigh, 2011). However, what is important to understand about the delivery of such programmes and environments is that they are within the prison and therefore there is likely to be conflict between healthcare and prison staff about the appropriate practices to, for example, rule breaking (Hughes, 2000). In such instances rather than understanding why such practices as self-harm may happen and providing support, prior research in the United States and the United Kingdom demonstrates that these behaviours can result in a women being segregated causing further distress (Fournier et al, 2011; Howard League of Penal Reform, 2015). This demonstrates what Stoller (2003) suggests as the tension between the priorities of healthcare staff and prison staff.

The space of the prison has also been explored through carceral geographers through attention to the design of the prison (see Grant and Jewkes, 2015; Hancock and Jewkes, 2011; Moran et al, 2016; Moran and Jewkes, 2015). In their paper Jewkes and Moran (2014) draw on the example of the Norwegian criminal justice system whom employed the skills of interior designers to design the space to be stimulating and aid re-socialisation to promote rehabilitation. Within the architectural design attention was paid to maximising contact with nature and natural light through placement of window. However, Jewek's and Moran (2014) suggested that this may not be possible in the United Kingdom due to public pressure for prisons to look like places of punishment to enforce their image of authority and security: "The design of a prison reflects the penal philosophy of the prevailing social system" (Moran et al, 2016 p. 116) The

authors go onto to say “UK prisons today must both punish and be seen to punish (p. 118). Additionally, prior research has also shown that enhancing the physical characteristics of the prison does not promote a more positive attitude of prisoners towards their incarceration (Houston et al, 1988), but within the space the perception that it is overcrowded was found to be stress inducing (Schaeffer et al, 1988). These findings point towards the need for further research to understand the impact of the physical environment on the health of prisoners, in order to move beyond prior research studies that have looked at alterations to the physical environment to reduce the possibility of self-harm (see Krames and Gordon, 2002; Tartaro, 2003).

2.1.8 Health enhancing decisions

The concept of a ‘healthy prison setting’ involves a view that health and wellbeing is made up of a complex set of interactions between the environment, the organisation and personal factors (Baybutt et al., 2014). In this thesis particular attention is paid to the decisions that can be made in prison to enhance health and the experience of doing so while incarcerated. In a reflexive account of their research, which sought to equip women in prison with the ability to make healthier choices, Hanson and Gray (1997) took stock of the lessons learnt from doing so. They point out that inmates have numerous health needs and programmes that address more than one can be effective in engaging with many prisoners. They identify that prisons are not therapeutic environments and this can make health promoting programmes difficult to deliver. For example, a programme that aims to promote self-esteem may do so but, then going back to a cell where there is little agency challenges self-esteem. Therefore, Hanson and Gray (1997) accentuate that where prisoners can make choices this should be focused on. They also rightly highlight that although prison is a controlled environment, prisoners still have a degree of opportunity to make health-enhancing decisions. One way is to choose a healthy meal from the menu selection; another way is to use free time to exercise. In these circumstances prisoners might feel motivated to make healthier decisions, because they have the option to do so.

Health enhancing decisions require the individual to make conscious reflexive choices to carry out an action on the rationale it will improve their health. However, little is known about the lifestyle choices made by prisoners whilst incarcerated (Condon, Hek, and Harris, 2008). To explore the views of prisoners on making healthy choices, in light of the 'Health in Prisons Project' introduced by the World Health Organization (2008), Condon et al. (2008) interviewed 111 prisoners across twelve prisons, including women, older prisoners, young offenders and prisoners from ethnic minorities. The researchers found that opportunities to make healthy choices varied across prisons. Prisoners reported using smoking as a coping mechanism, but many were keen to stop. There were problems with long waiting lists to be seen for smoking cessation help and, nicotine patches. Young offenders, especially, reported that prison provided the opportunity of three regular meals a day. Their choices of food were not considered healthy, but more take away style foods that they were not aware was an unhealthy choice. The authors identified that access to brown bread and skimmed milk was a problem in the female prison studied. Additionally, for prisoners who wanted to eat healthily there was a lack of availability of low fat, low sugar, and high fibre foods. The range of facilities for exercise was reported by young men to be good. However, there were problems with cancellation of activities due to staff shortages and, overall the amount of access varied across institutions. This research provides an insight into the availability of access to make healthy choices, and illuminates problems in knowledge about what it means to be healthy and, why this is important. The next section of this literature review will identify why health promotion among women in prison is essential. Before doing so, there is a need to discuss the critique of health promotion in prison.

It is pertinent given the changing legislation by the UK Government to address smoking in prisons in England and Wales. While engagement in smoking cessation programmes has in prior research been considered a health enhancing decision, the removal of this choice through a prison wide smoking ban will make this choice redundant. At the time of conducting the research the UK Governments intent to make prisons smoke free had been announced (Selous, 2015) citing that it was to reduce the risk of second hand smoke and to respond to reports of poor air quality within prisons (see Britton, 2015; Semple et al, 2015). However, there was some ambiguity as to

when this would be fully implemented in all prisons, with a staged roll out indicated. As of January 2018 of the 107 state run prisons in England and Wales 60 had implemented a smoke free policy (HMPPS, 2018).

The impact of the smoking ban has led to a number of media reports on increased disruption and violence within prisons, as well as increased use of other harmful substances (Evans, 2017; Kotova, 2017; Smith, 2017). This is also supported through and evidenced through reports by the Independent Monitoring Board (IMB 2016a; IMB 2016b) which cited increased adjudications and prisoners being monitored due to risk of self-harm through the Assessment, Care in Custody and Teamwork (ACCT) process. They also criticised the lack of support prisoners were receiving to quit smoking. In an inspection of HMP Cardiff the IMB (2016a p.8) reported that prisoners were using “tea and shredded nicotine patches” to make cigarettes. These reports highlight that although the smoking ban is an attempt to improve the health of those in prison the roll out of these bans has placed prisoners at risk of harm either from others through violence, or to themselves through self-harm, increased use of other illegal substances or self-manufacture of substances without any knowledge of their impact. It would seem apparent that the UK government could have anticipated the tension and violence a smoking ban would create in prisons through preliminary research to understand its potential impact (Carpenter et al, 2001; Butler et al, 2007; Tuthill 2002; Woodall and Tattersfield, 2017) and research conducted in other countries which has previously documented this (de Andrade and Kinner, 2016; Ritter and Elger, 2014). In a study to understand the perceived impact of the smoking ban in prisons, Woodall and Tattersfield (2017) found that prisoners saw the ban as the erosion of their choice, ‘double punishment’ for being in prison and that although there would be positive physical health benefit from smoking cessation, there would be a negative impact on mental health through increased self-harm and suicide attempts. Additionally, staff saw this as the removal of a tool used by staff to aid compliance and reduce tension and anxiety through offering prisoner’s cigarettes when their behaviour would escalate.

Although there is a need to tackle the high use of tobacco amongst prisoners in order to reduce the burden of disease that results and premature deaths (Hartwig et al, 2008)

and previous smoking bans in prison have improved the quality of air within the prison (Proescholdbell et al, 2008), research suggests that forced smoking bans managed through nicotine replacement yields cessation results that are comparable to the community (Cropsey et al, 2008) and once released prisoners are likely to return to smoking (de Andrade and Kinner, 2016). Therefore, the imposed ban will likely have little impact on long term tobacco use and the burden of disease, but it may reduce the harm of second hand smoke in prisons. In order to support prisoners to stop smoking tobacco, E-cigarettes can now be bought by prisoners through the canteen list. This has been welcomed by the IMB (2017) whom suggest this is comparable to the support provided in the community, whilst also noting that this is a cost reduction for health services, as there will be less need for nicotine patches. The use of E-cigarettes does offer the potential to reduce the harmful intake of toxins from cigarettes with tobacco, however, this does not reduce the dependence on nicotine (Shahab et al, 2017), but it does also reduce the risk of harmful second hand smoke (NHS, 2018). Therefore, smoking bans offered through the replacement of tobacco for E-cigarettes does offer a harm reduction strategy for all prisoners and staff within the prison environment.

2.1.9 Critique of health promotion

Despite firm understanding and acceptance of the benefits of an ecological approach where the environment empowers and offers opportunities for individuals to promote their health little practical change has occurred in prisons (Caraher et al., 2002; Frater and Tan, 2016; Whitelaw et al., 2001; Woodall, 2016). An overarching critique of health promotion discourse in prison is the fact that prisons are not therapeutic environments and this is at odds with the requirements needed to improve health and wellbeing (Caraher et al., 2002; Smith, 2000). While there are places within the prison that attempt to ameliorate some of the negative consequences of imprisonment on health and wellbeing, such as PIPE units and Therapeutic Communities, which have already been discussed in this chapter, these are not available in all prisons and to all prisoners. There are challenges to the notion that prisons can be health enhancing due to power inequality, institutionalization of individuals, and removal of basic choices of when to eat, sleep or wash (Bosworth and Carrabine, 2001; Godderis, 2006; Rowe,

2011; Smith, 2000, 2002; Woodall et al., 2014). It is also challenged less implicitly through arguments of deprivation and social harm caused by imprisonment (Berger and Luckmann, 1990; Clemmer, 1958; Foucault, 1977; Goffman, 1961; King and Elliott, 1977; Sykes, 1958). The 'pains of imprisonment' Sykes (1958) detailed are brought through deprivation of rights and possessions, including autonomy, and result in an individual worn down by the institution lacking self-worth and self-esteem. In the institution described by Sykes (1958) the notion of health enhancing is impassable. The erosion of identity through a lack of autonomy, strict rules, and humiliation through practices such as bodily searches, makes any choices difficult, much less healthy ones (de Graaf and Kilty, 2016).

There are disruptions to the 'pains of imprisonment' through findings of stabilising and healing influences of incarceration, allowing time to reflect and address personal problems (Baybutt et al., 2014; Wacquant, 2002), such as detox from drugs and alcohol (Crewe, 2005). While in the community substance misuse can be as a response to, and to help cope with, trauma (Drissen et al, 2006), if sufficient support was available for women in prison to come to terms with their experiences of trauma then overcoming these problems can have the potential to allow the individual to re-establish or strengthen ties with family and friends in the community, which may have been fractured due to a chaotic lifestyle as a result of drug and alcohol abuse (Rowe, 2011). However, it is important to consider that imprisonment can further traumatise women through forced separation with their children (Celinska, 2013; Rowe, 2011; Sainsbury Centre for Mental Health, 2007; Sheehan et al., 2013; Wolf et al, 2007) bullying from other staff and prisoners, including sexual misconduct by staff (Taylor, 2004; Tewksbury, 2006), and due to cuts in funding and reduction in staff numbers less rehabilitative programmes are available to support women in prison (Women in Prison, 2017). Therefore, it is very possible that women in prison with a drug and alcohol problem prior to custody, just over 50% of the prison population (Women in Prison, 2017), will continue to use these substances, which known to be smuggled into or manufactured in prisons (O'Hagan and Hardwick 2017). It is also important to consider that not all prisoners experience imprisonment the same (Foucault, 1977) and prisoners have been found to be conscious and worry about the effects of imprisonment (Cohen and Taylor, 1992; Rowe, 2011). In these accounts there are examples of

exerting agency to resist the control of the prison, one being resistance of gaining weight among women to avoid body colonization by the institution (Rowe, 2011). Making choices and decisions where possible is one way of sustaining a sense of identity and resisting the power of the institution (Bosworth, 1999).

In a marked shift from previous research Smith (2002) challenges and redefines the central idea of what it means to be healthy in prison. Through interviews with women in three different prisons an unhealthy diet was found to foster pleasure and comfort for women. This led the author to the quite controversial conclusion that in this context these choices could represent a healthy choice as, women were better able to cope with being in prison. This is supported by research carried out by Milligan, Waller, and Andrews (2002) who found that women in prison used over eating or bingeing and, then purging, to cope with the emotional stress of being in prison. The eventual consequence of poor health, that would result, was considered secondary to the function of coping. These findings support the view that it is important to understand unhealthy choices in their wider social context, as they may represent; an effort to manage stress, conformity to peer group norms or represent power to deviate from the norms of society (Ruzek and Hill, 1986) In another paper Smith (2000) also critiques health promotion strategies for placing emphasis on the individual to make healthy choices and creating an environment where ill health is blamed on the individual for not living a healthy lifestyle. This practice fails to account for the wider social and structural determinants that lead to ill health (Whitehead, 2006). As discussed previously, there is a steep inverse association between health and socio-economic position in society. Therefore, rather than blaming the individual for ill health, society should aim to promote the health of the nation, through dealing with the structural factors that lead a certain proportion of society to experience poor health (Smith, 2000, 2002). It is interesting that the argument put forth by Smith (2000, 2002) critiques individualistic health promotion but, then goes on to say that despite health promotion strategies that encourage awareness on what is unhealthy or risky behaviours, that may result in illness or disease, people still engage in these activities, and consequently it is important to consider individual health beliefs and values. Considering individual health beliefs and values leads to an individualistic look at health choices. This cannot, therefore, be avoided in health promotion research. To understand how to promote the

health of society, an individualistic understanding is first required. This then will allow understanding on what would be best suited as a strategy to promote the health of the whole population.

2.2 Women in prison

Women in the criminal justice system have distinct unmet needs. This was brought to the forefront of British politics in the 21st century through the Home Office commissioned report by Baroness Corston (2007) on women with particular vulnerabilities in the criminal justice system. The report made 43 recommendations. The central tenet was that a women-centred approach in custody was needed. Drawing on the *Equality Act*, Corston (2007 p.3) importantly stated, “equality does not mean treating everyone the same... men and women should be treated with equivalent respect according to their need”. Therefore, with regard to the criminal justice system, women’s needs must be addressed as an entirety and not to draw a level against men. However, this was not ‘new’ way of thinking. In an influential paper, Daly (1992) criticised former studies on women’s offending, that took into account the immediate circumstances of female offending, for failing to consider the wider contextual issues that may have happened, which ultimately led to their offending. Drawing on a number of papers written in the United States, Canada Europe and Australia, including the distinguished work of Carlen (1985; 1988), Carlen and Worrall (1987), Heidensohn (1985) and Chesney-Lind (1986), Daly (1992 p.13) proposed a “leading scenario”; a significant moment that led to offending and contended that there were four pathways which could characterise this: 1) Harmed and harmed women whom had been physically or mentally abused or neglected as a child and as a result harmed themselves through substance misuse or harmed others through violent and aggressive behaviour as they were unable to cope. 2) Battered women whom had been involved in a relationship with a partner where there was domestic violence. 3) Street women whom had been forced out or left an abusive household and became involved in sex work or selling drugs. 4) Drug-connected women whom had become addicted or sold drugs due to their relationship with a partner. What the paper crucially emphasised was that women have dissimilar pathways to crime than men; the “leading scenarios” were distinct to women, and that this lead to a better understanding of women as both

victims and offenders. What Daly (1992) struggled to determine was where the break was in understanding the victimisation could lead to offending and the offender taking responsibility for their behaviour. In many ways this represents the tension within the criminal justice system, as has been discussed in this chapter, that requires recognition of the needs of women in prison, due to their victimisation, but also the need to appropriately respond if a women is disruptive or aggressive and risks harm to themselves or to others.

Within the Corston report (2007) one particular aspect the report looked at was sentencing. It was recommended that the number of women in prison should be reduced, as community sentences for non-serious violent offenders who were not a threat to society would be better suited. Diverting women from prison through the use of community sentences was recommended and echoed the work of Carlen (1998) whom had also called for the end of imprisonment for women who had committed non-violent offences almost a decade earlier. As has been argued elsewhere in this chapter imprisonment can further damage the health and wellbeing of women in prison, however, due to the low numbers of women's prisons women are often held a significant distance from their home (Gerry and Harris, 2016). This a barrier to maintaining contact with their families due to the amount of time and financial resource that is needed to attend, what can often be a one or two-hour visit. Additionally, the Corston report also recommended that the use of remand be decreased for these reasons.

In a follow up report published four years later Baroness Corston (2011) noted that some steps had been taken by the government to improve women's experience of custody. For example, gender specific standards for regimes and programmes for women had been implemented and changes had been made to search procedures. However, the follow up report critiqued the continued over use of remand, noting that there had been a 12% rise from 1997 to 2009, and the number of women in prison during the first nine months of 2010 had increased by 236. Increases in the number of women in prison have still continued, on the 28 March 2014 there were 3,895 women in prison (Ministry of Justice, 2014a), and on the 5 December 2014 there were 3928 women (Ministry of Justice, 2014b), an increase of 33. While these figures have

fluctuated they have remained steadily high; on the 5 January 2018 there were 3923 women in prison (Ministry of Justice 2018). In comparison to the prison population, which stands at just under 86,000, women in prison represent less than 5% of the total population (Ministry of Justice, 2014b). This is not an issue confined to the United Kingdom, but worldwide (Acoca, 1999; Harry, 1998; Haywood, Kravitz, Goldman, and Freeman, 2000). The low numbers of women in prison, when compared with men, contributes to the reasons why women have been marginalised and overlooked in the criminal justice system (Smart, 1977).

Although women form a small minority of the total prison population, as has been demonstrated thus far in this thesis, they are distinct when compared to the rest of the prison population. In sentencing trends, 21% of women in prison are serving twelve months or less, and 15% are serving six months or less, whereas these figures for men are 10% and 7% respectively (Ministry of Justice, 2012c). As has also been demonstrated in this chapter, women have distinct pathways into criminality that are often a result of physical or sexual abuse, substance misuse, or mental healthcare needs (Covington and Bloom, 2008; Penal Reform International, 2012; Pollock, 1998; United Nations, 2014). The circumstances of women are also different from men, in that they are more likely to be primary caregivers for children (Home Office, 1997; Liebling, 2011; Sheehan, McIvor, and Trotter, 2013) and are likely to commit non-violent crimes for monetary gain (Hedderman and Jolliffe, 2015; Steffensmeier and Allen, 1998).

Since the publication of the Corston report, one main improvement is that there seems to be a political acceptance that women have distinct needs and these need to be addressed (Corston, 2011; Player, 2014). However, moving forward past acknowledging this towards action and working to meet women's needs has proved difficult. This is evident through a six-year follow up inquiry by the House of Commons, Justice Committee (2013) where the same recommendation of a woman centred approach was made. There is also a failure to accept that women's distinct needs had already been documented, most notably in the Corston report (2007). The House of Commons, Justice Committee (2013) further commented that there was still a lack of clarity on what women's needs were and although a "whole system" approach

was welcomed, just what this means in practice was not understood. The failure to move beyond acknowledging the issues to making practical changes has not happened. An example of this is a recommendation by Baroness Corston (2007) to reduce the number of short-term sentences, principally because there was no evidence that these reduced reoffending. The Justice Committee (2013) report highlights the same issue.

In the decade since the Corston report, we have seen few changes, slow progress and still so much more needs to be done. This characterises the state and treatment of women in prison. It was not until the end of 2010 that a specific set of rules and global standards was formed for the treatment of women offenders by the United Nations. In December 2010 the United Nations (UN) General Assembly, made up of 193 countries, voted unanimously to accept the UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders, more commonly known and referred to as the Bangkok Rules (United Nations, 2010). These Rules are an additional supplement to the Tokyo Rules, formally known as the UN Standard Minimum Rules for the Treatment of Prisoners and UN Standard Rules for the Treatment of Non-custodial Measures. The additional supplement of Rules specifically for women confirms that the UN General Assembly members recognise that women in the criminal justice system have gender specific needs and agreed that steps needed to be taken to meet them. The Rules acknowledge the reasons as to why women have distinct needs, such as prior victimisation of physical, psychological and sexual abuse and their role as mothers. Also acknowledged is the general lower risk of female prisoners as predominantly non-violent offenders and the harm imprisonment can cause to social and family ties. Concurrent with the Corston report (2007), the Bangkok Rules promote the development of gender specific rehabilitative programmes in the community to reduce the use of imprisonment for women. Of the 70 Rules to guide member's governments to develop gender responsive policies and strategies, pertinent recommendations to the research in this thesis are those relating to promoting the health and wellbeing of women in prison. Arguably, most of the recommendations relate to this function and are best described through highlighting the predominant themes that run through the series of Rules and how they relate to health and wellbeing. These can be described as; ensuring and promoting contact with children and families through placing women in prison as close to their home as

possible and encouraging and supporting contact and consequently promotes social wellbeing, as well as; providing and considering how best to deliver individualised support to women in terms of mental health care, substance misuse programmes or general reproductive health care, through appropriate screening that considers their past trauma. This relates to promoting health, but also to ensuring mental wellbeing through reducing the distress that these programmes and treatments can cause, for example through being undertaken by male health professionals. Also pertinent to the programme of research in this thesis is the first point of Rule 42:

Women prisoners shall have access to a balanced and comprehensive programme of activities, which take account of gender appropriate needs.

(United Nations, 2014 p. 18)

While there is no further detail is provided as to what ‘activities’ this Rule is suggesting, the current research will look to understand how activities undertaken by women in prison can meet their needs as a women and promote their health and wellbeing.

The central theme when discussing women in prison is that they have distinct unmet needs. These needs are under researched, as women in the criminal justice system have not received as much attention as men. This thesis aims to develop the knowledge that is available on women’s needs with regards to their health, but more specifically it aims to address the question of how women’s health needs can be met through health promotion. There are two central tenets to the research, the first is a focus on women in prison and the second is promoting health and wellbeing through the health enhancing decisions of eating healthy and exercising. The next section will explore the specific health needs of women in the criminal justice system.

2.2.1 Women’s health in prison

Research into women’s health in prison often cites statistics on the number of women in prison who have a physical and mental illness, and then describes these in more detail. While this section does exactly this to demonstrate the concerning levels of ill health among women in prison, what is lost in doing so is the complexity of women’s

lived experience in prison. Research conducted by Douglas et al. (2009) included the views of thirty-seven women, taken into account through six focus groups carried out in two local prisons in England. The participants aged from 17 to 50 years old and ranged in ethnic backgrounds. The research found that women prisoners on the whole thought imprisonment had impacted negatively on their health. In their research Douglas et al. (2009) found women spoke on how their initial entry to prison was a shock and that they were fearful of being in prison. Being separated from their children and families was particularly distressing, as well as living with women who were withdrawing from drug addiction or had serious mental health problems. Some women spoke about this having an impact on their own mental health. In discussing how prison had affected their health over the long term, the women spoke about the disempowerment they felt and loss of autonomy and particularly with regards to management of their own health. Some of the unhealthy habits founded in prison were increased smoking, poor diet and seeking medication for mental health problems. Women discussed access to physical activity as being limited due to issues with the prison regime and, having no opportunity to go to the gym if they worked. They also indicated that their diet was rich in carbohydrates which, coupled with limited physical activity, had led them to gain weight. This had affected their body image and self-esteem leaving them feeling low and unmotivated. On a more positive note, for some women coming to prison had provided an opportunity to overcome drug and alcohol addiction, or respite from an abusive partner or family, and allowed them to eat regular meals. These findings are confirmed in other studies of women's experiences of imprisonment (see Rowe, 2011; Van Tongeren and Klebe, 2010). In light of these findings, the authors recommend a re-evaluation of health promotion in prisons, as clearly the current strategies are not working.

So far the research discussed has introduced incarcerated women's lived experiences of the impact of imprisonment on their health. It is also important to consider the statistics available to shed light on the exceptionally poor health status of women in prison. Compared with the general population and men in prison, female prisoners experience higher rates of mental and physical illness (Fogel, 1993; Lewis and Hayes, 1997; Martin et al., 2013; Ministry of Justice, 2012c, 2013b; Plugge et al., 2006; Plugge and Fitzpatrick, 2005; Ruzek and Hill, 1986). Over 80% of women in prison

have a long standing illness, compared with 32% of the general female population (Plugge et al., 2006). The most prominent long-standing illness reported by women, in prison, is depression followed by anxiety and or panic attacks (Plugge et al., 2006). Over 40% of women in prison are reported to have some form of drug dependence, compared with less than 5% of the general female population and just under 10% of the general male population (Plugge, Yudkin, and Douglas, 2009; Singleton et al., 2001, 1998). Women in prison also have higher prevalence rates of hazardous drinking, when compared with both men and women in the general population (Singleton et al., 2001, 1998).

Before coming to prison, these women are known to be hard to reach as they are unlikely to be registered with a general practitioner (Ministry of Justice, 2012c), and coming from a low income background makes them an especially hard to reach population as they have low health seeking behaviours (Anderson, 2007). Once in prison, the chances of improvements to health and wellbeing for these women are unlikely (Plugge, Douglas, and Fitzpatrick, 2008). In a longitudinal research study using a sample representative of women in prison, Plugge, Foster, Yudkin, and Douglas (2009) identified that after being imprisoned for one month women's risk of cardiovascular diseases had not decreased. The authors found that 85% of the women smoked compared to just 24% of women in the general population. Additionally women have been found to gain weight during imprisonment (Douglas et al., 2009; Plugge, Douglas, and Fitzpatrick, 2011; Plugge et al., 2009; Rowe, 2011; Shaw, Rutherford, and Kenny, 1985; Smoyer, 2013). Reasons for weight gain in prison have been attributed to metabolic changes due to drug withdrawal, high carbohydrate prison diets, prison canteen options limited to high calorie snacks, boredom and inactivity (Martin et al., 2013), as well as stress (Fogel, 1993). The long term conditions experienced by many women in prison can lead to poor health and wellbeing that can be difficult to treat. Long term health conditions and mental health problems have been identified as having a strong negative impact on quality of life and functional status (Moussavi et al., 2007). Additionally, poor mental health can result in poor self-management and thus poorer clinical outcomes in dealing with the health problem (Moussavi et al., 2007). Poor mental health can lead to lack of motivation and energy to adhere to treatment plans or appointments (DiMatteo, Lepper, and Croghan, 2000).

Overall a bleak picture of women's health and health prospects in prisons is reported. This highlights that an important opportunity to improve the health of those who experience the greatest burden of diseases, women in prison, is still being missed.

Prison presents an opportunity to engage with and promote the health of women in prison. Furthermore, exploration of the health characteristics of women in prison emphasises the reasons as to why this is so important. Not least because, the government and prison institutions have a duty of care to maintain and promote the health of the women in their custody. It is in the best interest of society if this occurs, as women who are currently in prison will be released into the community, and if women are released in poor health, the likelihood of them reoffending is increased (Social Exclusion Unit, 2002). Without promoting women's health in prison, there will be no opportunity for them to transmit their knowledge gained to their children, family and community after release (HM Chief Inspector of Prisons, 1997). Considering the number of women in prison who have children, promoting their health is especially important given that on their release they will likely be responsible for the health of their children (Smith, 2002). Additionally, the benefits of promoting health and particularly mental health are especially important for women in prison, considering the number of women with one or more mental disorders (Plugge et al., 2011; Pollock, 1998). An individual who is released from custody that is physical and mentally well is more likely to gain employment, actively participate in society and overall less likely to reoffend (Meek, Champion, and Klier, 2012; Social Exclusion Unit, 2002). Altogether, the failure to promote women's health in prison has serious negative consequences for the women, their family, their community and the rest of society. Politicians, academics, health care staff and prisons, forming some of the institutions or people able to do something to promote health and wellbeing amongst women in prison, acknowledge these conclusions. Moving beyond this to *how* to promote health and wellbeing amongst women in prison has proved difficult.

Doctors have traditionally advised people with a range of long-term conditions to rest and not tire themselves out. However, more modern treatment of these conditions often includes promoting physical activity as part of a healthy lifestyle (Clow and Edmunds, 2014b). There are questions that surround how to motivate individuals who are

depressed to exercise, as the characteristics of someone who is depressed; fatigue, lack of interest, worthlessness, socially withdrawn and sleep disturbances, are at odds with the characteristics needed to exercise: Energy, engagement and commitment (Seime and Vickers, 2006). Research into participation levels of exercise interventions to treat depression yield dropout rates of about one in five (Stathopoulou, Powers, Berry, Smits, and Otto, 2006), however when comparing these to the dropout rates of drug treatment interventions, Clow and Edmunds (2014) note that the rate is about the same.

The next section will further discuss the benefits of physical activity to mental, physical and social wellbeing, along with healthy eating. In the prison environment there are limitations in the choices prisoners have to promote their own health and wellbeing, nevertheless there may be decisions that are possible, which may enhance health. This could be selecting a healthier meal option, or to exercise while incarcerated. These decisions are possible, but the next section will also discuss the barriers women experience, which prevents them from making these health-enhancing choices and, altogether limits health promotion in prison. The current approach taken in prisons to treat women's ill health is ineffective, given that research evidence suggests that women leave prison with a worse health status than when they entered (Baybutt et al., 2012). There is therefore a need to explore alternative strategies to promote health and wellbeing in prison. The next two sections of this chapter consider how physical activity and diet can promote health, and what roles these aspects of healthy living may have for women in prison.

2.3 Physical activity in prison

Strategies to get people physically active are commonly focused on doing so to prevent obesity, diabetes or cardiovascular diseases, but this has overshadowed the wide-ranging benefits of physical activity (Bull and Bauman, 2014). Physical activity is important for disease prevention. In fact, the World Health Organization (2011) confirmed physical inactivity as the fourth leading risk factor of non-communicable diseases, which are distinguished by four categories; cardiovascular diseases, cancer, chronic respiratory diseases and diabetes. However, the range of benefits of physical

activity to physical, mental, and social wellbeing as well as, overall health need and moreover, deserve attention.

2.3.1 The benefits of physical activity to wellbeing and health

Physical activity has the potential to improve mental, physical and social wellbeing and thereby overall health. The first element to be explored is the benefits physical activity can have for mental health. In samples of adults, exercise has been found to reduce symptoms of depression and anxiety compared to a placebo drug treatment or no treatment (Doyne, Chambless, and Beutler, 1983; Hassmen, Koivula, and Uutela, 2000; McCann and Holmes, 1984; McNeil, LeBlanc, and Joyner, 1991; Paluska and Schwenk, 2000). There is also research evidence to suggest that the positive effect of exercise on reducing depression is long lasting (Craft and Landers, 1998). Additionally, Blumenthal et al. (1999) found that exercise as treatment for Major Depressive Disorder was able to reduce patient's symptoms, but drug treatment produced a quicker effect. However, the authors highlight that exercise produced a range of other benefits such as, weight loss and improved self-esteem, which has also been found in other research (Sonstroem, 1978; Sonstroem and Morgan, 1989). Therefore, combination of exercise and medication would seem appropriate given that some of the side effects of anti-depressant medication is weight gain and increased blood pressure (Daley, 2014). Exercise can act as a distraction, as it enables time out from a stressful reality and thus improves wellbeing (Bahrke and Morgan, 1978). Much of the research discussed here is from the 1970s and 1980s, however, more recent research has also echoed the importance of physical activity to enhance psychological wellbeing, as well as physical health (Edmunds et al, 2013). Within the report by Edmunds et al (2013) there was a critical reflection on the timely relevance of physical activity to reduce stress, to improve mood and a strategy that could be used to better cope with "the difficult financial climate, environmental challenges, welfare reform, terrorists threats, public health scares... and it can feel as though much of our life is outside of our individual control" (p.4). The change in stress levels reported by the Mental Health Foundation (2013) showed that more than half of adults in the United Kingdom were more stressed than they were five years ago. Therefore, it would

seem ever more pressing that the benefits of physical activity reported by studies in the 1970s and 1980s and beyond are noted by today's generation.

So far, the benefits of physical activity discussed have predominantly focused on the psychological aspects however, there are several physiological benefits of physical activity. The main physiological benefits of physical activity presented by the National Health Service (2014) are weight loss, increased stamina, lowered heart rate and, decreased blood pressure. Increased cardiovascular fitness enables individuals to do more with less effort (Burton, Stokes, and Hall, 2004). The physical benefits of physical activity are clinically proven to reduce the likelihood of developing diseases such as heart disease, coronary artery disease, diabetes, cancer and, reduces the chances of having a stroke (Fletcher et al., 1996). Physical activity can also delay the onset of cognitive decline, such as dementia or Alzheimer's disease (Martinez, 2014).

Alongside the physical and psychological benefits there is one other important element that physical activity enables, social wellbeing. Research has predominately focused on the physical and psychological benefits, and as such far less is known about the social benefits of physical activity (Fox, 1999). Through an examination of the available literature one study that did take account of the social benefits stands out. In a large population based sample in Finland Hassmén et al. (2000) found those who exercised at least twice a week had a stronger sense of social integration, than those who did not. Other research has found that sport provides a mechanism for social interaction with others, which enables the development of life skills (Holt, Tamminen, Tink, and Black, 2009), and school based sport can promote positive social interaction and respect (Holt, Sehn, Spence, Newton, and Ball, 2012).

The benefits of physical activity are wide ranging and research is continually being published on the benefits of physical activity to update what is already known (Clow and Edmunds, 2014a). More importantly for this research, is how physical activity can improve the health and wellbeing of women in prison? The next section will demonstrate the specific benefits of physical activity found in prison.

2.3.2 Benefits of physical activity in prison

Research into the benefits of physical activity in prison further illuminates and extends the account of the positive implications of physical activity more generally. Prison institutions are very particular and controlled environments, which do not provide much autonomy for those imprisoned. The research into physical activity, exercise or sport in prison, clearly demonstrates the benefits of physical activity and justifies the reasons why this should be facilitated and promoted in prisons. This section will explore this research, which has overwhelmingly focused on male adults or young offenders in prison.

Exercise in prison has the potential to improve both physical and mental health. In a research study carried out in a male maximum security correctional facility in America, Nelson, Specian, Tracy, and DeMello (2006) found after a six-month intervention, regular moderate physical activity had positive mental and physical benefit for offenders. Specifically, 75% of the sample experienced a decrease in depression stress and anxiety, 65% reported more energy, 53% increased muscle toning, 48% expressed increase in strength, 36% reported an increase in stamina and 22% reported weight reduction. This research highlights some extremely positive results that exercise can have for individuals in prison, particularly in relation to mental health.

Prior research has found that practicing sports in prison has a significant impact upon quality of sleep (Elger, 2009). Exercise can also help prisoners to cope with stress and anxiety (Buckaloo, Krug, and Nelson, 2009; Frey and Delaney, 1996), another important determinant of quality of sleep (Breslau, Roth, Rosenthal, and Andreski, 1996; Jean Kant et al., 1995; Staner, 2003). Through exercising, stress and anxiety can decrease which in turn facilitates a good night's sleep, and promotes wellbeing (Buguet, Cespuglio, and Radomski, 1998; Carlson and Garland, 2005). Decreasing stress and anxiety also serves to reduce the risk of infections and disease, as stress has been identified as a suppressor of the immune system (Ferrarese et al., 1993; Reiche, Nunes, and Morimoto, 2004). Less stress and anxiety amongst prisoners, also has the

potential to influence the prison environment in a positive way. Buckaloo et al (2009) suggest that allowing inmates to de-stress will enthruse a calming effect, and create an environment that has less tension and disruption. Additionally, less tension in a closed institution has the potential to improve prisoner-to-prisoner relations, as well as staff-to-prisoner relations. This can enhance the wellbeing of the prison, and ultimately lead to a safer environment for prisoners and staff.

Physical activity also provides a way for prisoners to cope with being in prison. Cooper and Berwick (2001) found that 38% of young prisoners and 13% of lifers identified physical activity as their main coping mechanism. Men in prison have often been characterised as using the gym to gain muscle (Meek, 2014). Regular weightlifting has been found to decrease aggression, anger and hostility (Wagner, McBride, and Crouse, 1999) and also increases confidence, self- concept and sociability (Sonstroem and Morgan, 1989). It is clear that physical activity, exercise or sport in prison provides a variety of physical, mental and social wellbeing benefits and that this has the potential to improve the individuals' health.

Yet to be discussed in this literature review is whether physical activity can be used as a tool to aid desistance from crime. Desistance is an important indicator of whether interventions in prison work to rehabilitate offenders. However, desistance is not static or stable and has been argued to include 'primary desistance' where there is a gap in offending in the course of crime across the lifetime, which is different to 'secondary desistance' where there is a shift in identity towards the notion of a 'changed person', who no longer offends (Maruna et al, 2004). This contends that desistance is a process (Sampson and Laub, 2003) and can have periods of relapse, which has led to descriptions of desistance as a 'zig zag' and needing maintenance over the life course; where the criminal justice system should be seen as a factor to support the desistance process rather than the factor that promotes the initial shift to non-offending behaviour (Burnett and Maruna, 2004; Maruna and LeBel, 2010).

Researching the effectiveness of interventions in prison and desistance on release is challenging, due to the difficulties in keeping in contact with offenders on release.

Despite this, the value of sport as a tool to rehabilitate is demonstrated by research carried out by Meek (2012) into sports based interventions run by third sector organisation 2nd Chance. Over a two-year period eighty-one male young offenders took part in rugby and football training programmes, which involved mentoring, education, training and post release employment support. In the evaluation Meek (2014) reported that the programme demonstrated effective work on enabling the young offenders to desist from crime on release, as of the 50 young offenders released during the time of the evaluation, only nine had reoffended or been recalled to prison within a year of release despite all being identified as high or medium risk. The author also highlighted that this represents a reconviction rate of 18%, which is markedly less than the 48% of young offenders who reconvicted up to one year after release. In order to understand whether this represented desistance it is argued that more detail was needed of these individuals to understand their offending history and whether they were individuals who had offended on numerous occasions. Weaver and McNeil (2007 p.1) stated that:

The criminal careers of reoffenders can't be switched off like a tap; it takes time to change entrenched behaviours and the problems that underlie them. So lapses and relapses should be expected.

Therefore, if these individuals on this programme were career criminals there is a need to further understand how their experience of the criminal justice system on this sentence supported them to desist from crime. In the life of a criminal, one year can also be seen as a relatively short period and therefore further longitudinal data is needed to understand whether this truly represented a shift to 'secondary desistance'. As has been suggested by others (Hopkin and Wickson, 2013), there is also marked value understanding what elements of programmes support and promote desistance in order to develop and implement this in further programmes.

2.3.3 Women in prison's participation in physical activity

A small but growing number of studies have specifically investigated women's engagement in and the benefits of physical activity in prison. The number of women in prison who are reported to regularly engage in physical activity is markedly low. Through a freedom of information request, Meek (2014) obtained prisoner participation level (PPL) data on the number of individuals in 107 public sector prisons across England and Wales who engage in physical activity. PPL details as a percentage of the total number of individuals within a prison who have engaged in activity within a set time, usually per month, divided by the total number of inmates in the establishment. Prisoner participation levels were found to significantly vary with regards to the type of establishment. Additionally, considerable variations in participation levels were found between establishments of the same category. The type of prison with the average highest participation levels per month, compared to other prison types, was juvenile facilities with 90% of inmates engaged in exercise. The lowest average participation level was across the female estate at 48%. The variability in participation levels across the female estate was also noted, ranging from 29% at its lowest and 89% at its highest. This was the highest amount of variability of all types of prisons across the estate. This data confirms that the number of women who engage in physical activity is low, but it does not account for how much physical activity they are doing.

In a further study (Meek and Lewis, 2014) of women incarcerated just over half of the population surveyed reported that they went to the gym once per week and 43% of women reported that they never went to the gym. Interestingly, nearly a third of women who reported having a job said they went to the gym five times per week. In another study carried out by Plugge et al. (2006) just over 13% of women in prison met the government's recommendations of thirty minutes of physical activity five times a week prior to imprisonment, compared to 25% of adult women in the population. After one month in prison this figure dropped to 11% although no statistically significant change was reported. The majority of women after one month in prison reported that they never undertook regular physical activity.

2.3.4 Barriers experienced by women to being physically active

Before assessing what in prison may prevent women from engaging in physical activity it is essential to look at women's participation in the community. Taking the statistics reported in the Plugge et al. (2009) research only a quarter of the female population is meeting the government's recommendations of thirty minutes of physical activity five times a week. The need to engage women in exercise is an acknowledged issue. In order to promote women's engagement in sport much of the 2012 Olympic Games in London focused on the success of female athletes, (Sport England, 2012a) however, women's participation has not grown to the level expected (Sport England, 2012b). In order to further promote women's participation in sport, Sport England (2012a) provided funding to twenty projects around England, which were specifically aimed at engaging with women from socially deprived backgrounds and women with children in sport.

To capture women's experiences of the sport programmes Sport England (2012) carried out qualitative interviews in a selection of projects. These interviews provided key information on what encouraged the women to take part. Namely, engagement was dependent on low cost of the class, low commitment, convenient location and time. The women reported positive implications of the programme being having fun, feeling fitter and feeling better. The aspect of having fun and having this fun with others is an important element in promoting social wellbeing. The interviews also illuminated women's concerns on participating in the programmes. Their primary concerns were not being as good as other women, having to wear sports clothes and, remembering the rules. These concerns are similar to those reported by women involved in community based sport programmes nearly two decades earlier in research by Gilroy (1996) and Scraton (1992). Knowing that the concerns women have about participating in sport is similar 25 years on, points to the fact that this is not a generational issue, but is something intrinsic to women.

The concerns expressed by women, or barriers to exercise, are further illuminated in research carried out by Eyler et al. (2002) in the United States. The authors note how ethnic minorities have the highest reported risk of developing cardiovascular disease and the lowest physical activity level and wanted to understand why. To explore the problem focus groups were conducted with women aged between 20 and 50, and of

white, African American, Latina and American Indian ethnic origin. The most often cited barrier to taking part in physical activity was family commitments. The women reported that they had multiple roles within their families, which took up a lot of their time. They also mentioned a lack of community support for their engagement in physical activity, and a lack of experience. Some women reported that culturally a larger body size was more desirable, and therefore physical activity for weight loss was not appealing to them. Other research has also highlighted the need to understand individuals' motivations for being physical active or inactive as in some cases having time to be sedentary is valued (Epstein and Roemmich, 2001). This may be particularly relevant to individuals from lower socio-economic status who are employed as manual labourers, as work involves physical activity and, therefore time off to be sedentary is desirable (Macintyre and Mutrie, 2004). Women have also reported displeasure in competitive sports, unpleasant surroundings and high intensity activity (Shephard, 1997). In discussing the type of activity that women are more likely to take part in, Flintoff, Braham, and Scraton (1995) recommend aerobics, which conforms to more gendered ideas of sports for women (Hargreaves, 1994, 1995).

Accounting for the barriers expressed by women in the community enables a transfer of ideas of what the barriers to women in prison participating in physical activity will be. Some of the barriers found in the community are likely to still be present or exacerbated (Meek, 2014), while some others, as a result of going to prison, will be removed. For example, the barriers of cost, commitment, location and time (Sport England, 2012a) will be removed as women in prison do not typically have to pay to use the gym, the gym is located within the prison and, they do not have to sign up to take part. Whilst in prison the responsibilities women with children or large families had are no longer present (Eyler et al., 2002), with exception to those on a mother and baby unit. Therefore, prison should provide an opportunity for women who were unable to exercise in the community due to commitments, to take time away to be physically active to improve their health and wellbeing during their incarceration.

There are however, some barriers that are expressed in the community that will be transferred to the prison environment. Concerns about not being as good as others, sports clothes, lack of community support, experience and, valuing a larger body size (Sport England, 2012a), as well as, unpleasant surroundings (Shephard, 1997) may

still be present. In research, barriers of lack of motivation (Plugge et al., 2006), lack of desirable activities and feelings of low confidence and not having time (Meek, 2014) have been found amongst women in prison. Recommendations for feminine activities such as Zumba, yoga and dance classes were called for to better meet the needs of the women (Meek, 2014). The Prison Service has acknowledged the need for appropriate gendered approaches to physical activity in women's prisons. This includes creating awareness amongst staff that the meaning of physical activity for women in prison is distinct to the meanings of physical activity in the male estate, and that there is a need to be sensitive to women's perceptions of their body image (HM Prison Service, 2008).

Prison may also present women with additional barriers to participating in physical activity. Despite acknowledging the benefits of physical education to health and wellbeing, prison safety, life skills and creating purposeful activity, the Ministry of Justice (2011a) operating manual for physical education contains a fundamental barrier. "The Prison Act 1952 set a legal minimum provision of one hour per week for adults and two hours per week for young offenders", but the Chief Medical Officer recommends two and a half hours of moderate physical activity, to maintain general health. This is in line with NHS England (2014) recommendations but, omits the need to also do muscle strengthening activities on at least two days. Thereby, not regulating that prisoners receive the National Health Service's recommendations, prison policy is already jeopardizing prisoner's ability to live a healthy lifestyle whilst incarcerated. Furthermore, due to decreases in funding to prisons and cuts to staff numbers, Physical Education (PE) officers within the prison service who are trained to run the gym and deliver courses are often reallocated to working on the wings to cover staff sickness and annual leave (Meek, 2014). This leads to the closure of the gym, preventing prisoners from going and prisoners undertaking courses or working in the gym to be kept in their cell for the day. Therefore, not only is there a need to understand women's perception of the barriers they face to being physically active but, there is a need to understand the institutional barriers that may prevent women from being physically active.

2.4 Food in prison

Food is a basic necessity to maintain life but, food can create enjoyment, pleasure and, nostalgia about one's life. Food is therefore, much more than food. In this research food in prison presents an interesting and, highly complex additional topic to health and wellbeing, women in prison and, physical activity. It was always intended as a piece of research to include food and diet in prison, as employing research into promoting healthy choices in prison seems not to make sense without the inclusion of diet. To live a healthy lifestyle, diet must be taken into account. As stated, this was always the intention of the research, but this was before an in-depth analysis of the available literature on food and diet in prison. Reading of the literature available unveiled a deeply complex subject where the meanings of food transcend the meanings in ordinary life. Food becomes a tool for the individual in prison to survive, cope, resist, and to maintain a sense of identity, and for prisons as institutions to maintain a sense of order and control.

The food provided in prison is important for maintaining order, prisoner morale and improving prisoner health (National Audit Office, 2006; Thompson, 1988; Valentine and Longstaff, 1998). Where food standards are particularly poor, prisoner feelings towards this are likely to be shown through aggressive behaviour (Godderis, 2006). Food therefore, provides one of the many mechanisms prisons need to maintain at a particular standard to ensure legitimacy of power and continue order (Bosworth, 1999).

Through food, there is an interchange in prison of power, resistance, and identity (Godderis, 2006). Poor food in prison can be experienced as a continuation of punishment and, act as a reminder of the power the institution (Ugelvik, 2011). This can accentuate the feelings of powerlessness prisoners have and lead to humiliation (de Graaf and Kilty, 2016; Smoyer, 2013). Food can be used as a form of resistance to prison order, control or institutionalisation through ways that are non-violent (Smoyer, 2013). For example in research conducted by Rowe (2011), refusal to gain weight in prison was considered a way to evade 'body colonization' by the institution. In other

research inmates have been found to add spices to their food to make the taste closer to the traditional taste of the food from their culture (Ugelvik, 2011). Taking control over one's diet and food enabled a continuation of a sense of self and identity (Lupton, 1996), which can work to stabilise or ground oneself in an environment, such as a prison, which is relatively unstable (Butler, 2006). These forms of resistance emulate everyday resistance to power that is not aimed at being violent (Bosworth and Carrabine, 2001; Scott, 1990). In some instances resistance can become violent. Male prisoners in Britain were found to illegally trade or hoard food as a form of resistance, but this could also be used in a violent way to assert dominance and, to bully other prisoners (Valentine and Longstaff, 1998).

Food can provide a pleasurable distraction from daily life of being in prison, and is often used to structure the day into morning, afternoon, and evening, according to when food is eaten (Eves and Gesch, 2003; Lupton, 1995). Prison is one of few institutions where the food provided can have a long term impact on health (Eves and Gesch, 2003). This again demonstrated why it is important to consider food in this research on health and wellbeing in the female prison estate. Food consumed can also influence behaviour, and therefore there is a need to consider the impact food provided in prison has on prisoners' behaviour, because of the little autonomy prisoners have on the food they are given. Research into the effect that food can have on the brain and, behaviour among young offenders has demonstrated that diets high in sugar and processed foods can lead to aggression and anti-social behaviour (Eves and Gesch, 2003; Gesch, Hammond, Hampson, Eves, and Crowder, 2002; Schoenthaler and Bier, 2000). There is therefore an overarching need for criminologists to consider how food impacts offending behaviour and in what way food may play a role in altercations and aggressive behaviour that may lead to further sanctions in prison. This calls into question the role and responsibility of the institution in providing such foods to prisoners that may negatively impact their behaviour.

2.4.1 Including food in this research

Developing knowledge about the type of food in prison, and the choices women make with regards to food in prison is important to this research, as diet is important for

health and wellbeing. To be healthy, exercise is crucial and, as discussed in the previous section it has a wide range of benefits, but this needs to be accompanied with a healthy diet to fully promote health and wellbeing. That is not to say that exercise alone, for example, is not beneficial. However, where exercise is accompanied with a poor diet; or smoking, the effect of these choices on health is more likely to be delayed (Choices, 2014). Put more simply exercising in this example enhances lifespan. There are fewer research studies on the benefits of both diet and exercise together than there are of them separately, but more typically they are referred to as a pair when discussing sources of chronic diseases or noncommunicable diseases (Roberts and Barnard, 2005; World Health Organization, 2011). Where research has assessed the health implications of nutritious diet and exercise together, this has been found to be preferable to treat obesity over the long term rather than diet or exercise alone (Miller, Koceja, and Hamilton, 1997). And, where research has investigated perceptions of healthy living, physical activity and diet are commonly discussed together (Corbin, Welk, Corbin, and Welk, 2010; Kelly, Melnyk, Jacobson, and O'Haver, 2011). The link between exercise and diet is clear, exercise is a means of using energy and energy is gained through food (Choices, 2014). For women in prison eating a healthy balanced diet and exercising regularly are two health promoting choices that they can make. There are examples, although few, where women in prison reported being motivated to go to the gym and, try to eat healthily in order to look good for themselves and, for other people to notice on their release (Smoyer, 2013). This provides an example of where women in prison foresee that there are benefits of both physical activity and a nutritious diet, but a much more in-depth analysis is needed to understand the meanings that women have on these particular constructs and this will be addressed in the current research.

2.4.2 Food provided in prison

The National Audit Office (2006) determined in a follow up study that the quality of food provided in prisons has improved since 1997. These findings through research across 16 establishments did highlight institutions where these findings were not

found, and this demonstrated that there are disparities in the standards of food provided across the penal system. The disparities in the type of food and the way in which it is consumed, whether in-cell (where prisoners are often forced to eat next to their in-cell toilet), wing areas or a dining hall are all factors which lead to a lack of salient experiences of food across the penal estate, and this is not limited to establishments in England and Wales, but has been noted in the United States, Canada and Norway (de Graaf and Kilty, 2016; HM Inspectorate of Prisons, 2016; Smoyer and Minke, 2015; Ugelvik, 2011). In addition, the budget allocated for prisoner food is set by each individual prison establishment in England and Wales and considerable variances around the average spend per prisoner, per day of £2.02 have been documented (HM Inspectorate of Prisons, 2016). The same report highlighted how different this average spend is when compared with the average spend on patients per day by the NHS of £9.88.

Of importance to prisoner health is the availability of healthy options. In just under 80% of the prisons surveyed by the National Audit Office (2006), a healthy food option was provided at lunch and evening meals. In the eight prisons, food menu analysis identified that healthy meal options were provided in all of them, but uptake was low. This was thought to occur due to possibly choosing food that was familiar to the prisoner, which they might have typically had before such as convenience foods of pies, burgers, tinned food and, frozen vegetables. This might provide a source of “home comfort”. Another explanation for not choosing the healthy option was that prisoners might not have been aware of what a healthy balanced option constituted. Although prisoners were typically given healthy eating information on entry to prison, they were not readily provided with it afterwards, and therefore might have forgotten due to the stressful time that entry into prison can be. The reasons provided by the National Audit Office (2006) for poor uptake in the healthy meal option are speculative, and are not based on primary research evidence. To explore and understand the reasons for low uptake in the healthy meal option, further research is necessary. The research presented aims to do this by conducting qualitative interviews to gain an in depth insight into the food provided in prisons.

The menu analysis conducted by the National Audit Office (2006) found the amount of calories provided by some meals was above the recommendations for government guidelines. This was particularly the case in female prisons, where it was noticed that there was little disparity in the calorie intake provided across the male and female estate. However, to be in accordance with government guidelines this should be dissimilar, as women need fewer calories than men. The excessive amount of calories in women's food was deemed to be due a lot of fried food on the menu. In another study that examined menus provided in four male prisons, two female prisons and two Young Offenders Institutes, Edwards, Hartwell, Reeve, and Schafheitle (2007) found similar results. This research extended their original study that only looked at male establishments (Edwards, Edwards, and Reeve, 2001). Through analysing three days of cyclical meals the nutritional content of the food was found to be within the Department of Health (2001) recommendations, with the exception of energy intake and vitamins and minerals. In the female prisons surveyed, all menus analysed were in excess for energy intake, and remarkably fried potatoes were included in 55% of daily meals. Having fried food on a regular basis is extremely unhealthy and without regular exercise weight gain would occur. It is therefore, not surprising that women have been found to gain weight in prison (Clarke and Waring, 2012; de Graaf and Kilty, 2016; Douglas et al., 2009b; Plugge et al., 2011; Plugge, Foster, et al., 2009; Rowe, 2011; Shaw et al., 1985; Smoyer, 2013; Smoyer and Minke, 2015).

The research carried out by the National Audit Office (2006) and Edwards et al. (2007) did not consider the additional snacks that can be purchased through the prison canteen. These options have been found to be high in fats, sugar, sodium and energy (Tammam, Gillam, Gesch, and Stein, 2012). Other research has determined that high fat intake was particularly due to consuming items from the shop, and this was used to fill the void in time from the last meal at four o'clock to the morning breakfast (Eves and Gesch, 2003). These conclusions provide a good insight into food available through the prison shop, but more knowledge is needed on this particular aspect of food in prison, especially with regards to why these options are chosen.

Of the food provided daily to prisoners, it is concerning that most of the bread chosen is white, as opposed to a healthier brown option, fruit is available once a day but is

limited to mostly apples, pears, bananas or oranges, vegetables are also provided daily but are likely to be tinned or frozen (Edwards et al., 2007). The authors recommend that seasonal variations of fruit should be offered and vegetables should be fresh rather than tinned or frozen, and this may promote choice of these options. Similarly to the National Audit Office (2006), Edwards et al. (2007) identify that there is a lack of knowledge as to what constitutes a healthy or balanced diet and recommend health promotion with regards to this. Understanding the knowledge that women in prison have, with regards to what it means to be healthy is an important part of this research. This knowledge would extend the speculative conclusions of the research discussed.

2.4.3 Food in women's prisons

In research carried out by Smith (2002 p.201) women in prisons reported an understanding of health that articulated “looking after your body by eating the right things”. Through interviews and focus groups with nearly 100 women being healthy was understood to mean eating a good diet of fresh fruit and vegetables and not stodgy greasy food. These findings contradict the conclusions drawn by the National Audit Office (2006) and Edwards et al. (2007) that there is a lack of knowledge on what a healthy diet is. It is interesting that the research carried out by Smith (2002) used a female only sample whereas the research by the National Audit Office (2006) and Edwards et al. (2007) did include female prisons but did not report any specific analysis of these samples. It is possible that women in prison understand what it means to be healthy but do not know what this transcribes to in making their menu options in prison, and further understanding is needed to determine whether women in prison are aware of the wide range of benefits of improving their health and wellbeing in this way. For example research by Smoyer (2013) highlights that in some cases there is misinformation about what is healthy, as women were choosing fruit juices and fruit based desserts not knowing about their high sugar content (Smoyer, 2013).

The awareness that in some cases an unhealthy choice of food such as chocolate, can serve a healthy function of creating pleasure, a way to cope with being in prison and, therefore, have a self-help mechanism, has already been discussed at the beginning of

this chapter (McKie et al., 1993; Smith, 2002). Indulging in unhealthy food for women can be a response to unhappiness and, for that period provide comfort, release from loneliness or, boredom (Charles and Kerr, 1986, 1988). From this point of view, an irrational action of eating an unhealthy snack is rational in providing a positive outcome for the individual (Graham, 1984). The reasons for unhealthy choices made by women in prison need further exploration, especially with regards to why these options are chosen, how often and, whether the long term health implications for example, gaining weight, are known.

2.4.4 Ways to improve prisoner diets

Research evidence suggests that the diet of women in prison needs to be improved. Plugge et al. (2006) research identified that they majority of women in prison consume biscuits, cakes, sweets or chocolates on four to seven days per week, and the majority of women consume chips on one to three days per week. This suggests that women frequently indulge in high calorie foods on a regular basis. The same research also found that under 10% of the female prison population surveyed ate five pieces of fruit and vegetables a day, an essential requirement of a nutritious balanced diet (NHS Choices, 2014). Therefore, there is a need to promote the number of women in prison eating fruit and vegetables. Interventions to improve prisoner diets have included tasking prisoners to grow fresh fruit and vegetables in the prison gardens and then developing meals to include these foods to feed prisoners (Boss, 2007). This food is nutritionally rich and, helps to reduce the costs of feeding prisoners. The opportunity to learn how to grow and harvest fruit and vegetables has benefits to prisoners whilst in prison and, on release. For example, growing fruit and vegetables enables prisoners to spend time outside and, there are reports that this is therapeutic for prisoners (Baybutt, Farrier, and Dooris, 2012; National Farmers Union in Ontario, 2009). The task of growing fruit and vegetables can be physically demanding and lead to weight loss and increased muscle strength (Baybutt et al., 2012; Grimshaw and King, 2003). Additionally, the knowledge gained can promote rehabilitation through learning and skills development, which can be taken back to the community and can enhance employability and wellbeing on release (Boss, 2007; National Farmers Union in

Ontario, 2009; Rierden, 1992). Consequently, the action of growing fruit and vegetables inside prison has a wide range of benefits that can promote health and wellbeing through gaining knowledge, purposeful use of time, access to being outside, eating a better diet and, the possibility of losing weight.

The benefits of a nutritiously balanced diet as well as physical activity have been carefully explored in this literature review. The next section sets out how recovery as an approach to this research, enables understanding of how health and wellbeing can be fostered and promoted in women's prisons.

2.5 Recovery

“...The ethos and principles of recovery would provide a conceptual framework around which the need for change in rehabilitation in criminal justice settings could be organised in a coherent way.”

Drennan and Alred (2012b, p.xi)

Having explored the four broad themes of this research of health and wellbeing, women in prison, physical activity and food in prison the end of this literature review sets out the approach to the research. In surveying the literature, the concept of desistance continually re-emerged. Desistance from crime broadly sets out to better understand how and why people stop offending to enable the development of better practices and processes (Farrall and Calverley, 2005; Maguire and Raynor, 2006; Maruna, 1997; McNeill and Weaver, 2010; Sampson and Laub, 2001). Desistance theory is focused on being strength based through focusing on positives and opposes the negative labelling of people based on their past behaviours (Maruna, 2001). Desistance principles include recognising each person as an individual, developing peoples' strengths, enabling individuals to make decisions about their own life, fostering agency and, building and maintaining hope (Farrall and Calverley, 2005; Sampson and Laub, 2001). These are all positive ways to foster desistance from crime and can lead an individual to make constructive changes to their life.

A disadvantage with focusing on desistance from crime is that it rests upon the notion that these positive changes are about averting the individual from committing crime. Crime and statistics in the media about reoffending have subsumed the individual experience of desistance. In situations where individuals may have made positive progress, but commit an offence or breach their license, this can be forgotten and, becomes a form of failure for the individual and criminal justice institutions. Reoffending is a popular topic in the media and amongst politicians, and has become engrained as the measurement tool for the success of interventions with prisoners. This research takes a different approach, in that the principles of recovery are applied to the promotion of health and wellbeing amongst women in prison, through physical activity and improved diet. There are similarities in the principles of recovery and desistance, but recovery in the criminal justice system is relatively unheard of (see Best, Irving, and Albertson, 2017; Terry and Cardwell, 2015).

Recovery has been characterised in many ways. Taking Drennan and Alred's (2012b) assessment recovery has four dimensions; clinical, functional, social and personal, with offender recovery tagged on by the authors as a fifth. Clinical recovery is from disease or illness, and involves returning to a state of health, which might be full or partial, but this is determined by others and is usually assessed by clinical health staff such as doctors. Functional recovery involves undertaking life tasks such as, a job, becoming a parent or having a partner. This involves a sense of getting on with life and finding enjoyment, although there may be periods of discomfort and distress. The third element of recovery is social recovery. Social recovery can involve overcoming the social stigma experienced of having a mental illness and seeking access to services. For Boardman (2010) social recovery means feeling part of the community, which the individual may not have experienced before. Personal recovery includes the aspect that recovery is unique to each individual. Recovery is a process not an event, where the individual is on a personal journey to construct a new meaning and purpose by changing their attitude and values towards life (Anthony, 1993; Barker, 2012; National Institute for Mental Health in England, 2005; Shepherd, Boardman, and Slade, 2008). For Repper and Perkins (2003) there are three key principles of recovery; hope must be possible, there must be control through being able to make

choices and there must be opportunity to build a life beyond illness in the community, identifying that social stigma must be overcome.

It is possible to apply the principles of recovery to prisons. Recovery has more commonly been applied in correctional mental health settings where there is a complex dynamic between a positive philosophy of treatment, which can be difficult to maintain in a secure setting that assess risk and danger (Drennan and Alred, 2012; Dunn, 2014). Recovery has also been applied to drug and alcohol treatment programmes (National Treatment Agency, 2012; Smoyer and Blankenship, 2014). Going to prison does not have to mean solely punishment but can represent the opportunity to reflect, create a new identity and, rehabilitate (Irwin, 2009; Van Tongeren and Klebe, 2010). The emphasis on rehabilitation is no longer solely driven by academics and third sector organisations, but policy makers too. In 2010 the publication of the *Breaking the Cycle Green Paper* saw a marked shift in government rhetoric on punishing offenders towards “properly rehabilitated” (p.7). The paper also recognised the rising cost of imprisonment due to increases in the number of individuals being detained, and therefore emphasis on rehabilitation was seen as a way to eventually draw down the cost of offending by preventing reoffending (Ministry of Justice, 2010a).

For some women going to prison provides the opportunity to go to the gym and to try to eat healthy in order to look good for themselves and for other people to notice on their release (Smoyer, 2013). For some women becoming healthy was part of a larger story of recovery from drug or alcohol addiction and, prison represented an opportunity to make a meaningful change to their life (Smoyer, 2013). Although the findings discussed by Smoyer (2013) lend themselves to identify how the principles of recovery can be met in prison, the research did not reflect on this explicitly, and the present research aims to do this. In addition, further study findings also demonstrate the possibility of recovery in prison through prisoners having time to reflect, to address personal problems such as addiction, mental health problems or obesity (Bradley and Davino, 2002; Crewe, 2006; Wacquant, 2002), but again do not reference the approach explicitly. Nonetheless, these findings shed light on how prison can become a place for women to rehabilitate, recover and, create a new sense of self where they are

confident and, it is not simply about punishment (Rowe, 2011; Smoyer, 2013; Van Tongeren and Klebe, 2010).

To enable recovery and for women to turn their lives around, confidence and motivation are key, as well as feeling that they are people of worth (Eaton, 1992). Women need to feel empowered and have the self-esteem and motivation needed to solve their problems (Gelsthorpe, 2009). It seems impossible for women in prison to feel that they are people of worth if the system and institution charged with their care during their incarceration does not take their health or wellbeing seriously. It does not seem possible if there are policies aimed at societal health promotion that include people in prison, but people in prison remain overlooked.

Participation, motivation, control, and empowerment are all central themes of the characteristics needed to recover. The service provider or support worker role within this is also essential for recovery. They should be open minded and provide support, information to facilitate personal recovery and, build a relationship with the service users (Borg and Kristiansen, 2004; Slade, 2009; Slade et al., 2014). Plus, the service should be positive, respectful and enabling (Allott, Longanathan, and Fulford, 2002). The engagement of the support worker is important for the service user. Research has shown that service users value when staff show an interest and, share hope for positive change (Shepherd et al., 2008; Slade et al., 2014). Altogether, recovery is a dynamic process involving interaction between the individual, support worker, service and environment (Onken et al., 2001).

To promote the ethos of recovery among organisations Shepherd, Boardman, and Slade, (2008) set out ten key operational challenges. Key for this research to promote recovery in prison, is changing the nature of day-to-day interactions, education, commitment, transforming the workforce, supporting staff and building a life beyond illness. The promotion of health and wellbeing in prison, as already discussed, needs a fundamental change in prison, which the principles of recovery through these operational changes could bring. A day-to-day environment that encourages and, supports healthy decisions through allowing prisoners to go to the gym and, eat a healthily diet would foster health and wellbeing among women in prison. Additionally,

to promote health and wellbeing education is needed to inform women about the benefits that going to the gym and eating well can bring, as well as ways to be active and eat well in prison. Staff have a role as facilitators of these healthy choices, for example by allowing women to go to the gym, and should be supporting and encouraging women to make these decisions. Additionally, for a prison to be a healthy setting staff should also be included, as part of the recovery, and so their health and wellbeing should be promoted as well. To foster recovery it is essential that prisoners and staff realise that there is a life beyond being in prison. In research to understand the meaning of recovery by patients in a secure psychiatric hospital Moore et al (2012 p.78) found that patients reported recovery as “being healthy in yourself”, as personal growth and, an inner journey. What was profound from the research was that recovery symbolised hope, provided something to work towards and, even live for.

For women in prison taking back control over their health and wellbeing through making health enhancing choices such as, going to the gym and eating a healthy diet represents a move towards recovery. This represents a process of recovery through empowerment where prisoners, or service users of the criminal justice system, are able to take control and make decisions for themselves and their life (Care Services Improvement Partnership et al., 2007). In the second section of this literature review the need for a distinct gendered approach and focus on women in the criminal justice system was argued. The same is also argued for in secure recovery of women as, their experiences before and whilst in psychiatric care are very different from men. These women are likely to have experienced domestic violence and, have social and personal vulnerabilities (Birch, 2012; Department of Health, 2002b). For health promotion programmes to be successful empowerment is essential (Ramsden, Martin, McMillan, Granger-Brown, and Tole, 2014). Empowerment provides a means to take greater control over one’s life and to combat coercion and inequality (Rissel, 1994). Participatory approaches to research with women in prison have identified that women do want to improve their own health. They want to help other women promote their own health and, having the tools to do this themselves provides them with self-esteem as well as, a purposeful goal whilst being in prison (Martin et al., 2013; Martin, Chan, Torikka, Granger-Brown, and Ramsden, 2008; Ramsden et al., 2014; Ramsden, McKay, and Crowe, 2010; Smoyer, 2014). Furthermore, women in one prison in

Canada identified that prison diet, lack of nutritional information, lack of exercise and, weight gain were all issues that they wanted to address in developing a health promotion strategy (Martin et al., 2009). This, therefore, presents a rationale and focus for the research. There is a need to understand women's perception of being healthy, and how this can be brought about in prisons through improved diet and exercise.

Central to the question on whether recovery is possible in prison is the ability to exercise control and, to therefore have a choice (Brookes, 2012). Brookes (2012) asserts that there are choices to be made in prison. For example, abiding by the prison regime, by going on exercise or, attending education or, taking active part in their sentence planning (Brookes, 2012). In research presented in this thesis, whether women in prison are able to make health-enhancing choices and, consequently recover is firstly questioned through asking whether women in prison have the knowledge they need to live a healthy lifestyle. This research will then also seek to understand what health-enhancing decisions are possible in prison and, what the barriers to making these choices are. This will enable understanding on why women's participation in exercise and, choice of the healthy meal option is low. It will then be possible to develop conclusions on what needs to be changed to make these decisions more feasible.

CHAPTER 3: METHODOLOGY

The purpose of the research is to build a greater understanding of women's health and wellbeing in prison. The research is based on survey and interview data gathered in one Female Training Prison in the south of England. The research findings are disseminated through three studies set out in respective Chapters 4, 5 and 6 of this thesis. In each of these sections the methods undertaken for the Study is outlined. The purpose of this Chapter is to present an in depth account of the methodological approach to the programme of research undertaken, and to discuss the reasoning for a mixed methods research design.

3.1 Research questions

The aim of the research was to explore women's health and wellbeing in prison. The research question answered by the programme of research was:

How do women in prison perceive and manage the impact of their incarceration on their health and wellbeing?

The literature surveyed in Chapter 2 highlighted the wide range of factors that can impact health and wellbeing in prison. In order to build an understanding of particular elements of women's experience of incarceration in relation to their health and wellbeing the principal research question was answered across three research studies, which as stated are presented across three subsequent chapters.

Study 1:

Through employing a mixed methodological survey, the study captured women's engagement in healthy eating, physical activity, gym use and mental wellbeing, as well as the barriers to health enhancing decisions in custody. The research also investigated women's self-perceptions of themselves and asked women to self report their height and weight to convert into Body Mass Index scores. The sub-questions specifically explored by this piece of research were:

- * Are women in prison able to make health enhancing decisions such as, making healthy food choices and being physically active?
- * What barriers are there to health enhancing decisions?
- * How does women's health enhancing decisions impact on their mental wellbeing during their incarceration?

The next two studies presented in this thesis were informed by Study 1 and adopted a qualitative approach in order to explore women's experiences in custody further. The

theoretical approach, as already discussed in Chapter 2, was recovery. The second and third study in this thesis also considered, in addition to the overall thesis aim, how the principles of recovery can be applied to these experiences and whether it is possible for women in prison to foster their own recovery. Thus, the second and third study also address the following research question:

To what extent can accounts of women in prison making sense of their experience of health and wellbeing be explained by recovery?

As stated the development of Study 2 and Study 3 was based on analysis of the survey data, this yielded that occupational roles in the prison had a role in health and wellbeing, particularly in relation to engagement in physical activity and this was used to develop Study 3. The rationale for the starting point of interviews with women working and living on the main housing block outlined in Study 2, was to develop a sense of the experience this environment had on health and wellbeing, because of the lack of time spent outside the space, including engagement in physical activity. Within this thesis these two studies were developed to address the broader research questions but also have discrete sub-questions which were as follows:

Study 2:

- * How does a particular lived environment of the main housing block shape women's experiences of health and wellbeing in prison?

Study 3:

- * How do women's roles in prison shape their experiences of health and wellbeing during their incarceration?

3.2 Research design

The research adopted a mixed methods approach combining both quantitative and qualitative methodologies to explore women's health and wellbeing in prison. Study 1 entailed the development and collection of survey data that collected both qualitative and quantitative data, and Study 2 and 3 employed semi-structured interviews. A mixed methodological approach was considered the most appropriate strategy to research the topic as there is scarce prior research, as Chapter 2 argued and identified, and therefore more could be learnt about this topic by combining the methodologies (Johnson and Onwuegbuzie, 2004).

Much research on health in prison has focused on understanding health needs through quantitative approaches (Cassidy, Biswas, Hutchinson, Gore, and Williams, 1998; Lewis and Meek, 2013; World Health Organization, 2011). While these research studies are able to capture a large amount of information, these studies have neglected to take account of prisoner's narratives of their time in prison that can be achieved through a qualitative approach. In a research study central in the development of this research, Plugge et al. (2006) adopted a mixed methodological approach in seeking to understand women's health in prison. This methodology allowed for a broad exploration of elements of women's health in prison, including their diet and physical activity levels, but the inclusion of focus groups and interviews facilitated an in-depth understanding of the choices women make in prison, and the barriers to healthy living in prison.

A qualitative approach lends itself to taking account of everyday activities that prisoners do to construct meaning of their life during their incarceration, these can be to shape identity, forge relationships and pass the time (Bosworth and Carrabine, 2001). This research looks to develop an understanding of the everyday micro activities women do in relation to their health and wellbeing and how their experience in prison impacts their choices. The inclusion of physical activity and food in prison are topics that facilitate an understanding of the dimensions of everyday life in prison. In previous research food narratives have been argued as a way to understand a

person's incarcerated experience, because of the everyday nature of food in prison (Smoyer, 2015; Ugelvik, 2011).

An explanatory design was used with the mixed methodology survey forming the first phase of the research. The results presented in Study 1 were used to guide the selection of subsamples for the second phase of the research presented in Study 2 and 3 that employed qualitative interviews. This approach enabled pertinent findings from the first stage to be explored further in the second phase of the research (Creswell and Plano Clark, 2010).

The survey enabled the researcher to gather a large amount of data and explore the topics to understand women's engagement in physical activity, healthy eating and their wellbeing. The survey although predominantly using closed questions, included a few open questions and thus was mixed research design to enable the researcher to gather as much information as possible. What this approach did not allow the research to understand is women's experiences in making these decisions and their lived experiences of being in prison, and therefore posited the need for a qualitative approach (Ashworth, 2003; Crewe, 2006; Smith, 2002; Smoyer, 2013). Including a qualitative approach in this research enabled women's voices to be heard, which is not as clear through quantitative methods, and is important as prison researchers have often overlooked women in prison (Landman, 2006; Liebling, 1999; Mies, 1993; Millen, 1997). This allowed the researcher to explore how the women give meaning and structure to their daily life whilst incarcerated (Berg, 2007).

Semi structured interviews were considered appropriate for this research to allow the researcher to explore an area in which little is already known in depth (Fielding and Thomas, 2008). This method was also chosen, as it would allow interviewees to express their thoughts and feelings using words that they chose and to talk in depth and openly. More specifically a qualitative approach of semi structured interviews was used as it would enable the researcher to uncover individual's attitudes, values, motivations and beliefs, (Creswell, 2003; Fielding and Thomas, 2008; Kvale and Brinkmann, 2009; Mason, 2002) about health and wellbeing in prison. This approach

allowed the development of a rich data source (Byrne, 2004). Finally, a semi structured interview format enabled the researcher to begin the interviews with an interview schedule that contained questions on key topics, but remained flexible to allow the interviewee to be spontaneous and take the interview in the direction they wanted (Bryman, 2008; Corbetta, 2003; Flick, 2011). This approach to the interviews created an interview that was more attuned to a conversation.

3.3 Participants and sampling

Table 1: Data collection and sampling for each study

	Data collection method	Number of participants recruited	Sampling strategy
Study 1	Mixed methodological survey	272	Census
Study 2	Qualitative interview	10	Purposive
Study 3	Qualitative interview	30	Purposive

Table 1 identifies the data collection and sampling for each study: In Study 1 the sampling technique for the survey distribution took the form of a census, where all 272 women in the prison studied received a survey. This technique was used to develop a thorough understanding of the prison site and how it impacted women’s ability to make health enhancing decisions. For the qualitative interviews purposive sampling was used for both studies. The criteria for Study 2 was that women spent the majority of their time of the main housing block, either through living or living and working there. The criteria for Study 3 was that women worked as either a gym orderly, gardens worker or Clink trainee.

The sample sizes in Study 2 and Study 3 are also shown in Table 1 were guided by the number of participants who could be recruited during the period allotted by the prison for data collection. In total ten women on the main housing block were recruited for Study 2, and in Study 3 ten women in each category were recruited; gym orderlies, gardens workers, Clink trainees, forming a sample of thirty women. See section 3.7 for further details on the work of The Clink Charity and the development of the horticultural programme and the work undertaken by the trainees.

As the programme of research for this thesis took place in one female prison, the data generated from this sample is not generalisable to all female prisoners or the female estate. The aim of this research was not to be able to generalise the findings or to uncover large-scale trends in the population, instead the emphasis was on developing an understanding of participants' lived experience from their own perspectives (Bryman, 2008; Fontana and Frey, 2000; Seidman, 2006). In addition, there is value given to research in a particular establishment because of the ability to develop a greater knowledge of the site, including its staff, practices and regime, and the interactions of prisoners in the environment (Harvey, 2006).

3.4 The research prison

The research study was conducted in a closed Female Training Prison located in the south of England. The prison had an operating capacity of 282, but at the time of the research the number of women imprisoned fluctuated around 272. All women were over the age of 21, and had been sentenced; there was no remand population and women were serving long and sometimes indeterminate sentences. In this prison all women were expected to be in some form of education or training, unless retired. The prison was located in a rural area, and had extensive outside space with cultivated gardens. The prison had six wings: A, B and C forming the main housing block with rooms for up to 128 women. This included the induction wing and a PIPE Unit¹ (Psychological Informed Planned Environment). D wing housed 20 women on the

RAPt programme² (The Rehabilitation for Addicted Prisoners Trust)¹, E and F wings housed 40 women who were on enhanced IEP level and had an ‘open’ category status, forming a resettlement unit. Women on E and F wings had additional privileges such as increased association time. J wing housed 32 women who were part of a TC³ (Therapeutic Community), and there was space for a further 32 women, usually placed there to be segregated from the general population because of risk of harm from others due to their offence. All women apart from those on D wing had their own room and all rooms had their own bathroom.

At the time of its last inspection in 2014 HM Chief Inspectorate of Prisons (p.5) reflected on the prisons progress since its last inspection where it was remarked that the establishment was “settled” and had “impressive features to aspects of its regime”. It was noted that since the inspection it was evident that “improvement has continued and [the prison] is now a very successful... It is one of the few prisons to achieve our highest grading for outcomes across all four of our healthy prison tests”. It was therefore unsurprising in this research that many of the women held in the prison, and staff working in the establishment remarked anecdotally that it was a good place to be. The inspection report quoted above went on to highlight that the prison was on the whole perceived as a safe place to be for women, where they had good access to interventions, education and vocational training. There were also notable features of good food, much time spent out of their cell in well-kept grounds and facilities to cook their own meals. The overall perception stated and portrayed in the report by HM Chief Inspectorate of Prisons was that this was an effective prison where prisoners were treated with dignity and respect. This report along with staff perceptions in the effectiveness of the institution perhaps facilitated access to the site for the researcher, as in many ways there was an expectation that the prison was managing to a high standard the health and wellbeing of the women residing there.

¹ Designed to support prisoners who have received a number of offender management and treatment programmes where staff are trained to provide a safe and supportive environment (see Turley et al, 2013 for further details).

² In 2017 RAPt was relaunched as the The Forward Trust. The programme continues to provide treatment to drug and alcohol dependent prisoners in order to make a lasting positive change to their life (see The Forward Trust, 2018 for further details).

³ An area, where women in the prison live together, that is supportive and encourages feelings to be expressed and problems to be resolved as a community and to promote better relationships (see Gender and Player, 1995; Parker, 1970 for further details).

3.5 Gaining Access

When designing the research it was necessary to devise a strategy to gain access to the prison estate. In developing a strategy to negotiate access the starting point was not with the prison institution, but with the third Sector Organisation; The Clink Charity. At the same time as I began my PhD, The Clink Charity announced that it was to begin its first project in a women's prison, and it was going to be a horticulture project. Having been keen on looking to understand the impact of horticulture for health and wellbeing in prison, this appeared to be an opportunity to look at a discrete project in the female estate. I arranged to meet with the CEO of the charity, who was willing to allow me to feature the project in my research, and he also kindly offered to put me in touch with the acting governor of HMP Send, so that I could pursue gaining access. The initial introduction through a known person to the prison was a huge factor in being able to negotiate access. As there was a vested interest in the prison also highlighting the work of The Clink Charity programme the acting governor agreed to meet with me. In this meeting I was able to articulate my research plans for my thesis and to demonstrate why the research was needed, as well as provide assurances that I would work with the regime and not place pressure on resources.

It was after having gained agreement in principle to the research by the governor that I set out to gain approval for the research by the National Offender Management Service and the university ethics board. This entailed completion of forms that required demonstration of the need for the research for academic knowledge, but also NOMS business priorities. As I had already gained agreement to the research by the governor and I was only applying to conduct research in one prison facility, I had thought the process of gaining approval through NOMS would be relatively short. In total the process took three months before receiving confirmation the research could go ahead, and this was predominately down to procedure and staff changes in the organisation. During this time, I had where possible tried to keep the governor informed of the progress so as not to lose contact. In this sense the negotiating access as Jewkes (2002) describes was not just about negotiating access once I was in the prison, but also a

continual process while waiting to get 'in'. This was also further complicated through staff changes in the prison and a lack of clarity as to where it would be best for me to be based in the prison, in terms of which staff member would be 'responsible for me'. I spent a further three months waiting for confirmation of when I could come 'in' and begin data collection. I cannot stress enough how the support of the governor facilitated my access and continued access once I was in the prison. Staff members in the prison responded to the authority of the governor, and a hierarchical nature of command persists (Rowe, 2014). This was a crucial part of my ability to carry out as many interviews as I was able to do in this research and the use of a Dictaphone in the prison. For example, on approach for the formal letter of approval the senior staff member I needed it from was evasive until the governor emailed him to say that it must be done. In addition, once inside the importance of spending time in wing offices, walking around and forming relationships with staff were necessary for the research process (King and Wincup, 2008), especially in relation to the fact that staff were the gate keepers to my research participants (Burgess, 2000). The relationships I forged allowed me to explain my research and this catalysed staff members to allow me to take women out of work, when they were not needed, and also to unlock women who were on basic regime on the main housing block.

3.6 The researcher identity

At the same time as trying to negotiate access to the participants and form relationships with staff it was also necessary to do this in a manner that did not threaten my position as a 'non staff member'. In this sense it was necessary to reflect on how my participants were trying to understand my position and purpose in the prison (Riley, Schouten, and Cahill, 2003). My approach to potential participants was to introduce myself by first name and to state that I was a student conducting research for my PhD. I went with the description of myself as a student rather than researcher, as I felt that this was accurate and renounced a power dynamic that may be generated through the use of the word researcher. Moreover, I felt that this perpetuated that I was here to learn from the

women through what they were willing to share with me. I was also aware that at the same time as saying that I was a student that I needed assure the potential participants that what I was doing was worthwhile. In many ways, although I had been hesitant about carrying keys, the symbolism this held among the participants was that I was someone worthwhile in the prison, as why would I have been granted access and given the use of keys. This is perhaps at odds with prior researchers experiences that have talked about carry keys as distancing themselves from participants in prison, and how this can lead to characterisation as a staff member and reproduce power imbalances (Earle, 2014; King, 2000; Mills, 2004). The use of keys did also facilitate access around the prison, and perhaps in a time of austerity where prison staff numbers have been cut, the need for researchers to bare as little as possible burden on the establishments are crucial (Jewkes and Wright, 2016).

Similarly to the experience discussed by Serena Wright during her PhD research, I found that as a young female researching women in prison it was easier to build rapport because of my gender and in many cases my age was similar to that of my participants (Jewkes and Wright, 2016). I also adopted an approach to the interviews where I would refer to it as a conversation, or chat and this, especially at the beginning, involved an exchange between us about mundane aspects of life including the weather or what they had been doing earlier that day. This built a rapport, allowed for an interchange between us that eased the participant, and myself into the experience; given that I was also meeting them for the first time. I also tried where possible to conduct the interviews in a space where I felt the participants would be most comfortable. I always where possible opted for the association rooms over staff training rooms, and I refused use of the adjudication room; even though it was most often free.

Establishing rapport and attempting to gain a degree of trust in the research were areas that I was especially keen to pay attention to. I wanted in no way to upset or make any of the participants feel uncomfortable, and although I in many ways built relationships with some of my participants through my frequent visits to the prison, I did not want to overstep any boundaries. Despite avoiding questions in the interviews that may have caused distress, in many of the interviews women shared difficult and harrowing accounts of their past, which upset them. On the first occasion this happened I was

close to tears myself and this really challenged my identity. What was I to them in this, and what was my role? This heightened for me the need to be a student, in wanting to learn, to understand and to reflect their experiences accurately. I carried tissues, I offered breaks during the interview, and sometimes after our interview they asked for me to wait while they went and got photos of their loved ones to show me. Also after some of the interviews the participants recommended that I go and speak to one of their friends, and as such snowball sampling featured in this research. While carrying out the survey, walking around the wings and talking with the women also led to many of them deciding to complete the survey and encouraging their friends to do so.

3.7 Overview of The Clink Charity's horticulture intervention

At the time of this research The Clink Charity operated restaurants in partnership with three male prison establishments, which members of the public could visit. Since then the charity has continued to operate these restaurants and have opened a further restaurant. The individuals working within the restaurants are prisoners who were trained in food preparation, front of house service and cleaning. The aim of the projects are to provide prisoners with practical skills to gain qualifications that can be used to achieve employment on release, and to subsequently reduce the likelihood of the individual reoffending on release. The Clink Charity's fourth project at HMP Send was different to their previous projects, in that it sought to train approximately twenty women in horticulture practices to produce fresh vegetables, salads, fruit and eggs. Although unique, the aims of the project were ultimately the same as The Clinks previous initiatives; to provide practical skills, qualifications, employment on release and to reduce the likelihood of the women reoffending on release. Investments in equipment, polytunnels, and chickens were made by HMPS at the start of the project. There were, however, initial challenges to recruiting women to take part. At the time the interviews began for the research in early 2015 there were only five women participating in the programme, this increased to twelve after a recruitment drive in shortly before the start of spring. This created a team of women to sow seeds shortly before the growing season. The produce from the programme was transported to and used by The Clink Charity restaurants from June 2015.

3.8 Procedure

The survey and interviews were conducted during two different stages of the research process and therefore their procedures are outlined separately. Although the research is presented across three studies in this thesis, the interviews employed the same schedule.

3.8.1 Survey procedure

The survey was developed using The Tailored Design Method (TDM) where attention to detail to all aspects of design is essential to promote respondents to complete and return the survey (Dillman, Smyth, and Christian, 2014). This method promotes the use of explaining the purpose of the survey and what the benefits of doing so are. It also advocates providing contact details to emphasise the legitimacy of the survey and consequently creating trust that the results will be useful when the survey is returned. To further perpetuate feelings of trust the questionnaire was placed inside a self-sealing envelope for respondents to use to easily post back their surveys confidentially and anonymously in the post boxes provided. All research material; envelope, survey and post boxes, had the same logo created for the research. This logo was used to identify and to 'brand' the research. This would allow the women to identify a continuance of the research material. The envelope the women received under their door had the essential information needed to decide if they wanted to take part. Inside the front page of the booklet survey contained more detailed information about the research. Both information sources were clear and had an attractive layout (Bryman, 2012). The survey was in booklet style and was kept short to ensure the questionnaire did not appear bulky which may have put some women off responding. The post boxes were created by the researcher and were bright pink in colour with "Post your Health and Wellbeing Survey Here" on them. They were made to stand out so that the women would easily see them and that it would create a talking point. Once the surveys had been distributed to each woman the researcher visited the prison three days a week for two weeks. This was a way of increasing the response rate through engagement with the women. These visits enabled the researcher to walk around the wings during the

day and during association time; where more women would be on the wings, to ask women if they had filled it out, if they needed any help filling it out (and booking appointments to do so), handing out spare copies and thanking women who had returned the survey.

It was clear that the bright pink boxes had created a talking point as a number of women who said that they had filled it in said “oh yes I posted it back in the bright pink box”, other women who had not filled it in and were thinking about it said “oh is that what they are” when it was explained that they needed to post them back into them on completion. The opportunity to walk around the wings was useful to understand why many women did not want to complete the survey, and to gather feedback. The most often reason cited was that they had filled in so many, and nothing ever changes in the prison. A number of women also commented on the survey being interesting to fill out and asked what I was going to be doing with the results. For some women being able to speak with the researcher, and to ask any questions they had on its purposes, encouraged them to complete it. Spare copies were given to nine women who had at first instance thrown the survey away. These surveys were slightly different (the instructions were landscape instead of the usual portrait on the front envelope) and this allowed the researcher to determine how useful giving spare copies out was. What was extremely important was making an effort to walk around the wings and speak with the women, and thank those who had taken part or given me their time to give feedback. Women in prison are as they say “bombarded” with mail under their door-leaflets, surveys and announcements. It seemed important to say thank you and to enable them to meet the person behind the research.

3.8.2 Content of the survey

The survey (see Appendix I) was developed for the purposes of the research, and included questions arranged into five sections; demographic questions, physical activity, the gym, health and wellbeing, and diet and nutrition to capture wellbeing and health enhancing behaviour. To gather as much information as possible with few questions the survey included open and closed questions. In the demographic section

women were asked to report their age, ethnicity, length of sentence, the length of time they had been at the prison and their Incentive and Earned Privileges (IEP) status.

Physical activity was the first section of the survey and it was designed so that all women could provide an answer as it asked about general physical activity by asking women what they do to stay active in prison: Gym, gym classes, walking around the wings, active through work (e.g. Gardening, exercise in room or association room) and other. It also asked how much activity they had done in the past seven days and how much of this activity took hard physical effort. The style of these questions were taken from the Health Survey for England, so that the responses could be compared to the activity levels of women in the population. The questions chosen to be included were difficult to decide upon. Physical activity is difficult to measure as there are many forms of ‘activity’ that can be ‘physical’ and what actually constitutes activity that can be included as ‘physical activity’ has changed over time and varies from survey to survey. It was only in 2008 that the Health Survey for England included questions on occupational activity (The Health and Social Care Information Centre, 2009). In the 2012 Health Survey for England the main focus was physical activity, exercise and sport participation (The Health and Social Care Information Centre, 2013). Respondents were also asked about physical activities such as housework, gardening and walking, as well as physical activities that occurred whilst at work. These were distinguished from organised activities of sports or games, as well as exercise at the gym. The recall period of these questions was four weeks, which in this research was considered to be too long period of time to estimate activity levels. The recall period was consequently shortened to the past seven days, as was the case with the Health Survey for England in 2013 (The Health and Social Care Information Centre, 2014). From experiencing the prison environment prior to distributing the survey, it was clear that some women were active at work as jobs such as gardening, paint party and kitchens all included activities where women would be lifting, carrying, and walking around. It was therefore important that the survey captured all forms of physical activity and thus categories of walking around the wings and active through work were included.

Physical activity levels have also been difficult to monitor over time as the government has changed the approach to communicating recommended levels of physical activity from 30 minutes of moderate intensity activity per day, five days a week, to a minimum of 150 minutes of moderate intensity physical activity (MPA) or 75 minutes of vigorous physical activity (VPA) (Department of Health, 2010). For the activity to count towards the weekly target it must be taking place for ten minutes or more at a time, and it can be either moderate (breathing somewhat harder than normal) or vigorous (breathing much harder than normal), or a combination of the two in the past week. As a rule of thumb one minute of VPA equals two minutes of MPA (Choices, 2016). In 2012 55% of women in the population aged 16 and over and 67% of men met the governments levels of recommended physical activity (The Health and Social Care Information Centre, 2013). The number of women meeting the guidelines increased with age to a peak among 66% of women aged 35-44, after which activity levels decreased with age.

The final two questions in this section asked women about what stops them from taking part in any or more exercise, and what would encourage them to be more active. The possible responses to these questions were developed from the previous literature and then piloted to ensure that they offered all options for barriers and encouraging factors that women might want to report.

The gym section firstly asked women if they had been to the gym in the past six months. If women had not been to the gym during this time they were asked to move on to the next section. Six months was used as the cut off to provide experiences of the gym as these was seen as a period of time recent enough for women to recall. The next question asked women's frequency of using the gym in the past month, the average length of their sessions, whether they had felt bullied or intimidated and what encouraged them to use the gym. They were also asked to describe that they normally do in the gym, what they like about the gym, and what they thought of the gym classes.

The health and wellbeing section of survey included a measure of mental wellbeing. The scale used was The Warwick-Edinburgh Mental Well-being Scale (WEMWBS),

developed by academic teams at both Warwick and Edinburgh Universities (Stewart-Brown and Janmohamed, 2008). The scale was developed as part of the Mental Health Indicators Programme, which was commissioned by NHS Scotland through the Scottish National Government's National Programme for Improving Mental Health and Well-being. The measure is a 14 item scale covering subjective well-being and psychological functioning, and asks respondents to recall how they have been feeling on the questions over the past two weeks. There are five possible responses to the questions forming a 1 to 5 Likert scale; 'none of the time', 'rarely', 'some of the time', 'often' and 'all of the time'. Each of the 14 items is worded positively. The scale was chosen due to prior reporting of participant's ease of use, and particularly how the scale is clear, unambiguous and easy to complete (Stewart-Brown and Janmohamed, 2008). This was an important factor for using the measure as women in prison would be asked to self-report their mental wellbeing using this scale. It was important that the scale was clear and easy to fill out in order to enable as many women to fill it out as possible, and to minimise the amount of missing data.

The WEMWBS scale is not designed to identify individuals with exceptionally high or low positive mental health, so no 'cut off' has been developed. The scale is suitable for monitoring or comparing mental wellbeing in populations or groups. Research results from combining the 2010 and 2011 Health Survey for England data sets produced a population mean sample score of 51.3 (95% CI 51.1-51.4). Women's wellbeing score was slightly lower than men's at 51.1 (CI 50.9-51.3) compared to 51.5 (51.2-51.7), but there was no significant difference found (Taggart, Stewart-Brown, and Parkinson, 2015). When comparing age and mental wellbeing there was a slight drop in scores for age group for people aged 35-55 years, and a peak for 65-74 year olds. Students and the employed had high mean scores of 52.0 (CI 51.0-53.0) and 51.8 (CI 51.6-51.9) respectively. In comparison, those unable to work because of long term sickness (48.0 (CI 40.1- 42.3)) or those looking for work (48.1 (CI 46.9 – 49.4)) or those looking after home or family (48.0 (CI 47.0-49.0)) had quite low scores. The main purpose of using the WEMWBS is that prior research has used the population level data to compare wellbeing with lifestyle choices such as healthy eating and physical activity, and this therefore provides data to compare to findings from the present study. Mental wellbeing has been found to be associated with fruit and

vegetable consumption, oily fish consumption, satisfaction with local neighbourhood, contact with friends and relatives, but in this study not with physical activity levels (Taggart et al., 2015). Research using data from English and Scottish Health Surveys found that high wellbeing was associated with adults who met physical activity and 5-a-day recommended guidelines (Blanchflower, Oswald, and Stewart-Brown, 2012). Wellbeing scores for women when compared with BMI were highest for the healthy weight group. This research also found that physical activity, fruit and vegetable consumption, as well as alcohol dependence and smoking was significantly related to mental wellbeing, but obesity was not. Other research has found that obesity was associated with low mental wellbeing, and supported previous research as fruit and vegetable consumption was strongly associated with mental wellbeing (Stranges, Samaraweera, Taggart, Kandala, and Stewart-Brown, 2014).

In the health and wellbeing section of the questionnaire, women were also asked to self-report their height and weight in any measurement. These could be used to calculate Body Mass Index (BMI). Although there has been critique of the measurement, as research has found that some individuals classified as overweight and obese can be metabolically healthy and healthy individuals can be cardiometabolically unhealthy (see Tomiyama et al, 2016), calculating BMI has been reported to be the most common method for measuring overweight and obesity in individuals (The Health and Social Care Information Centre, 2015). In this study BMI offered a feasible measurement to classify weight, as it was not possible for the researcher to gain data on their blood pressure, cholesterol, glucose and insulin resistance to calculate other scores of health.

Data from the 2013 Health Survey for England found that 24% of women are obese, 33% are overweight and 41% are normal weight, leaving just 2% who are underweight. BMI was also found to increase with age, those aged 16-24 had the highest proportion of individuals who were normal weight (The Health and Social Care Information Centre, 2014). Participants were also asked about their perception of their weight and whether they were trying to change it. Health and wellbeing was also covered in the last question of the survey, which asked the women how their health and wellbeing

could be improved in the prison. This was an open question and the survey was laid out to allow women a large space in order to respond how they wanted to.

The final part of the survey asked women about their diet in prison. In order to determine how healthy women's diet is in prison it was important to gather information on their fruit and vegetable consumption. These questions were drawn from the Health Survey 2013, as this is an existing way of monitoring consumption of the Governments recommended 5 portions of fruit and vegetables. The questions are easy to respond to as they ask about food consumption yesterday and they are measured in units enable respondents to accurately report their intake. Women were also asked to report the frequency of eating healthier foods; biscuits, cakes, sweets and chocolates, and chips in the past month. These were questions included in the research carried out by Plugge et al. (2006) on *The Health of Women in Prison*. They found that nearly 50% of women ate biscuits, cakes, sweets or chocolates on four to seven days of the week, and 26% ate them on one to three days a week. They also reported that the majority of women (35.6%) ate chips on one to three days per week. The final two questions asked the women their perception of whether the food provided to them in the prison was healthy and asked them to explain their reasons why. They were also asked their attitude on whether healthy eating was important to them.

3.8.3 Piloting the survey

Pilot testing was carried out to ensure question comprehension and clarity, and also to determine the length of time the survey would take to complete (Punch, 2003). Piloting the survey also ensured that any queries or difficulties answering the questions could be overcome at the preliminary stage of the research (Blaxter, 2010). When devising self-completion surveys Simmons (2008) argues that it is essential to pilot to confirm that questions are worded in a way that a wide range of respondents will understand.

The survey questions were developed and then piloted with ten women. The piloting of the survey took place face to face and this enabled the researcher to ask the women questions and to discuss the questions, and the respondent the freedom to answer the

question how they wanted to. This process generated the possible responses to the closed questions. It was also possible to pilot another health and wellbeing measure; the Medical Outcomes Study which is a 36 item short form. This was chosen as it was relatively short survey with 36 questions measuring quality of life. When administering the survey, the women appeared frustrated by the questions. They felt it was too long and that many women would not complete all the questions. There were also some quite awkwardly worded questions that they women didn't understand such as "how much of the time in the past four weeks have you felt full of pep", the women. All women asked what "pep" meant, and they also remarked that the prison environment changes constantly and a four-week reference point for feelings and how things had been was too long of a period to recall accurately. This survey was three times the length of the WEMWBS. Women remarked that this was quick to complete, that they could understand the questions easily and that the recall period of two weeks was much preferred. Using this feedback, it was decided to only include the WEMWBS as this would limit the survey length to make it quicker to complete. It was anticipated that this would lead to full participation where women would respond to all questions and thus limit the amount of missing data.

3.8.4 Semi-structured interviews procedure

The interview guide (see Appendix IV) was developed and piloted with three women. During the piloting the ordering of the topics to be covered was changed slightly so that the first line of inquiry was women's views on health and wellbeing. In many cases this opened up further avenues to explore such as exercise and diet, but also enabled women to talk about any other aspect that affected these. This was more favourable to first discussing physical activity and then diet as women then seemed to stick within these themes when discussing health and wellbeing.

The majority of the interviews took place in a small training room in the resettlement unit or in the association room on main block. The interviewee and interviewer were the only ones present, and as such the interview was considered private. It is important that the interviews were conducted in a private environment where the individual felt

comfortable (Bryman, 2008; Creswell, 2003; Seidman, 2006). This allowed the interviewee to speak more freely away from prison staff.

The interviews explored how the women's experiences of imprisonment had shaped and impacted their health and wellbeing. The interviews also explored the range of options women perceived were available in prison for them to look after their own health and wellbeing. All interviews were recorded with the permission of the interviewee using a Dictaphone that the researcher had obtained permission to use inside the prison. The use of a Dictaphone was highly preferable as it allowed the researcher to focus on the interview and not be distracted by the need to take notes. The interviews were transcribed verbatim and as such the analysis conducted was of an accurate record and not of the researcher's memory. In order to assure anonymity all names and any identifiable characteristics were changed.

3.9 Analysis

The data from the survey was entered into SPSS version 21. Before analysis the The Warwick-Edinburgh Mental Well-being Scale (WEMWBS), Body Mass Index (BMI) and salad, vegetable and fruit intake was scored according to criteria stipulated by the developers of the measures. More information on how this was done is outlined in Study 1. Analysis of the survey involved descriptive statistics, t-tests, correlations and regression analysis.

The descriptive statistics presented in Study 1 include means, standard deviations, raw scores and percentages. These figures are included to help describe patterns in the data. Study 1 also includes an Independent Samples t-test (see Field, 2005); output presented in Table 4. This was used to understand whether there was a statistically significant difference between the mean scores for age, sentence length and time in current prison for women who were physically active and those who were not. The output of a Pearson correlation is displayed in Table 9. The Pearson correlation (see Field, 2005)

was used to understand the strength of the linear relationship between eating treat food and chips amongst women in prison.

Table 11 and Table 14 present the output from forced entry multiple regression analysis. Multiple regression was considered the most appropriate method of analysis because the dependant variable (Table 11 - BMI score, Table 14 - Mental Wellbeing) was measured continuously, there was sufficient data for tests of significance and the output would indicate factors that impact women's (Table 11) BMI and (Table 14) mental wellbeing in prison. This was measured at the significance value of < 0.05 and where found, identified that the factor made a significant contribution to the model (Field, 2005). Of predictors that make a significant contribution, the value of B indicates how each predictor affects (Table 11) BMI and (Table 14) mental wellbeing; when all other effects of the predictors are held constant (Field, 2005). The value of B represents the relationship between X and Y. Developed from Field's (2005) description; B presents the change in Y (the dependant variable/ Table 11 - BMI and Table 14 - mental wellbeing), when X (independent variable/ Table 11 – factors impacting BMI and Table 14 - factor impacting mental wellbeing) increases by one unit. Where the change is positive this indicated a positive relationship between X and Y. Therefore, (Table 11) BMI score or (Table 14) mental wellbeing score increases by B as X increases by one unit. Where the change is negative this indicated a negative relationship between X and Y. Consequently, (Table 11) BMI and (Table 14) mental wellbeing decreases by B as X increases by one unit. Multiple regression was also appropriate as there are a number of factors that might impact (Table 11) BMI and (Table 14) mental wellbeing to be included. The factors were included in the same model and produced an R^2 value. This can be used to explain the variance in Y that can be explained by the predictors of X (de Vaus 2002).

Before the regression analysis was undertaken the data was checked that it was normally distributed. For regression analysis of BMI scores both predictor variables were continuous. However, for regression analysis of mental wellbeing dummy coding was used so that the regression analysis could include categorical factors of mental wellbeing (Field 2005). The reference group chosen was the group that the researcher

was most interested in comparing all other groups to (Field 2005). This reference category, coded 0 in all dummy variables, is clear in the regression analysis as they are shown in parenthesis in Table 14.

The analytical approach to the qualitative interview data employed Interpretative Phenomenological Analysis. This approach has been shown to work particularly well with small sample sizes that have been selected using purposive sampling (Smith, Harre, and Van Langenhove, 1995; Smith and Osborn, 2003). Additionally, interpretative phenomenological analysis has been found to work particularly well for analysing the meanings a particular group of individuals have on a particular topic or lived experience (Fade, 2004). The participants in this research were all either living in the same space or employed in a workplace in the same prison and therefore can be considered from a particular group within a particular social context. Additionally, the researcher was confident that interpretative phenomenological analysis could be used in this research as it is a well-established analytical tool used in psychology and more prominently the context of health psychology (Biggerstaff and Thompson, 2008; Smith, 2011). It has also been used in the context of research exploring wellbeing (Dunne and Quayle, 2001), exercise (Hefferon and Ollis, 2006; Pridgeon and Grogan, 2012) and nutrition (Fade, 2004). More broadly interpretative phenomenological analysis has often been overlooked as an analysis technique in criminology (Miner-Romanoff, 2012), however it has been used in the context of prison research (Aresti, Eatough, and Brooks-Gordon, 2010; Fine and Torre, 2004; Kennedy, 2014). Research conducted by Meek (2007, 2008) has utilised interpretative phenomenological analysis to research young offenders' experiences of custody, transition to the community and their families' experiences of having a family member in prison. These research studies provide examples of where interpretative phenomenological analysis has enabled an investigation of a particular social context of prisons through the meaning individuals give to their experiences of the environment. Whilst there are also accounts of interpretative phenomenological analysis being used to research women's subjective experiences within a particular social or cultural context (Smith, 2004; Wingood, DiClemente, and Raj, 2000), the research carried out in this investigation would appear to be the first to apply interpretative phenomenological analysis to study incarcerated women's experiences of health and wellbeing.

A semi structured interview was considered the most appropriate tool to collect qualitative data as it creates a basis of conversation and is flexible to enable each participant to talk freely and take the conversation in the direction they wish (Biggerstaff and Thompson, 2008). This research study was also used as a way of piloting the first three phases of research to be conducted for the thesis, so as such the exploratory nature of interpretative phenomenological analysis and the style of interview that is required created a flexible research strategy that was able to explore areas that the researcher has not considered before.

Interpretative phenomenological analysis is grounded in phenomenology as it posits an examination of the life world and lives experience (Biggerstaff and Thompson, 2008; Smith, Jarman, and Osborn, 1999; Smith and Osborn, 2003). According to Smith and Osborn (2003) the examination does not produce an objective statement or account but rather a personal perception of the life world. This perception is of a particular situation within a social reality (Bryman, 1988). The purpose of interpretative phenomenological analysis is to understand how the participant ascribes meaning to experiences through interactions with the environment (Smith et al., 1999). This analytical approach allowed the researcher to understand the behaviour of women in prison through understanding the definitions, meanings and processes used by women to create meaning about health and wellbeing (Berg, 2007).

The analytical approach of interpretative phenomenological analysis enables the researcher to fulfil a fundamental requirement of qualitative research. That is, the develop an understanding and appreciation for the process of understanding (Berg, 2007). This process lends itself undoubtedly to reflexive thinking. This is another element of interpretative phenomenological analysis that is debated in the literature, and whether it is necessary is contested. This approach enables the researcher to consider not only the dynamic between the researcher and the participant, but the researcher and the data and how it is interpreted (Finlay and Gough, 2003). From the perspective of Smith and Osborn (2003) interpretative phenomenological analysis requires analysis that is dynamic in its interpretation involving reading and re-reading

the interview transcript, whilst constantly recognising the role of the researcher and that they are imposing their interpretation of participants' account. Subsequently, interpretative phenomenological analysis involves two stages of interpretation, known as the double hermeneutic (Smith, Jarman, and Osborn, 1999; Smith and Osborn, 2003). Firstly, the participants, in the interview process, are trying to make sense of their world and are communicating this to the researcher. At the same time, the researcher is trying to understand the participants trying to make sense of their world, during the interview and analysis.

To conduct the analysis the researcher followed the guidelines presented in a number of academic texts on interpretative phenomenological analysis (Smith, Flowers, and Larkin, 2009; Smith et al., 1995, 1999; Smith and Osborn, 2003; Smith, 1996). Firstly, to read through the first transcript a number of times to familiarise themselves with the transcripts. Whilst doing so the researcher annotated the transcript with notes on interesting responses or topics discussed, and where any particular words or language was used. After this initial stage of analysis the researcher was able to assess whether there were any similarities or differences in the points noted, using this it was then possible to document some emerging themes from the interview transcript. These thoughts were then used to create a list of the themes, and connections between them were found to gather the themes into clusters. This process involved reading through the transcripts many times again, to check the clusters were appropriate and that nothing had been missed. Once this process had been carried out it was possible to order the clusters and give them names to create themes. This template was used to analyse the other nine interview transcripts. After analysing all ten transcripts it was possible to create a final table of subordinate themes, which are discussed in the findings section.

Although prior research has suggested working with small sample sizes (Smith, Harre, and Van Langenhove, 1995; Smith and Osborn, 2003), and in particular up to eight interviews in PhD research (Smith et al., 2009; Turpin et al, 1997), this research exemplifies analysis and presentation of findings of studies with more than this recommended number. While this is less common in research employing the analytical technique, it is not explicitly forbidden (Pietiewicz and Smith, 2014). According

Pietiewicz and Smith (2014) it is important during analysis to focus on depth rather than breadth and that the researcher is immersed in the data. In a review of the use of interpretative phenomenological analysis in health psychology research Brocki and Wearden (2006) note that studies have used up to thirty participants. On closer inspection of Collins and Nicolson (2002) paper, although thirty participants were interviewed the authors decided that in order to use IPA only one transcript was presented in the findings to ensure that ‘subtle inflections of meaning’ (p.626) were not lost during analysis of a number of data sets. In this research, Study 2 presents the findings from analysis of ten interviews and as such is relatively in line with the average number of transcripts used in employing interpretative phenomenological analysis. Study 3 presents findings from 30 transcripts, however, the women interviewed were from one of three groups according to their job role in the prison: Clink trainee, gym orderly or gardens worker. Their experiences in the sense of their work role can be considered one of their homogenous factors, as well as the fact that they were imprisoned. Homogeneity of the sample using purposive sampling is one of the recommended factors for interpretative phenomenological analysis (Pietiewicz and Smith, 2014) and while there are factors that characterise the sample as similar there will also be other factors that are different, for example their age, ethnicity and time in the prison.

In this research due, particularly in the case of Study 3, the number of interview participants was led by the length of time the prison granted access to the research site for. Given that relatively little is known about women’s experiences of health and wellbeing in prison there was a need to develop a rich understanding of this particular area. Furthermore, it was also acknowledged that this research was part of a large scale thesis and, therefore, the researcher had time during the process to fully immerse themselves in the data during analysis. While this analysis was a lengthy process the results allow for a rich understanding of women’s experiences of custody in relation to their health and wellbeing.

3.10 Reflexivity

The analytical approach employed with the interview data used in this research lends itself to reflexivity, but reflexivity more broadly has also become a common tool used in qualitative research to think about the implications or values of a particular method (Bryman, 2008). The process of thinking in depth about research enables researchers to think about the process of the research, the context and what the implications of the research may be. A reflexive diary is suggested as a way to keep track of any emerging interpretations (Biggerstaff and Thompson, 2008). In this research reflexive thinking, through keeping a diary, provided the researcher with the opportunity and space to think more deeply about the research process, which led to a more heightened sense of understanding of the subject through the accounts of the women interviewed.

In thinking through the research process and reflecting on my research diary an overwhelming feeling I have is gratitude to the women who took time to share their thoughts and experiences with me and for their frank responses. At the beginning of the process of interviewing, having never interviewed women in prison before, I had a great level of anticipation. After a few weeks I certainly felt at ease and I had gathered enough of an understanding of the prison to not look like an amateur. I had built up an idea through the literature of what prison was like for women, but thinking on my thoughts then and where they are now they have developed and grown extensively. I went into my field research with a perception that women in prison have a disastrous time, that they are really unhealthy and they are not physically active and have a really poor diet. What I found and will be explored in this thesis challenged these ideas, but made me think more about the environment of the prison and what is controlled and what choice women in prison have. What I crucially discovered was independent narratives of the lived experience of prison, which is sometimes positive and sometimes horrendous and negative. But even when things are bad, many of the women I interviewed were able to work through this and to see a brighter side, showing a resilience I admired. What this demonstrated to me, and will be explored further in the findings sections is that it is that choice; to not give up, to carry on even when things are bad and getting you down, which promotes health and wellbeing.

3.11 Ethical considerations

The research was given approval by the National Offender Management Service and the governor of the prison. The research was also approved by the ethics committee in the School of Law, Royal Holloway, University of London. There were also additional security protocols the researcher underwent security vetting for access to the prison and security training to become a key holder. Additionally, an application had to be made to the prison for approval to use a Dictaphone to record the interviews.

To enable participants to provide informed consent the information sheet provided (See Appendix III) was as succinct as possible, and did not refer to any technical terms that may confuse the participant (Oliver, 2010). No potential risks of taking part were identified and the decision to take part was free of unwarranted pressure, as there were no incentives given to taking part, and the women decided on their own if they wanted to complete the survey or interview (Gregory, 2003).

To enable as many women as possible to take part in the survey, and so that literacy and numeracy were not a barrier, the instructions stated that if help was needed to fill in the form the gym orderlies could be asked, or they could book times for the researcher to visit them through a member of staff. This was facilitated through the days the researcher visited the prison and travelled around the wings asking if women wanted help completing the survey. This was an important concern as prior research reports that there are significant numbers of foreign national women in prison, as well as women with low basic skills and literacy levels (Corston, 2011; Devlin, 1998; Plugge et al., 2006; Social Exclusion Unit, 2002).

The research interviews were designed to be non-invasive in the sense that the questions asked would not cause distress or harm (Patton, 2002). Maintaining confidentiality and anonymity are also crucial factor in research, particularly qualitative approaches (Wiles, Crow, Heath, and Charles, 2008). In this research the interviews were recorded and therefore there was a need to ensure participants

anonymity at the transcription stage through the changing of any identifiable characteristics, including names (Byrne, 2004). In addition, some surveys returned included prisoners numbers and these were removed through blotting out with permanent ink. There was also the need to give assurances to confidentiality (Kaiser, 2009), and this was particularly crucial to how the interview audio files would be stored as the voices would lead to some individuals to identify the participants. The files were stored on secure university servers that required password entry and only the researcher had access to them.

Prior to undertaking the survey and interviews, all participants were provided with an information sheet that detailed the purpose of the research, along with the researcher's information and how they could be contacted. The information was designed to be clear and concise and free from any technical language. The information also included that they were not required to take part, and in the case of the interviews that they could stop the process at any time. The interview participants were also informed that they could withdraw from the research up to six months after the research had taken place. Individuals who agreed to take part in the research filled out a consent form, which was stored separately from the research data. As part of the research process the researcher monitored the on-going impact of the research process for adverse effects and stop it if there was cause for concern.

3.12 Overview of findings chapters

As already stated the findings in this thesis are structured and presented as three research studies. Chapter 4: Study 1 presents the findings from the survey, designed to collect information on women's engagement in physical activity, healthy eating and their mental wellbeing in prison. Chapter 5: Study 2 includes interview data gathered from ten women who spent the majority of their time on the main housing block of the prison, and explores how their experience impacted their health and wellbeing. Chapter 6: Study 3 considers how the roles that women adopt in prison shape their experiences of health and wellbeing. This Study also includes further exploration of

the reoccurring themes in this thesis of physical activity, diet and management of health during incarceration.

CHAPTER 4: STUDY 1

Physical activity, diet and wellbeing of women in prison: Survey findings

4.1 INTRODUCTION

The physical and mental health of incarcerated individuals has continually been reported to be lower than that of the general population (Baillargeon, Black, Pulvino, and Dunn, 2000; Bridgwood et al., 1995; Chambers, Evans, Lucking, and Campbell, 1997; Department of Health, 2000; de Viggiani, 2007; De Viggiani, 2012; Fazel, Hope, O'Donnell, Piper, and Jacoby, 2001; Reed and Lynne, 1998; Smith, 2000; Tayler, 1997). In particular, the health needs of women in prison are known to be distinct and remain unmet by the practices adopted across the female estate (Corston, 2007, 2011; House of Commons, Justice Committee, 2013). Women have distinct pathways into criminality that are often a result of physical or sexual abuse, substance misuse, or mental healthcare needs (Covington and Bloom, 2008; Penal Reform International, 2012; Pollock, 1998; United Nations, 2014). The circumstances of women are also different from men, in that they are more likely to be primary caregivers for children (Home Office, 1997; Liebling, 2011; Sheehan, McIvor, and Trotter, 2013) and are likely to commit non-violent crimes for monetary gain (Hedderman and Jolliffe, 2015; Steffensmeier and Allen, 1998).

Once imprisoned, research evidence suggests that the health of women in prison will decline (Baybutt et al., 2007). In addition, imprisoned women have also expressed concerns over their health and wellbeing. In their research, Douglas et al. (2009) found women spoke about how prison had affected their health over the long term, they expressed feelings of disempowerment and loss of autonomy, particularly with regards to management of their own health. Some of the reported unhealthy habits found in prison were increased smoking, poor diet, and sedentary behaviour. A small, but growing number of studies have documented women's engagement in physical

activity and healthy diet in prison. Research evidence reports that only 11% of women in prison meet the UK government's recommendations of thirty minutes of physical activity, five times a week, and less than 10% of women in prison eat five portions of fruit and vegetables per day (Plugge, Foster, Yudkin, and Douglas, 2009).

Barriers to physical activity among women in prison have been noted as due to lack of time, lack of motivation, lack of desirable activities and weight gain, leading to low mood and lower self-esteem (Meek, 2014; Plugge, Douglas, and Fitzpatrick, 2006). Increasingly in the past five years weight gain amongst women in prison has become well documented in academic research (Douglas et al., 2009; Plugge, Douglas, and Fitzpatrick, 2011; Plugge et al., 2009; Rowe, 2011; Shaw, Rutherford, and Kenny, 1985; Smoyer, 2013). In their research, Plugge et al. (2006) found that although a substantial number of women (44%) were normal weight on entering prison, nearly one in three women were overweight or obese and the remaining women underweight. Crucially after one month in prison there was a statistically significant weight gain in the population of women surveyed. Reasons for this can be linked back to high levels of sedentary behaviour among women in prison, but also the rich carbohydrate diets, including fried food such as chips, prison canteen options limited to high calorie snacks, and high levels of stress (Edwards, Edwards, and Reeve, 2001; Fogel, 1993; Martin et al., 2013; Plugge et al., 2006). In addition, research into diet and nutrition in prison suggests that there is scarce availability of fresh fruit and vegetables and this prevents women from eating a healthy diet in prison (Edwards et al., 2001, 2007; House of Commons: Committee of Public Accounts, 2006). The research evidence suggests that women in prison are not able to make, or are not making, health enhancing decisions while they are incarcerated and a bleak picture of women's health in prison persists.

The present study seeks to provide a re-evaluation of women's engagement in physical activity, healthy eating and wellbeing while they are imprisoned, almost ten years after the studies by Meek (2014) and Plugge et al. (2006) discussed took place. This study also plays particular attention to the role of the gym in the prison, an area that tends to be overlooked in female establishments as a source of health promotion. The particular questions answered by this study are: Are women in prison able to make health

enhancing decisions such as, making healthy food choices and being physically active? What barriers are there to health enhancing decisions? How do women's health enhancing decisions impact on their mental wellbeing during their incarceration?

4.2 METHODOLOGY

4.2.1 Design

To investigate whether women in prison are able to make health enhancing decisions and to consider how these decisions can impact mental wellbeing during incarceration the present study adopted a mixed research design. The data was gathered using a survey intended to gather both qualitative and quantitative data through utilising open and closed questions. This allowed for a large amount of data to be collected on each of the three main topics of the survey: Physical activity, healthy eating and wellbeing.

4.2.2 Participants and sampling

The study took place in one Female Training Prison in England where 272 women were held. The research is therefore distinct from studies conducted by Meek (2014), and Plugge et al. (2006) as all women imprisoned were sentenced and there was no remand population. All women in the prison received the survey. Of the 272 surveys distributed 112 completed surveys were returned, representing a response rate of 42%. This is a comparatively better response rate than the typical yield of self-completion surveys amongst a prison population (Seena Fazel and Danesh, 2002), and is attributed to the researcher's hands-on engagement with the survey during the two week response period, where participants had the opportunity to ask questions, or request assistance to complete the survey. The mean age of the respondents was 39 years (SD = 12). Nearly 60% of the sample were aged between 21 and 39 years, this is slightly less than the 69% of women who are aged 21-39 years in the general female prison population (Ministry of Justice, 2016a). There were slightly more women aged 40-59 (35 %) and 60+ (6 %) compared to women in the general female prison population (30% and 2% respectively) (Ministry of Justice, 2016a). Self-reported ethnicity showed that 66% of the respondents were white, 13% Black or black British, 12% Mixed, 4% Asian or

Asian British, 3% Chinese or other, compared to the general female prison population where 77% of the female prison population is white. The mean sentence length was just under seven years. Sentence length ranged from one month to 25 years in prison. The average time that women had been in the prison was just under a year, but the range was spread from one month to 15 years. Women were also asked to report their Incentive and Earned Privilege (IEP) status: Basic, standard or enhanced. IEP status was important to capture in this research as the amount a prisoner could spend outside their room to go to the gym, associate and eat, as well as have access to a television and funds to spend on canteen were dependent on their level. In total 3% of respondents were on basic regime, 50% were on standard level, and 47% had an enhanced status. This was somewhat dissimilar to the numbers reported by the last inspection report in 2014 for the prison where 67% of women were on the enhanced, 32% were on the standard and only 0.7% were on basic regime (HM Chief Inspector of Prisons, 2014). The final demographic question asked women about their job(s). As the prison was a training facility all women were expected to be in some form of education or training during working hours. The most common jobs reported were gardens worker, Clink trainee, wing cleaner, gym orderly, and kitchens worker. Approximately a third of respondents reported doing more than one job.

4.2.3 Procedure

Logistically carrying the printed surveys and 10 post boxes into the prison was difficult, especially considering at every gate I needed to use my keys to move through. The prison PE staff agreed that I could store my research materials in the gym while I went to collect more post boxes from my car. Once this was completed the staff agreed that the gym orderlies, who are prisoners who work in the gym, would be able to help me to distribute the surveys. With the help of eight gym orderlies 272 surveys were distributed to all the women in the prison on a Monday morning, by posting the survey under the door to their room. The instructions on the front informed them that it was an anonymous and confidential survey for research purposes. To take part the women were asked to fill in all questions and seal the questionnaire in the envelope provided and post it in one of the boxes located by each wing office, association rooms, dining hall and the gym as soon as possible. Two weeks were given for women to respond. During the two-week period, the researcher regularly visited the prison and walked

around the housing blocks during association time to ask whether anyone would like help filling out their survey, that way ensuring that any women with literacy difficulties were supported to take part if they so wished. Three surveys were completed with the researcher's help although only one was through a booked appointment. The other two women were helped while the researcher travelled around the wings. Additionally, two gym orderlies reported helping three women to complete their survey.

4.2.4 Survey measures

The survey (see Appendix I) was developed for the purposes of this study, and included questions arranged into five sections: Demographic information, physical activity, the gym, health and wellbeing, and diet and nutrition. The questions on physical activity and diet and nutrition were drawn from the Health Survey for England 2013. This annual survey is used to monitor the nation's health and the findings are used to report trends in topics such as; smoking, obesity, occupational health and physical activity. The health and wellbeing section of the survey included a measure of mental wellbeing. The scale used was The Warwick-Edinburgh Mental Well-being Scale (WEMWBS), developed by academic teams from Warwick and Edinburgh Universities (Stewart-Brown and Janmohamed, 2008). This is a 14 item scale covering subjective well-being and psychological functioning, and asks respondents to recall how they have been feeling over the past two weeks. There are five possible responses to the questions forming a 1 to 5 Likert scale; 'none of the time', 'rarely', 'some of the time', 'often' and 'all of the time'. The scale was chosen due to prior reporting of participant's ease of use, and particularly how the scale is clear, unambiguous and easy to complete (Stewart-Brown and Janmohamed, 2008).

4.2.5 Analysis

The data were entered into SPSS version 21. Before analysis the WEMWBS, Body Mass Index (BMI) and salad, vegetable and fruit intake were scored according to criteria stipulated by the developers of the measures. As per the WEMWBS manual the scale was scored by summing the responses to each item, the minimum score being 14 and the maximum 70. BMI was calculated by dividing reported weight (in kg) by

the square height (in metres). As per the Health Survey (2013) guidelines, salad intake was reported in cereal bowls full, where one bowl is equal to one portion. Pulses were recorded in tablespoons, where three tablespoons is a portion. The Health Survey guidelines limit intake of pulses to only count as one portion no matter how many more tablespoons over three are eaten. Three tablespoons of vegetables, not including potatoes counted as one portion. The portion counting of fruit varies on what type of fruit is eaten. For example, two kiwis counted as one portion, half a grapefruit counted as a portion, one apple, one banana and one orange counted as one portion each. Women were asked how many of each type of fruit they had eaten and according to the Health Survey guidelines their total intake of fruit equal to portions was calculated. Women could also report their intake of dried or tinned fruit, again one tablespoon counted as a portion, but this was also limited to a maximum of one no matter how much more consumption was reported.

4.3 RESULTS

The findings are presented in three sections: Physical activity and gym use, diet and nutrition and body mass index and mental wellbeing.

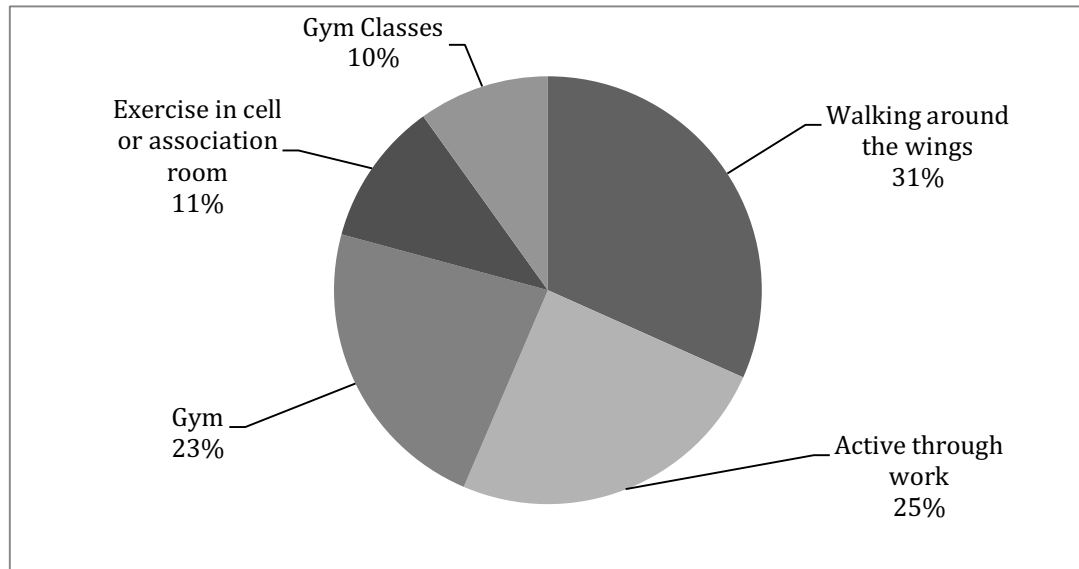
4.3.1 Physical activity and gym use

Physical activity

Figure 1 displays the activity type and the number of women who reported doing the activity. Walking around the wings was reported by just over one in three women, and was the most frequently reported activity choice. When answering this question, the

women were able to record which activities they did. There were 70 women, representing just over 30% of respondents, who reported doing more than one activity.

Figure 1: Types of physical activity in prison



There were a number of combinations of physical activity that women in prison could report doing. As the majority of women reported doing more than one type of activity the responses provided by each woman were analysed and recorded to identify groupings of activities; these are displayed in Table 2. The most frequently cited combination being walking and work. What is evident is that physical activity through walking around the wings or through work are the most common types of activity taking place.

Table 2 also identifies the average frequency of activity recorded in the number of times it was carried out in the last seven days, and the average amount of time women were active on a normal day. Setting aside the activities reported by just one woman, the most frequent undertakings to be physically active reported by two or more women were walking, working and exercising in their cell or association room. The mean score was 11 times in the last seven days, meaning that on average these activities were carried out more than once on each day. The next most cited activities reported were going to the gym, gym classes and walking. For these activities, a mean score of six

times was produced, again identifying that on some days of the week women would carry out these physical activities more than once. The three women who reported having the most varied activity types by doing all five forms also spend on average the longest time of all being active on a normal day. This was closely followed by women who were active through work. Being active through work alone or in combination with other activities was very common, with just under half of all women reporting this as a way to be physically active.

These findings highlight that having employment in the prison is a central component for fostering physical activity, along with the ability to walk around the prison therefore suggesting that there was regular access to outside space to engage in this activity. In comparison, the gym, was unable to foster the same frequency levels of physical activity on its own, but was utilised with other activities to increase the regularity of physical activity.

Women were also asked to report how much of the activity they did on an average day took hard physical effort where they were breathing much harder than normal, known as vigorous physical activity (VPA). The average length reported was 52 minutes per day (SD=71) with a range from no VPA to 360 minutes of VPA per day. Just over 30% said that they did no vigorous intensity physical activity. The activity types of women doing more than the average VPA were also investigated. The majority of women were able to undertake vigorous intensity activity through going to the gym and or gym classes. Therefore, despite the gym and classes being a less frequent way of being physically active in prison compared to walking or work, this site provided an opportunity for women to engage in hard physical effort where they were breathing much harder than normal and promoting their stamina and increasing their respiratory capacity.

Activity/Activities	n	%	Mean	
			Times past 7 days	Minutes per normal day
Walking + Work	14	13	6	181

Work	13	12	6	349
Walking	13	12	6	71
Gym + Walking	9	8	6	98
Gym + Walking + Work	7	3	7	245
Gym + Classes	5	5	4	250
Gym + Classes + Walking	5	5	8	171
Gym	5	5	2	159
Walking + C or AS*	5	5	7	88
All 5 activities	3	3	8	350
Gym + Work + C or AS	3	3	6	170
Gym + Walking + Work + C or AS	3	3	6	170
Gym + Work	2	2	5	195
Walking + Work + C or AS	2	2	11	120
Gym + Walking + C or AS	2	2	4	113
Gym + Classes + Walking + C or AS	2	2	4	70
No Activity	11	10		

Table 2: Frequency and duration of self reported physical activity/activities

* denotes Cell or Association Room

Gym use

The information presented so far highlights that women who reported that they solely relied on the gym were not as physically active as women who reported that they undertook a combination of types of activities. However, women who reported using the gym spent on average of just over two and a half hours there, and the gym was the activity type where women undertook the most amount of vigorous intensity exercise. A closer look at the responses to frequency of gym use is displayed in Figure 2 and this demonstrates that the utilisation of the site amongst women in the prison is rather mixed.

Figure 2: Frequency of gym usage

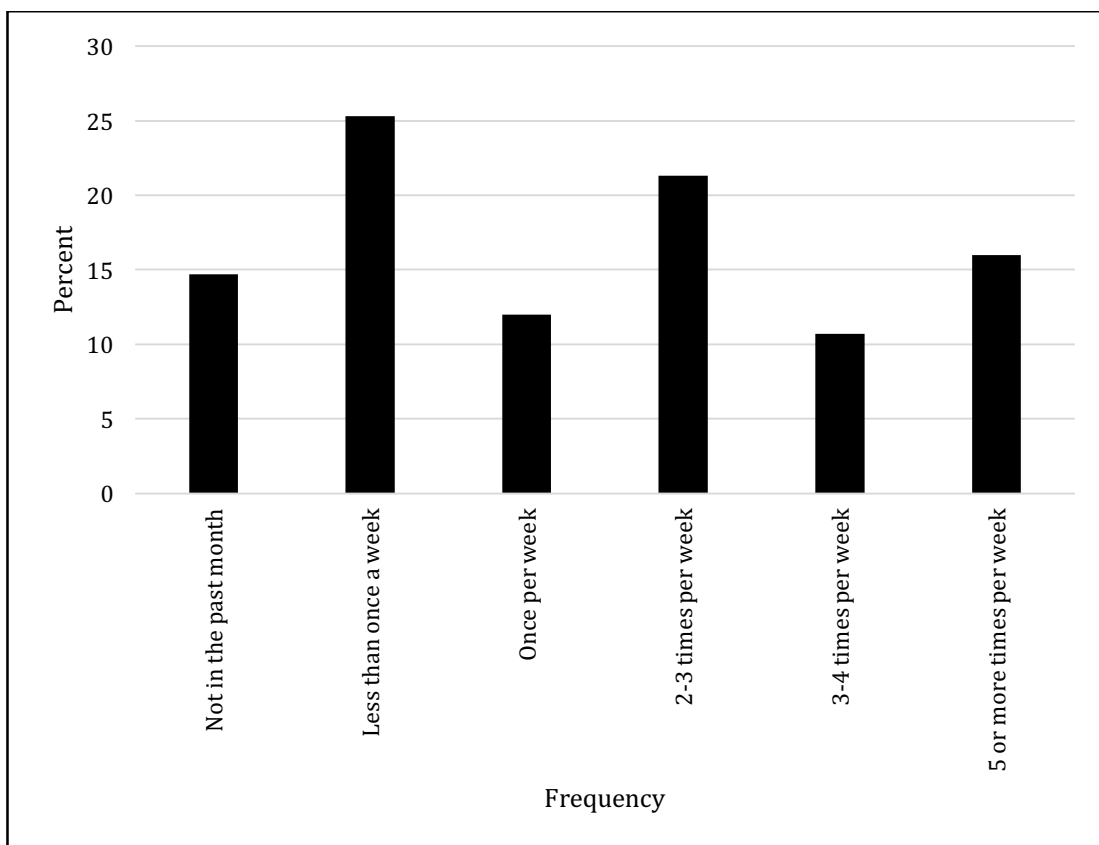


Table 3: Frequency of activities in the gym

Activity	Frequency	Rank
Treadmill	27	1
Rowing	23	2
Weights	19	3
Bike	16	4
Cross trainer	15	5
Cardio	10	6
Stepping machine	9	7
Circuits	7	8
Step	7	8
Mat exercises	6	10
Zumba	6	10

More than half of the respondents who used the gym provided details of their gym sessions. Table 3 displays the ten most reported activities women do in the gym. The top three activities were using the treadmill, rowing machine, and weights. Three classes; circuits, step and Zumba, are within the top ten activities to do in the gym. The most frequent activities are overall rather a mixture of cardiovascular activities and strength based activities, demonstrating that women take part in both at the gym.

4.3.2 Barriers to, and promoting physical activity

The majority of women who responded to the survey said that they were physically active, therefore it may be unsurprising that the majority of women said that there was not anything that stopped them from doing any or more physical activity. To understand the barriers experienced to being physically active in prison, the responses to this question were then analysed from women who did no physical activity or women who were infrequently physically active. The criteria for sedentary women was that they reported physical activity one or two times in the past week; so they were active less often than the majority of respondents and carried out little or no physical activity or exercise. There were only 19 women who fitted this criterion, representing 17% of the respondents. Their demographic characteristics were compared to women who were more regularly physically active.

Table 4 Independent samples t-test to compare the characteristics of sedentary women to physically active women

Characteristic	Mean (SE)		<i>t</i>	Sig (2-tailed)
	Sedentary	Physically active		
Age	38 years (2)	39 years (1)	-.5	.6
Sentence length	53 months (18)	89 months (9)	-.2	.07

Time in current prison	25 months (11)	20 months (3)	.4	.7
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Table 4 shows that the women who were sedentary were on average slightly younger than women who were more regularly physically active, and also had a shorter sentence length, but had on average been in the prison much longer than women who were physically active. However, independent t-tests found that there were no statistically significant differences in age, sentence length and time in current prison, depending on whether the individual was active or sedentary, although sentence length was approaching significance.

Table 5 shows that compared to the physically active group, women who were sedentary were less likely to be White, Mixed Asian/Asian British ethnicities, but more likely to be Black or Black British. A Pearson Chi-squared test was conducted and identified that their ethnicity did not have a significant effect on whether an individual engaged in physical activity $\chi^2 (1) = .4, p > .005$. Note that this analysis is of participants who self-reported their ethnicity as white, and participants who reported all other ethnicities to meet the assumptions for a Chi-square test. When looking at descriptive information in Table 5, all Asian or Asian British women who responded to the survey were frequently active. The same proportion of white and mixed ethnicity women were active (84%), however slightly more than 25 % of Black or Black British women were sedentary.

Table 5 Ethnicity of sedentary women compared to ethnicity of women who were physically active

Ethnicity	Sedentary (%)	Physically active (%)
White	63	69
Mixed	11	12
Black or Black British	21	12
Asian or Asian British	0	4

Other	5	2
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Figure 3 Frequency of barriers to physical activity reported sedentary women compared to physically active women

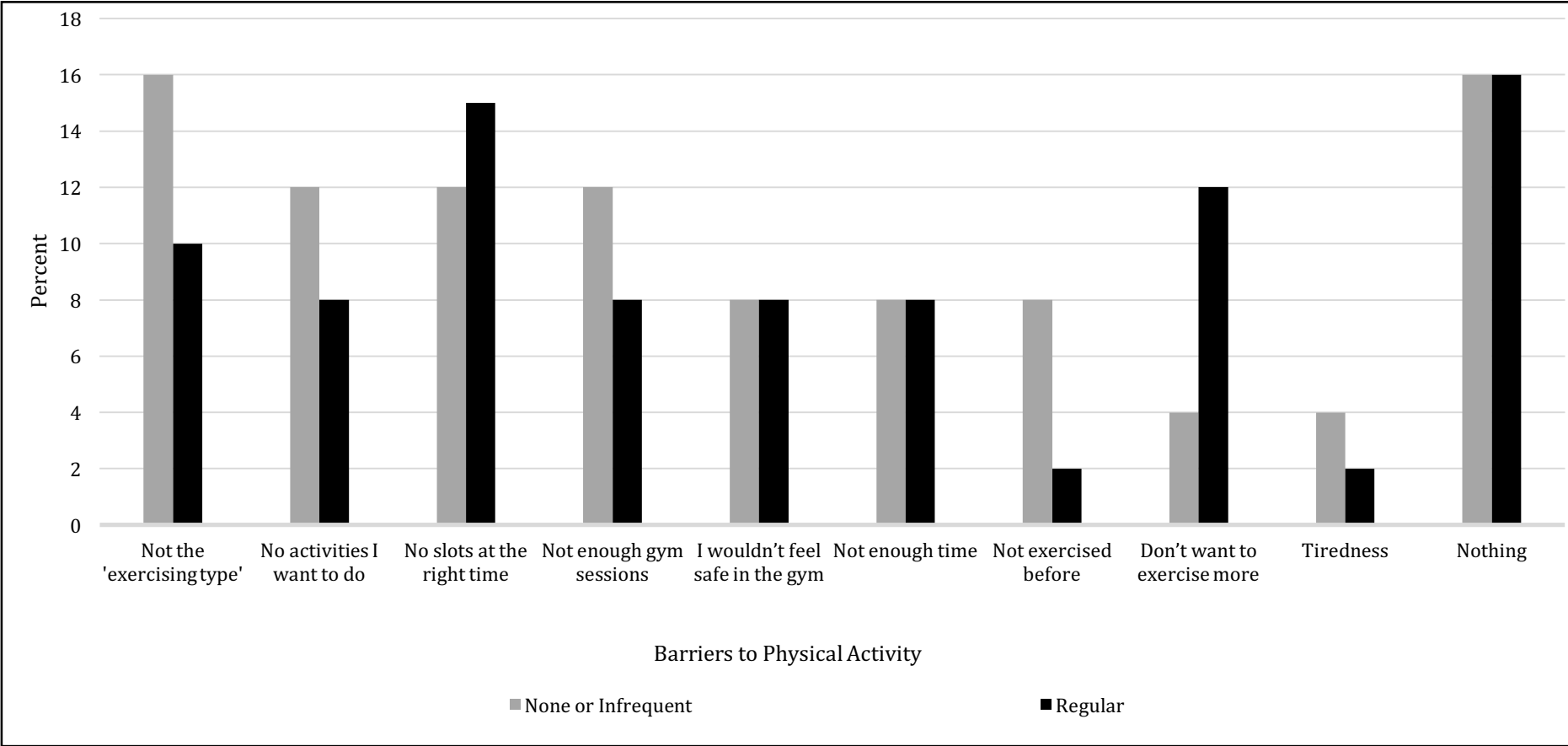


Figure 3 shows the most commonly cited barrier to being active reported by infrequently active women and therefore sedentary women was that they were not the 'exercising type'. This perhaps a personal barrier related to the perception the respondents have of themselves that exercise was not for them. The most frequently cited barrier preventing women who were physically active from doing more exercise was there were not slots at the gym the time they could go. Overall it is important to note that across both the group the majority of women reported that there was nothing that stopped them from doing any or more activity whilst being in the prison.

The responses from the women who were sedentary and, therefore, not regularly physical active suggested, perhaps unsurprisingly as per the barriers reported, the need for more gym sessions, followed by gym classes to enable them to access the facilities and be more active. For women who were frequently active they most commonly said being active with another person would be a way to motivate them. They also asked for more gym sessions and classes. These factors that would encourage physical activity or more physical activity were relatively similar between the two groups as Figure 4 shows.

Table 6 identifies women's perception of the gym where more than two women concurred on the same point. A specific element that women liked about the gym was the classes. Women were also asked to describe what they thought about the gym classes. Many of the responses were short; 42% of women said they were good, 25% of women said they were okay and just under 10% of women said they were excellent. Although 15% of women said that the variety or selection of the classes was good, nearly 10% of women said that more variety was needed and suggested additional classes such as body balance and self-defence classes. 10% of women said that the classes the gym provided were fun, while slightly less than 10% of women said that the classes were not for them. This may be because the classes offered by the gym were not ones they would enjoy.

Table 6 Ranked perceptions of the gym

Statement	Number reported	Rank
Like the classes	13	1
Equipment	12	2
Environment/ atmosphere	12	2
Working out with others	8	4
Makes me feel good/something positive	6	5
Music	5	6
I feel I've achieved something	5	6
Everything	5	6

30% women also remarked positively about the equipment available in the gym, discussing the range and quality of it. Women also wrote about the environment or atmosphere in the gym:

“It feels like a gym when you're at it- not like you're in prison” (Survey no.4)

“It keeps me in a safe place in my head” (Survey no.14)

“It's friendly and it don't feel like prison, you feel like it's an escape, takes your mind off things” (Survey no. 32)

The importance of the atmosphere creating the right environment for women to enjoy the benefits of using the gym is highlighted by this quote:

“It enhances your wellbeing and fitness and social fitness when the atmosphere's not bitchy” (Survey no 87).

Women also remarked about enjoying working out with others and it making them feel good, as well as the music and feeling like they had achieved something.

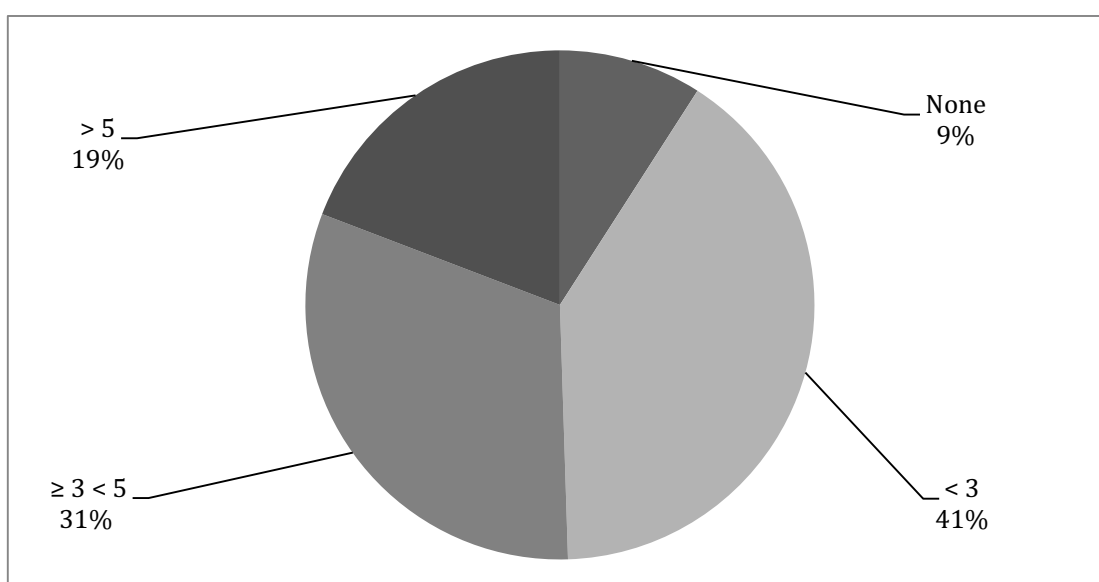
4.3.3 Diet and nutrition

Table 7 identifies that the average intake of salad, vegetables, pulses and fruit was 3 portions. The intake was also broken down by salad, vegetables and pulses compared to fruit intake. Fruit appears to provide more of the women's 5-a-day than salad, vegetables or pulses. Apples were the most common fruit eaten with 75% of women consuming one or more a day, oranges were the next most often fruit eaten by 37% of women, just over 20% of women reported eating bananas. Less than 4% of women reported they ate a kiwi per day, and less than 2% of women ate a grapefruit each day. Altogether this demonstrates that there was little variety in fruit consumption with the majority of women eating an apple a day.

Table 7 Nutritional intake

Intake	Mean Portion	SD
Salad, Veg, Pulses and Fruit	3	2
Salad, Veg, Pulses	1	1
Fruit	2	2

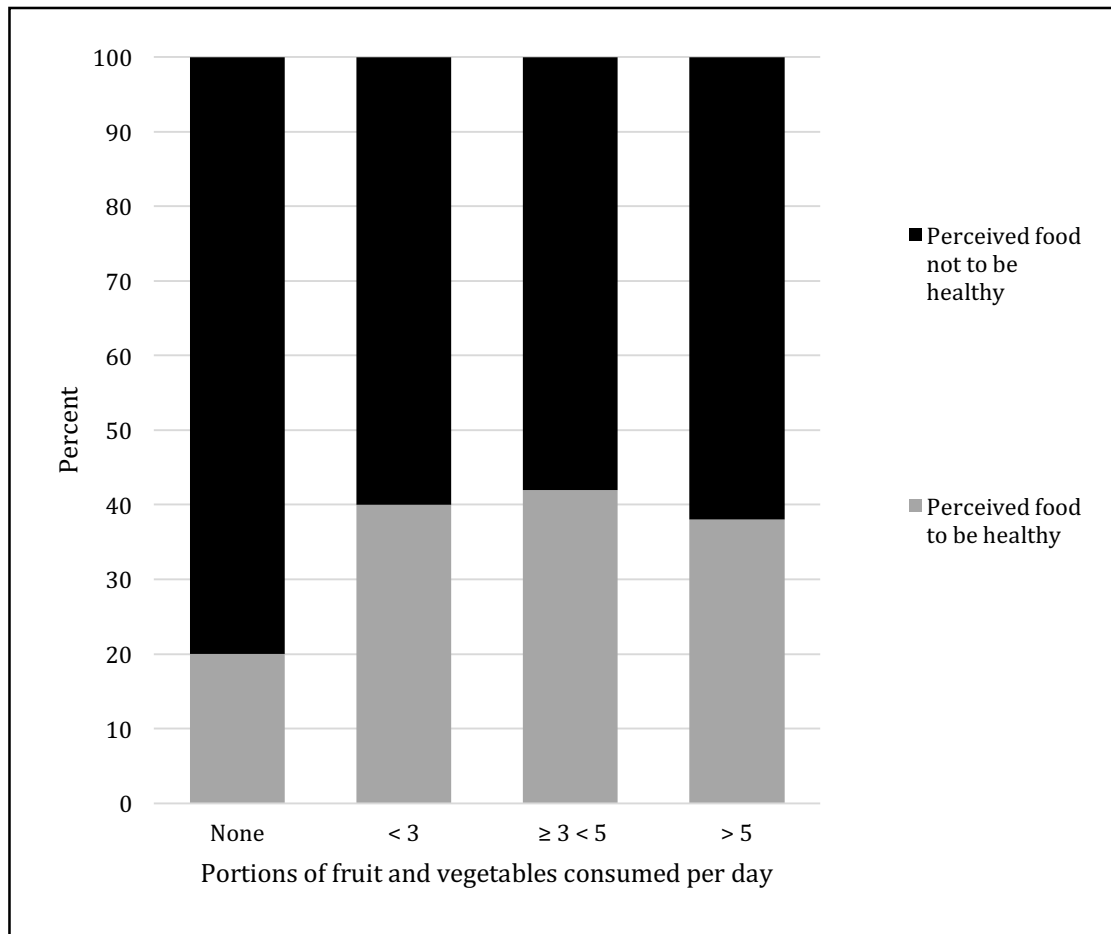
Figure 5 Portions of fruit and vegetables consumed per day



However, the findings revealed that the majority of women who responded to the survey reported consuming fruit and vegetables on a daily basis. Fruit and vegetable intake was assessed more closely and results are displayed in Figure 5. The majority

of women reported eating less than three portions of fruit or vegetables a day, and just over 30% of women had three but less than five portions per day. Nearly one in five women said that they ate more than five portions of fruit and vegetables per day, and less than ten % of women reported consuming no fruit and vegetables daily.

Figure 6 Perceptions of healthiness of food provided compared with 5-a-day consumption



Respondents were asked to indicate whether they thought the food provided to them in prison was healthy. The majority of women (62%) perceived that the food provided was not healthy. Figure 6 shows perceptions of healthiness of the food provided in the prison compared with women’s self-reported five-a-day consumption. The graph identifies that all groups of women perceive the food provided not to be healthy, therefore even though some women were able to eat their 5-a-day the majority of these women still perceive the food provided to be unhealthy.

The survey also asked women to report their perception of the importance of eating food that keeps them healthy. An overwhelming majority; (70% of women) said that is was very important to them, and less than 10% of respondents said not or slightly important. Table 8 compares 5-a-day fruit and vegetable consumption with attitudes towards a healthy diet. Attitudes were measured on a scale from one being not important to four being very important. On the whole, it is important to all women that the food they eat keeps them healthy. This view is strongest among women who consume three to four portions of fruit and vegetables per day. Women who did not consume any fruit or vegetables still on average view the healthiness of the food they eat to be moderately important. Within this group the standard deviation is the highest of all four groups indicating that the views of the importance of food being healthy is most diverse among this group.

Table 8 A comparison of portions of fruit and vegetables consumed with attitude towards the importance of a healthy diet

5-a-day portions	Mean attitude towards importance of healthy diet	
		(SD)
None	3	(1.1)
Less than 3	3.5	(.8)
3 and less than 5	3.8	(.4)
5 or more	3.7	(.6)

Standard deviation in parenthesis

Women were also asked to report how often they consumed biscuits, cakes sweets or chocolates used to form a category of ‘treat’ food. They were also asked to report how often they ate chips. Table 9 identifies their responses to this question and shows that the majority of women eat ‘treat’ food and chips between one and three days per week. Nearly one in three women eat ‘treat’ food four to seven times per week. Over half of

women who responded to the survey said that they ate chips between one and three days per week. A Pearson’s test was carried out and a significant positive correlation was found between eating ‘treat’ food and chips ($r=.23$, $p<.05$). As consumption of ‘treat’ food increases, consumption of chips also increases.

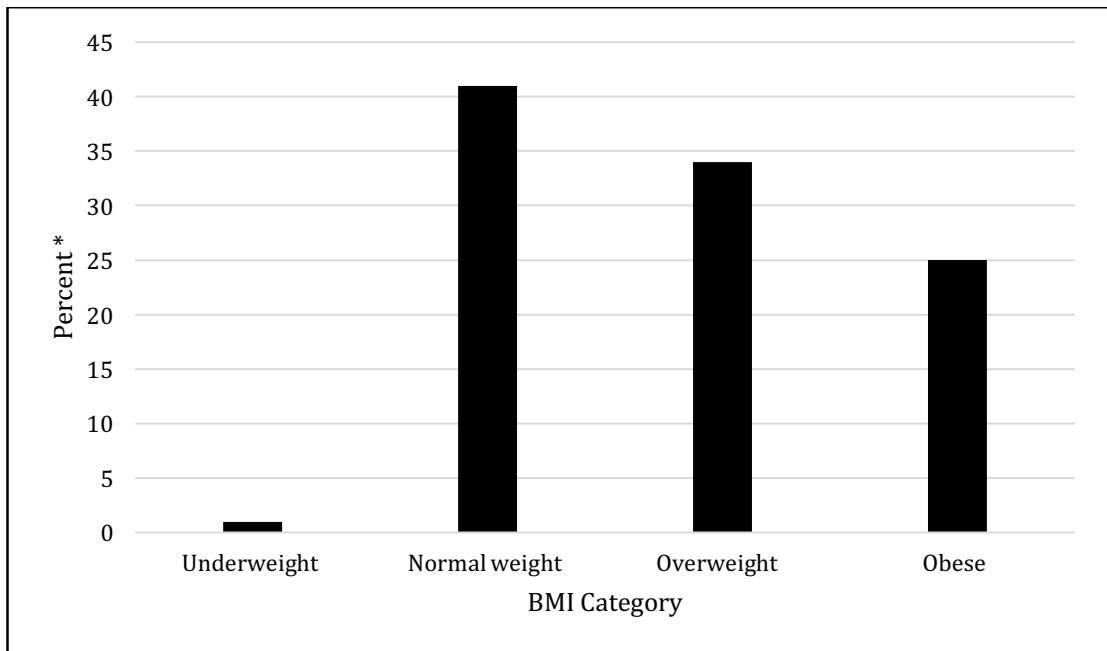
Table 9: Frequency of consumption of ‘treat’ food and chips

	‘Treat’ food		Chips	
	n	%	n	%
Never	2	2	10	9
Less than once per week	19	17	29	26
1-3 days per week	57	51	61	55
4-7 days per week	33	30	11	10

4.3.4 Body Mass Index and mental wellbeing

A total of 106 women self-reported their height and weight enabling calculation of their Body Mass Index (BMI) score. The average self-reported BMI score for the sample was 27 (SD= 6), indicating that on average women in the prison were overweight. Figure 7 identifies that the largest proportion of the sample were categorised as normal weight. This highlights an important consideration when assessing BMI, as women with exceptionally high self-reported BMI scores have drawn the average score for the sample higher than where the majority of women are when looking at BMI categories. Nevertheless, when looking at the sample as a whole the majority of women were overweight or obese.

Figure 7 Self-reported BMI scores



*Note percentages based on number with complete data

The respondents to the survey were also asked to provide their perception of their weight, and also whether they were trying to change their weight. This information enables reconciliation of women's self-reported BMI scores compared to their perceptions of their weight, and whether they were trying to do something to change it. Table 10 shows that even though the majority of women with a normal BMI score identified that they were about the right weight, the vast majority of these women wanted to lose weight. This may be due to the 40% of these women who despite having a normal self-reported BMI score, erroneously identified that they were too heavy. However, it is possible that the respondents overestimated their height and underestimated their weight, or vice versa therefore some caution is expressed by the author in the interpretation of these results. More than one in ten women (14%) with a normal BMI score wanted to gain weight. Just over 20% of women who had a BMI score of overweight said they felt they were about the right weight, although the vast majority did say they were too heavy. 75% of women who were overweight wanted to lose weight and a quarter said that they did not have any plans to change their weight. These figures were similar for obese women. Though the vast majority (96%) of women who were obese said that they were too heavy, over a 25% of these women said that they were not trying to change their weight.

Table 10 Women’s BMI score compared to their perception of their weight and want to change their weight

Category	Weight Perception (%)*			Weight Change (%)*		
	Too light	About right	Too heavy	Lose	No change	Gain
Normal weight	8	53	40	47	40	14
Overweight		21	79	75	25	
Obese		4	96	73	27	

*Note percentages based on number with complete data

Table 11 Regression output for the influence of physical activity and 5-a-day fruit and vegetable consumption on BMI scores

	<i>B</i>	<i>SE B</i>	β
Constant	23.3	1.1	
Physical Activity	.0	.0	.0
5 a day	-.4	.3	-.2

Note $R^2 = .3$ * $p < .05$

It was hypothesised that women who were more physically active and ate more of their 5-a day of fruit and vegetables would have a lower self-reported BMI score than women who did not. Forced entry multiple regression was carried out which produced an R square of 3%. However, neither total physical activity or fruit and vegetable consumption were statistically significant predictors of BMI (see Table 11).

Table 12 compares BMI scores with gym use, physical activity on a normal day and fruit and vegetable consumption. Women who have a BMI score that categorises them as overweight on average consume the most portions of fruit and vegetables on a day.

They also use the gym most often when compared to women with other BMI scores. Despite using the gym most often, women who were overweight are on average less active on a regular day than all other women. Women who were obese are the most active followed by women who are normal weight. As already discussed fruit and vegetable consumption is low within the sample, it is the lowest among women who were obese and highest among women who were overweight.

Table 12 Mean scores for wellbeing, gym use, engagement in physical activity and consumption of fruit and vegetables for each BMI category

Mean Score				
BMI category	Wellbeing score	Gym Use (scale)	Physical activity (minutes)	Fruit and Veg (portions)
Underweight	49	2	90	2
Normal weight	45 (10)	2 (2)	168 (190)	2 (2)
Overweight	45 (13)	3 (2)	151 (127)	2 (2)
Obese	45 (912)	2 (2)	199 (185)	1 (1)

*N.B. Underweight based on one response, therefore no standard deviation to report. Standard deviation in parenthesis.

Mental wellbeing

The mean score for mental wellbeing, calculated using responses from the WEMWBS, was 44.5 (SD=11.4). Table 13 provides descriptive statistics of means and standard deviations for mental wellbeing according to demographic characteristics; age, ethnicity, time in current prison, sentence length and job, healthy choices; gym use, physical activity and 5-a-day, and health indicated by BMI score. Mental wellbeing scores vary by age category. Mental wellbeing appears to increase by age category to

a peak among women aged 55-64, however there is a sharp decline in average mental wellbeing reported by women in prison aged 65 or over. This age group of women experience the poorest mental wellbeing; however, their standard deviation score also indicates that there is the most variation around the mean score of mental wellbeing than all other age groups. Women of other ethnicities, followed by Asian or Asian British women experience on average the highest score for mental wellbeing. Women in prison of mixed ethnicity reported on average the lowest mental wellbeing scores. Mental wellbeing increases with time spent in current prison, but women who have the shortest sentences of less than a year have the highest wellbeing. Women serving more than a year, but less than four years, have the lowest mental wellbeing on average when compared to women with sentence lengths greater or smaller than theirs. Women currently on a basic regime experience the lowest mental wellbeing, and women on an enhanced regime on average experience the highest mental wellbeing. Mental wellbeing varies depending on main occupation within the prison. Women who reported that they worked in the kitchens on average had the lowest mental wellbeing, women who worked as gym orderlies had the highest.

Women who undertook no physical activity had on average the lowest mental wellbeing. Mental wellbeing peaked among women who engaged in one to two hours of exercise on an average day. However, women who used the gym five or more times per week had on average the highest mental wellbeing. Women who used the gym less than once per week had the lowest- women who had not used the gym in the past six months had on average a higher mental wellbeing score than this group of women. Women who ate between three but less than five portions of fruit and vegetables a day on average had the highest score for mental wellbeing, women who reported eating none of their 5-a-day had the lowest, however women who ate more than five had a similar wellbeing score to women who ate less than three portions. When assessing BMI scores and mental wellbeing there appears to be little variation according to whether a woman is normal weight, overweight or obese.

Table 13 Descriptive statistics output for potential factors impacting of mental wellbeing amongst women in prison

Predictor Variable	Mean	Standard Deviation
Age		
21-24	40.8	13.4
25-34	43.5	10.3
35-44	44.9	12.6
45-54	47.7	11.5
55-64	49.1	7.1
65+	32.3	19.9
Ethnicity		
White	44.4	11.6
Black or Black British	44.5	10.8
Asian or Asian British	48.8	9.3
Mixed	42.2	10.5
Other	51.7	22.2
Time in current prison		
Less than a year	42.4	11.9
>1 year but <4 years	47.2	9.2
>4 years <10 years	48.3	12.6
>10 years	53.0	1.4
Sentence length (years)		
< 1	51.0	1.4
>1, <4	42.9	9.2
>4, <10	48.3	12.6
>10	47.3	10.2
IEP Status		
Basic	35.7	8.1
Standard	41.2	11.9
Enhanced	48.5	9.7
Prison Job		
Gardens/Clink	45.6	11.5
Cleaner/BICS	41.8	11.5
Kitchens	36.5	9.2
Gym orderly	48.8	10.1
Other	46.9	11.2
Gym Use (per week)		
Not in the past 6 months	42.3	11.3
Less than once	40.6	13.2
Once	46.9	8.4
2-3 times	47.6	11.8
3-4 times	47.1	7.8
5 or more times	52.0	8.9
Physical Activity (minutes per day)		
None	36.4	10.2
1-60	43.2	11.9
61-120	50.3	9.3
121-180	44.5	12.3
>180	45.1	10.9
5-a-day (portions)		
None	39.7	14.7
Less than 3	44.3	11.2
>3 but <5	46.8	9.9
<5	43.6	12.7
BMI (group)		
Normal	44.8	10.3
Overweight	45.1	12.6
Obese	44.5	11.6

Table 14 Regression output for factors impacting mental wellbeing amongst women in prison

Predictor Variable	B	Standard Error
Constant	22.1	14.6
Age	.1	.1
<i>Ethnicity (ref White)</i>		
All other ethnicities	-.5	11.4
Time in current prison	.1	.0
Sentence length	.0	.0
IEP Status	6.1*	
<i>Job (ref Gym orderly)</i>		
Gardens/Clink	.7	12.7
Cleaner/BICS	-.8	6.6
Kitchens	.0	6.7
Other	6.0	8.5
Gym Use	1.6*	.7
Physical Activity	-.0	.0
5-a-day	.1	.5
BMI	.0	.2

Source: Health and Wellbeing Survey 2015

* $p < .05$

Forced entry multiple linear regression was then completed and the output is shown for the unstandardized regression coefficient B and their estimated standard error in Table 14. The regression analysis produced an R² value of .26, significant at the 5% level. The model presented in Table 14 accounts significantly for 25% of the variability in mental wellbeing among women in prison. Two predictor variables are significant predictors of mental wellbeing. When controlling for all other variables Incentive and Earned Privilege (IEP) status is a statistically significant predictor of mental wellbeing (B 6.2 p<.05). As IEP status increases by one, from basic to standard or standard to enhanced, mental wellbeing increases by 6.2. Gym use is the other statistically significant predictor of mental wellbeing. Going to the gym more often increases mental wellbeing.

Eight of the ten predictor variables were not significant indicators of mental wellbeing. Age, sentence length and time in current prison were not significant predictors of mental wellbeing. Mental wellbeing of other ethnicities was not significantly different from white respondents, and therefore ethnicity was not a significant predictor of mental wellbeing. The mental wellbeing of women working in the gardens/Clink, kitchens, being a cleaner/British Institute of Cleaning Science (BICSc) trainee or working in any other occupation was not significantly different to women working in the gym, and consequently occupation was also not a significant predictor of mental wellbeing. Two of the three predictors on healthy choices - physical activity and 5-a-day consumption of fruit and vegetables - were also not significant predictors of mental wellbeing, nor was the predictor of health included in the model BMI. These findings will now be discussed in the section below.

4.4 DISCUSSION

The findings of this study suggest that IEP status is a strong predictor of mental wellbeing. A woman who is on a basic regime has a lower mental wellbeing score than a woman on a standard regime and a woman on a standard regime has a lower mental wellbeing score than a woman on an enhanced regime. Through considering the constraints that women experience on a basic and standard regime this finding is

understandable. Women on a basic regime were confined to their cell, more often for most of the day. In this particular prison, women would be allowed to leave their cell to go to dinner, and would be given fifteen minutes to do so. They were given very limited time to associate with other prisoners, usually about thirty minutes per day. They would also have no television, but possibly a radio. Women on a standard regime would be able to have a television and would have more association time. Women on basic were restricted to spending £10 a week on the canteen whereas women on standard could spend £15, and women on enhanced £25 per week, if they had the money in their account as wages were set at just over £10 for every woman. Women on an enhanced regime had increased access to association and were often not locked in their room until after 10:00 P.M. The majority of women in this particular prison who had an enhanced status were located on a particular wing, and this wing was considered to replicate open conditions. In this wing women had keys to their cell and had access to much more open space, including outside areas, a designated association room and a library. In considering these factors and the constraints that women on a basic and even standard regime were subjected to, an increase in mental wellbeing due to having a higher IEP status is perhaps understandable. These findings highlight how deprivation of liberty within the prison and the removal of autonomy through the IEP scheme negatively affects mental wellbeing. This relates to the notion of the 'pains of imprisonment' as described by (Sykes, 1958) in that deprivation of rights and possessions, including autonomy, results in an individual worn down by the institution lacking self-worth and self-esteem. Here it is possible to understand how these actions of the institution reduce mental wellbeing, and evoke power inequality rendering health promotion practically impossible (Bosworth and Carrabine, 2001; Godderis, 2006; Smith, 2000, 2002; Woodall, Dixey, and South, 2014).

The other significant predictor of mental wellbeing was frequency of gym use. Women reported going to the gym more often would be expected to have a higher mental wellbeing score. It is suggested that the environment of the gym and the structure of the exercise that the gym provides through using equipment or classes creates a site that can promote mental wellbeing. This is supported through women's views on the gym where some respondents specifically wrote about the environment of the gym offering escapism from the prison environment. This perpetuates an image that the

gym could be used to help cope with and distract from imprisonment. The results also indicated that the gym is where the majority of vigorous intensive physical activity takes place. It may be that this type of activity promotes mental wellbeing more than moderate intensive physical activity, although prior research has indicated that the majority of women do not enjoy this intensity of activity (Shephard, 1997). However, further exploration is needed through additional studies to understand the complexity of how the type, duration and intensity of physical activity and exercise can impact mental wellbeing in prison. This would need to take account of the vast array of prior research in this area that has failed to research these aspects as a whole, and studies that have contrasting findings (Kokkinos and Myers, 2010).

Drawing these two findings together on mental wellbeing it can be concluded that women's health enhancing decisions do impact on their mental wellbeing, as going to the gym was a significant predictor of mental wellbeing. However, the research also indicates that IEP status impacts mental wellbeing. IEP status is an aspect that is somewhat outside of a prisoner's control, as it is down to staff in the prison to promote or downgrade their status. Therefore, it is not just women's decisions that impact their mental wellbeing, but also decisions that are outside of their control. There are, however, a number of factors that might impact mental wellbeing that were not included in the regression model. These include; previously diagnosed mental health disorders, such as depression, anxiety or post-traumatic stress disorder (Green et al, 2005; Moloney and Moller, 2009), grief or loss (Maschi et al, 2015), prior history of trauma or suicidal behaviour (Messina and Grella, 2006) and the differing impact of imprisonment due to such histories, which can lead to further trauma or re-traumatisation (Slotboom et al, 2011). Further studies employing a quantitative approach are needed to further understand their impact on mental wellbeing using the WEMWBS measure. Additionally, there are factors outside of a women's control, such as gaining access to the gym due to their IEP level or factors affecting the regime, such as staffing levels and security issues, which might result in the gyms closure. These factors also require further exploration for their impact on mental wellbeing.

This study identified a difference in the benefits of physical activity that women did on a regular day that involved movement as part of their work role or walking to work

or dinner, and the physical activity that women undertook as exercise that involved a plan, was structured, involved repetition and was intended to improve or maintain fitness. The gym provides a space for exercise as there are ways that regimes and goals can be created around equipment, or time and therefore this is a place of structured activity that has an aim to reach a desired result whether it be fitness, weight loss, or wellbeing. These regimes are evidenced through the variety of activities that women reported doing in the gym. Women's perception of the gym, including remarking that it was a place to escape and good for mental wellbeing echo previous study findings in the male estate where the gym has been identified as a place to aid coping with imprisonment, use time and create structure and meaning to the day (Cooper and Berwick, 2001; Meek, 2014; Sloan, 2016a). An additional interesting finding was that women engaged in both cardiovascular and strength based activities in the gym. This contrasts the findings of prior research which have focused on gendered approaches to exercise and promoted other forms of activity over weight lifting (Flintoff, Braham, and Scraton, 1995; Hargreaves, 1994, 1995). Prior to this research very little was known about women's use of the gym in prison and the findings demonstrate the need for resistance machines, free weights and cardiovascular equipment in the gym to meet the needs of women in prison.

Overall the findings shed light on physical activity that may come through walking around the prison and activity at work. As this research was conducted in a female training establishment all women were in some form of education and training. This perhaps explains why the levels of activity in the study are much higher than previous research findings. Research in prisons that have included a high number of remand prisoners has yielded high proportions of sedentary behaviour (Meek, 2014; Plugge et al., 2006). This may be due to the fact that remand prisoners are not bound by the prison regime, they do not have to engage in work or association time and therefore are able to spend more of their time in their cell if they chose to.

In terms of healthy diet provision, the findings revealed that there was little variety in the quantity of fruit provided to prisons. However, the number of women reporting consuming five or more pieces of fruit and vegetables per day was double that of previous research findings (Plugge et al., 2006). This perhaps suggests there is a

greater provision of fruit and vegetables in this establishment compared to others, or perhaps over the past ten years the amount of fruit and vegetables provided across the female estate has increased. It is also possible that more women are trying to engage in a healthy lifestyle in prison. These findings highlight the need for further research to understand the upward trend in women's consumption of fruit and vegetables in prison. Despite this marked change, there was still an overwhelming negative view of the health benefits of the food provided by the prison, and a number of women were still eating high calorie diets of 'treat' food and fried chips.

In this research, the women's views of themselves with regards to their weight are revealed to be complex. Although the majority of women in prison were normal weight and this was concurrent with previous research findings (Plugge et al., 2006), the majority of women reported wanting to lose weight and this was particularly perplexing among women who scored a BMI score of normal. In this research BMI scores were self-reported and therefore a level of caution should be taken in the interpretation of these findings; it is possible that women estimated their height and weight erroneously. Whilst it maybe that some women did erroneously report their BMI, the number of women with a normal BMI who wanted to lose weight indicates that amongst the female prison population body dissatisfaction is evident. Prior research has argued that the impact of the media has led to women feeling dissatisfied with their body image (Grabe et al., 2008; Tiggemann and Lynch, 2001). Research in the early 1990s identified that Television adverts could impact women's perception of their body size and the need to prescribe to a 'thin ideal' despite their body type (Myers and Biocca, 1992). These feelings can lead to depression and low self-esteem even amongst women who are not overweight or obese (Sarwer et al., 1998). Overall, the majority of women wanted to lose weight, and this is perhaps a rationale for the higher than previously reported numbers of women consuming five portions of fruit and vegetables per day. Another interesting finding was that a small number of women who were obese thought that they were about the right weight and just over a quarter of these women did not want to change their weight. These findings highlight how women's self-perceptions of themselves may differ due to cultural norms and ideals of body shape (Eyler et al., 2002). This also sheds light on the fact that these norms and ideals of identity may not change despite being in a prison environment and

therefore not all women may resist the notion of body colonization in prison as previously suggested by Rowe (2011).

In light of the number of women who want to lose weight in prison, perhaps it is unsurprising that a majority of women were engaged in frequent physical activity as this provides a mechanism to manage their body shape. In addition, it may be that the respondents to the survey looked for all possible ways to maximise their opportunity to be physically active by taking on roles in the prison that enabled them to be physically active while at work. This demonstrates the importance of considering other places or opportunities to be physically active in prison and their potential to promote health and wellbeing, in addition to more common places such as the gym.

This study has revealed that women are able to make health enhancing decisions, for example having a role in prison that facilitates physical activity, going to the gym and choosing fruit and vegetables to eat. However, the study has also revealed that there are barriers to maximising health enhancement through the choices women can make during their incarceration. The participants reported little variety in the fruit that they consumed and the majority of participants perceived the food provided in prison unhealthy. Although a considerable number of the participants reported that there was nothing that stopped them from being physically active and this was dissimilar to prior research findings (Plugge et al., 2006; Meek., 2014), the most prominent barrier reported in this research was that the participants viewed themselves as not the exercising type. This perhaps a personal barrier related to the perception the respondents have of themselves that exercise was not for them. There were also structural barriers of a lack of sessions and classes at times women could get to. There were also perceptions that the gym was not a safe place to go and therefore there is a need to explore how the environment of the gym can create these feelings. To better understand the personal and structural barriers to health enhancement there is a need to explore these perceptions qualitatively in Study 2 and Study 3.

The study presented took place in one closed Female Training Establishment, and while the findings are generalisable to the prison site, they are not to the female estate.

However, the present study has provided a much needed re-evaluation of women's engagement in physical activity, healthy eating and their wellbeing while they are imprisoned, more than ten years after the ground breaking study conducted by Plugge et al. (2006) took place. This study has also provided vital information on the role of the gym in the prison and demonstrated its utility for health promotion across the female estate. There is, therefore, a necessity for further research on women's experiences of health and wellbeing in prison, and their ability to make healthy choices in prison according to the context of their imprisonment.

CHAPTER 5: STUDY 2

The ecology of the prison's main housing block: an interpretative phenomenological analysis of women's experiences of health and wellbeing during incarceration

5.1 INTRODUCTION

The health status of incarcerated individuals and particularly their mental and physical health has continually been reported to be lower than that of the general population (Baillargeon, Black, Pulvino, and Dunn, 2000; Bridgwood et al., 1995; Chambers, Evans, Lucking, and Campbell, 1997; Department of Health, 2000; de Viggiani, 2007; de Viggiani, 2012; Fazel, Hope, O'Donnell, Piper, and Jacoby, 2001; Reed and Lynne, 1998; Smith, 2000; Tayler, 1997). The health needs of prisoners are complex, usually comprised of more than one aspect of need, requiring a multimodal approach to address substance misuse, mental health problems and communicable diseases (Cassidy, Biswas, Hutchinson, Gore, and Williams, 1998; Hayton, van den Bergh, and Moller, 2010; Herbert, Plugge, Foster, and Doll, 2012; Hughes, 2000; Plugge and Fitzpatrick, 2005; Social Exclusion Unit, 2002). Once imprisoned, physical mental and social health problems can also arise, or be exacerbated by conditions of overcrowding, separation from family, conflict, violence, and boredom (Baybutt, Acin, Hayton, and Dooris, 2014; Cheliotis, 2012; Douglas et al., 2009; Levenson, 2002; Turnbull and Stimson, 1994; World Health Organization, 1998). It is therefore perhaps unsurprising that while imprisoned, prisoners' health status is likely to decline (Baybutt, Hayton, and Dooris, 2007).

In order to address the health needs of individuals who are imprisoned, policies have accepted philosophies of health promotion that advocate empowerment and agency through 'settings based' principles (Caraher et al., 2002; Scriven, Hodgins, Woodall, and South, 2011; Woodall, 2012; Woodall, 2016; Woodall, Dixey, and South, 2014). These 'settings based' principles argue that health is a notion driven and sustained through experiences of everyday life: In the workplace, schools, hospitals, and prisons (Woodall et al., 2014), and that interaction with these sites including their environment

must be considered when developing health promotion strategies (Dooris, 2009). However, there are challenges to the notion that prisons can be health enhancing due to power inequality, institutionalization of individuals and removal of basic choices of when to eat, sleep or wash (Bosworth and Carrabine, 2001; Godderis, 2006; Smith, 2000, 2002; Woodall et al., 2014). It is also challenged less implicitly through arguments of deprivation and social harm caused by imprisonment (Berger and Luckmann, 1990; Clemmer, 1958; Foucault, 1977; Goffman, 1961; King and Elliott, 1977; Sykes, 1958). The 'pains of imprisonment' Sykes (1958) describes are brought through deprivation of rights and possessions, including autonomy, and result in an individual worn down by the institution lacking self-worth and self-esteem. In the institution, described by Sykes (1958) the notion of health enhancement is not attainable.

There are disruptions to the 'pains of imprisonment' through findings of stabilising and healing influences of incarceration, allowing time to reflect and address personal problems (Baybutt et al., 2014; Wacquant, 2002), such as detox from drugs and alcohol (Crewe, 2005). These have the potential to allow the individual to re-establish or strengthen ties with family and friends in the community (Rowe, 2011) and to forge a better life on release from custody. Prison is not experienced homogenously or passively. Not all prisoners experience imprisonment in the same manner (Foucault, 1977) and prisoners are conscious of and worry about the effects imprisonment may have on (Cohen and Taylor, 1992; Rowe, 2011). In these accounts there are examples of exerting agency to resist the control of the prison, one being resistance of gaining weight among women to avoid body colonization by the institution (Rowe, 2011). Making choices and decisions where possible is one way of sustaining a sense of identity and resisting the power of the institution (Bosworth, 1999).

This study considers how women interact with a specific environment while they are incarcerated. The need for a specific focus on women's health and wellbeing in prison is demonstrated through research identifying distinct and unmet needs across the female estate (Corston, 2007, 2011; House of Commons, Justice Committee, 2013). Women have dissimilar pathways into criminality from their male counterparts, which are often a result of physical or sexual abuse, substance misuse, or mental healthcare

needs (Covington and Bloom, 2008; Penal Reform International, 2012; Pollock, 1998; United Nations, 2014). The circumstances of women are also different from men, in that they are more likely to be primary caregivers for children (HM Chief Inspector of Prisons, 1997; Liebling, 2011; Sheehan et al., 2013) and are likely to commit non-violent crimes for monetary gain (Hedderman and Jolliffe, 2015; Steffensmeier and Allen, 1998).

The research to date has tended to focus on how men in prison interact in the environment, paying close attention to how control is negotiated, masculine identities forged and maintained, as well as and interaction with the 'prison code' (de Viggiani, 2006; Hua-Fu, 2005; Sabo et al., 2001; Wellard, 2003, 2009; Woodall, 2012). In his research de Viggiani (2006) talked about the 'prison code' necessitating the development of a tough persona that denied fear, and took rank in the prison hierarchy. These were ways in which the institution functioned, and in many ways allowed the individuals residing in prison to cope with the environment. However, comparatively much less is known about how women in prison interact with the regime and environment (Rowe, 2016).

Previous sociological research has focused on women's roles as primary care givers to children and the loss of this role creating distress during imprisonment (Ward and Kassebaum, 2007). Research in the United States has profoundly extended what we know about women's experience of imprisonment and demonstrated that social relationships and coping mechanisms are shaped by the prison environment (Kruttschnitt and Gartner, 2005). In her research, Smoyer (2016) described how incarcerated women use food to resist prison power and gain a sense of control over their life. Smoyer (2016) argues this demonstrates how more mundane forms of resistance occur in prison with very little attention paid to them (Crewe, 2007; de Graaf and Kilty, 2016; Ugelvik, 2011). In this sense empowerment can come from everyday activities that have little effect on the status quo. They are actions that are not about overtly influencing change or reform, they are simple ways of exerting agency and power to achieve a desired outcome (Giddens, 1984).

This research builds on existing knowledge about women's health and wellbeing in prison. It also aims to assess how the environment shapes and impacts health and wellbeing by analysing women's narratives of their experiences on the main housing block of the prison. Through focusing on their experiences in this distinct environment this work addresses gaps in the current literature. Firstly, early research on how the environment of the prison can promote health and wellbeing has primarily overlooked the female estate (Bradley and Davino, 2002; Jewkes and Moran, 2015; Lindemuth, 2007; Moore, 1981; Nurse, 2003). Secondly, this research adopts a broad approach to health and wellbeing in prison through considering not only food in women's prisons, but also physical activity and aims to illuminate choices that women make in prison. The theoretical approach is more broad, compared to that of research studied that have focused on resistance, as this can overlook individuals that make no attempt to actively resist the regime, but do disagree with it (Bosworth and Carrabine, 2001). In this research the concept of recovery is used as it is strengths based, focusing on reducing the risk of reoffending through supporting individuals to build rich and fulfilling lives (Drennan and Alred, 2012a). Although the principles of recovery have more commonly been applied to research in mental health settings (Drennan and Alred, 2012b; Dunn, 2014), as well as drug and alcohol treatment programmes (National Treatment Agency, 2012; Smoyer and Blankenship, 2014), there is growing recognition of its adaptability to be applied in a correctional settings through commonalities with desistance theory (Terry and Cardwell, 2015). Participation, motivation, control, and empowerment are all central themes of the principles needed to foster recovery and these also lend themselves to the ideals needed to promote health (Baybutt et al., 2014; Martin et al., 2013; Smith, 2002; Woodall et al., 2014), which further emphasises the appropriateness of this approach in the research.

The broad aim of the research undertaken in this this to explore how women in prison perceive and manage the impact of their incarceration on their health and wellbeing, and to what extent can accounts of women in prison making sense of their experience of health and wellbeing be explained by recovery. In this research study, in order to understand a particular elements of women's incarceration experience and to consider the role of the environment in women's health and wellbeing in prison, one area of the prison will be studied. After considering the environments that women experience in

the prison, the main housing block was an area that stood out because a large number of women spent the majority of their time there, either working and living there, or simply living there. This research study will explore how a particular lived environment of the main housing block shapes women's experiences of health and wellbeing in prison.

5.2 METHODOLOGY

5.2.1 Design

The present study adopts a qualitative approach to explore women's accounts of their experiences of life on the main house block of the prison, with a particular focus on their views of health and wellbeing.

5.2.2 Sampling and participants

Purposive sampling was used to recruit participants either living on the main housing block of the prison, or living and working on the housing block; to meet the requirement that they spent the majority of their time within the housing block environment. The main housing block consisted of three wings housing 128 women. One of these wings was excluded from the study as this was a psychologically informed physical environment, known as the PIPE unit. The unit had space for 40 women and operated separately from the other two wings, as such it was a different environment to the main housing block as it was a space designed to ameliorate some of the negative impacts of the prison environment. Furthermore, the analytical approach of Interpretative Phenomenological Analysis requires homogeneity of the study sample (Pietkiewicz and Smith, 2014) and therefore a difference in environment of the sample would lead to differences in meaning of the environment that were not the basis of this study. Ten interviews were conducted in the time period of three weeks granted by the prison for the research on the main housing block. The participants who took part were aged between 25-55, majority white ethnicity (n=7), however there were two women of Black ethnicity and one woman who was Asian. All of the participants had been sentenced, two of whom were serving life and one participant

had an imprisonment for public protection (IPP) sentence (used when a crime of a serious nature did not warrant a life sentence, but was serious enough that the decision on whether they could be released after they had served their minimum tariff would be made by the Parole Board), with a tariff of five years. The sentence length of the remaining seven participants ranged from two years to fifteen years, the average sentence length was six years. The length of incarceration in the prison ranged from one week to seventeen years, the average was three years.

5.2.3 Procedure

The participants were recruited through speaking with staff on the main housing block about the women who met the criteria of working, and/or living on the block, and who were available to be interviewed. The staff member was able to provide a list of the women's room numbers. These women were then approached, provided the research information and given time to think about whether they wanted to take part. In most cases they agreed straight away, but two women asked for the researcher to return the next day. Only one participant refused to take part, and one participant asked for the interview to be terminated as they felt unable to continue for personal reasons. Semi structured interviews lasting between 45-80 minutes were carried out individually with each participant. They occurred predominantly in the association room on the first floor of the main housing block, as this offered privacy, but a comfortable, familiar space for the participant. There was one interview carried out in a participant's room with the door ajar for privacy, as there was no disabled access to the first floor. With the participants' permission the interviews were audio recorded. All participants were assured of anonymity in any details they provided that could be identifiable. The interviews were transcribed verbatim and all names have been changed.

5.2.4 Analysis

In order to reach a better understanding of health and wellbeing in women's daily lives on the main housing block in the prison, the research was grounded in the participants' own accounts of their experiences. Interpretative Phenomenological Analysis (IPA) has been demonstrated to work particularly well for analysing the meanings a particular group of individuals ascribe to a particular topic or lived experience (Fade,

2004). In this research the particular group is women living on the main housing block of the prison and as such they have a shared experience of managing their health and wellbeing in prison. While most commonly used in the discipline of health psychology (Biggerstaff and Thompson, 2008; Smith, 2011), IPA has been used to effectively understand wellbeing (Dunne and Quayle, 2001), exercise (Hefferon and Ollis, 2006; Pridgeon and Grogan, 2012), nutrition (Fade, 2004), as well as experiences of prison (Aresti, Eatough, and Brooks-Gordon, 2010; Fine and Torre, 2004; Meek, 2007, 2008; Kennedy, 2014) and women's experiences of a particular social or cultural context (Smith, 2004; Wingood, DiClemente, and Raj, 2000). However, this research appears to be the first of its kind to apply IPA to women's experiences of health and wellbeing in prison. The analytic process involved exploring the full accounts of women's experiences of health and wellbeing in prison through reading and re-reading the transcribed verbatim interview transcripts. Notes were made during this process that allowed for the identification of themes, which were later arranged into superordinate themes. In order to illustrate the themes presented in the findings section verbatim extracts from interview transcripts have been used.

The interview transcripts were analysed using IPA in accordance with the process described by Smith (1996). This process involved exploring the full accounts expressed by the participants through the close reading and re-reading of the transcripts. Notes were made during this process and later organised into clusters, which after further reading of the text were derived into themes. Each theme is presented through subordinate themes, which include verbatim extracts from interview transcripts. A broader account of how IPA has been used in this research can be found in Chapter 3.

5.3 FINDINGS

The analysis identified a number of prominent themes from the interview data. These themes were organised and developed into the three superordinate themes *of life on the wing, food, and exercise* that will be presented in this chapter.

Theme 1: Life on the wing

The main housing block represented an environment where multiple activities occurred. It was a place of work, a place of punishment, and all at the same time as being the place where women resided and a space where women could socialise with other women. The varied nature of the activities on the housing block, and the varied demographic characteristics of the women housed there yielded subordinate themes of: *forced community, discipline and punishment, resourcefulness, empowerment, lack of comfort and care, and children and family*. For some of the participants in this study, being in an environment where they were forced to be around other women (other women they considered very different to themselves) was emotional, difficult and scary for them. Being on the wing was a place of anxiety and stress because of the chaos, noise and disruption, but also because of fear and anticipation of punishment: “Once you’re targeted, once they know I’ve been on basic; they are watching me even more what they would usually” (Angela). However, some women in this study advocated and requested more discipline of women on the wing: “If they’re missing you should punish them. Then they’ll understand it’s your responsibility” (Wendy). For many of the participants they did not leave the wing very often and this meant that they had little escape, but many showed resourcefulness in ways to cope with being on the wing: “I get really, really bored, so I start sewing” (Wendy). This resourcefulness was especially important when subjected to the punishment of being put on basic regime and being locked behind their door for twenty-eight days with little time out of their cell. A clear sense of optimism came through from some of the participants in this study: “And I just think that I’ve got to turn this into a positive now” (Sarah). These women appeared able to cope with being in prison through creating a meaning to the experience by bettering themselves, having goals to do this and feeling, or anticipating achievement once they were reached: “If I had something to show, then I didn’t waste the seven years and my CV will look much better... I have it all planned out” (Wendy).

psychotic breakdown and she describes how despite being around the women on the wing, women who she may have called her friends, there was no support from them:

At the time, when I was going through what I was going through - no I couldn't be around people because I couldn't, I couldn't bear the thought of being the topic of conversation but I wasn't presenting very well, like, I was unkempt, like it was fucking - looking back now it was awful, AWFUL!.. It teaches you a lot about people... like you find out who your fucking friends are... because I stood alone no one, no one was there really. But then that's the whole nature of this. It's the majority... everyone goes with the majority... what's popular and if you're seen to be not doing the things you need to be doing i.e. looking after yourself, keeping your room clean, keeping yourself clean. No one wants to engage with that because of what may get said, so anyone who's seen to be helping that is, it's not popular, it's sick because these are grown women. It's the hierarchy that's how it works. [Becky]

Becky's account suggests that women will judge fellow women for helping her, and because of this they would not support her through this difficult time. It therefore appears that despite being in an environment where there are many people around, staff and fellow prisoners it is actually a lonely place where women are going through difficult times alone, with little or no support. What is also suggested from this extract is that everyone is in these circumstances, and therefore there is an extent of mutual appreciation for what one's peers are going through, but at the same time this is witnessed from a distance without getting involved in other people's problems. These 'codes' of judgement, of how to act around other women and of who to interact with reinforce the notion Becky introduces here, that there is a hierarchy in women's prisons. This is not necessarily about power, but perhaps 'codes' of judgment and conduct so that everyone is able to get on with living in prison without disturbance to their emotions.

From Tamara's perspective, coming to prison meant that she was amongst women she had never come across before. She talked about women who were "butch", "manly" and "strong as a lion", and described how they scared her to the point where she would

have to retreat to her room for safety, while maintaining an element of politeness to ensure that she did not cause conflict:

I've never seen so many women who look like men. Being butch with a beard... They go to the gym and they look like men, they look like men! They dress up like men, they wear their pants half way down (laughing) I don't know what to say they look like men. They scare me, I'm like wowh. It does, they look more manly than governors. They look strong as a lion, butch... I've had a few approach me saying 'oh your eyes are so beautiful'; this and that. And I said oh thank you, but I just need to let you know I'm not that way inclined... they will leave you, but one or two do pester you... I'll just lock myself in my room and not come out... [Tamara]

There were clear signs of Tamara feeling intimidated, stressed, anxious and worried about being outside of her room in the open and these feelings would have a negative impact on her health and wellbeing whilst being in prison. Tamara had been able to increase her feelings of safety by going into her room, away from the person approaching her in a way she was not comfortable with. She did not discuss going to a member of staff to report the problem and it appeared as though she felt able to cope with the situation by herself. Being able to deal with the situation was not empowering as she was then forced to withdraw from prison life, leaving the other person out to associate with others, it meant that she was isolating herself, but this was the best solution as it was clear she did not want confrontation as she did not think this would benefit her.

Fear and intimidation could not only result from being approached because of physical attraction. Jessica's account identifies predatory behaviour by other women due to her lack of experience of the prison environment:

It's been alright, I have had people picking on me and stuff. Like obviously cos it's my first time in prison, umm they probably think that I'm vulnerable and stuff, they see me as weak. [Jessica]

Not all the participants described being on the wing and around other women as negative. For Danny she had met friends, particularly Becky who had had a positive impact on her by introducing her to new ways of thinking. Before coming to prison, on this sentence, she talked about other sentences where she had not made any effort with other women to make friends. Although she had only known Becky seven months, their friendship was strong having worked together and been around each other for most of that time. It was strong enough that she talked about coming back to see Becky. In this sense being forced to be around other women benefited Danny as she was able to make a friend who she considered a friend even when she would be released from prison, and this made her feel good:

... I've proper changed. I've only been here seven months. I think it's like I've bothered with people I wouldn't have bothered with, like I dunno like my friends like Becky and that they've like changed my views and looks on things a bit differently, may be widened me up to people a bit more. My outlook on life is a bit different now. I'm coming back to visit Becky. [Danny]

In essence what these extracts have shown is that it is not just the prison environment, or the individual in prison that can impact on a women's health and wellbeing, but it is also the other women in the prison and the forced community that this creates that can affect the women. This can be positive through being around other women and forming close social bonds. However, for other women the environment of the main housing block was a negative experience leading to isolation and withdrawal to cope, but this was not free from disturbance of music and voices of other women highlighting that the environment of the wing penetrates all aspects of life on the main block.

Discipline and punishment

In a general sense many people would maintain that prison is the punishment for wrongdoing in society. However, inside prisons there is a complex system of rules and regulations prescribed, and violation can result in reprimands. In and amongst the chaos of the main housing block were women who were on a basic regime; meaning that their Incentive and Earned Privilege (IEP) level was at its lowest possible of basic in contrast to those on standard and enhanced regimes. Being on basic regime meant that women would spend the majority of their time in their room and they would only be allowed out for small amounts of association time, usually around thirty minutes a day, and they would be unlocked to go and have dinner at the dining hall. This lasted for a period of twenty-eight days before a review was held to consider progression to standard regime. The meaning of the wing was therefore not only as a place to live or work, but for some of the participants in this study the wing was also a site of the extension of punishment that could be derived in the prison environment. Women could be reprimanded for what sometimes was considered by them as minor wrongdoing while being in prison as Angela describes:

For wearing flip flops... You're not allowed to wear them on the landing but they give you prison issue flip flops so you assume you you'd be allowed to wear them... you're only allowed them in your room... It's ridiculous for really silly things as well.
[Angela]

The discipline and punishment that women could receive in prison could result with them being forcibly isolated from prison life, and in addition the outside world through having no television and radio. This could be for extended period of time which created emotional distress and frustration as Sarah describes:

Like on Saturday I was locked up at quarter to five in the evening and they didn't unlock my door till quarter to one, dinner time the next day. It's like twenty hours solidly behind my door with no radio, no TV, that done my head in. [Sarah]

The participants in this study also demonstrated considerable emotional distress from anticipating reprimands. The source of fear was described as being related to the officers who have control, authority and power to put women on basic regime:

When I say to you that prison is stressful and scary it's scary in ways you can't even begin to imagine. ... there'll be certain officers that you don't necessarily get on with and when you hear their voice first thing in the morning if it's the wrong officer, there're making you feel very anxious when they are on the wing... If it's the wrong officer, the wrong officer, you'll be vomiting, and things like that, in the morning with fear... a demerit in here can put you behind your door for twenty-eight days... You'll have some association, but of course they can take away association as well... [Janet]

Janet's fearfulness had a very physical ramification of vomiting. There also appears to be layers of punishment evidenced through Janet's assertions that "you have some association, but of course they can take away association as well". From this suggestion it would appear from the prisoners' perspective that what they are entitled to under the rules of the Incentive and Earned Privilege (IEP) scheme does also change, that there is not a fair and consistent application of the scheme by staff. Therefore, there is not only fear of being put on basic regime, but also fear of the treatment by officers, while on basic regime. This highlights the powerlessness the women have in prison. In a marked break from these experiences, some of the participants in this study described the need for more discipline in the prison. Wendy for example, advocated enforcement of the rules for women who were doing things she deemed unacceptable:

Here, they call work here right, people just getting out of bed when they call work. And then when free flow cease that's when they're walking down "Miss can you unlock the door I need to go to work"- "Okay". So how are we supposed to learn? You can't do that. If they're missing you should punish them. [Wendy]

This highlights that the lack of fair and consistent application of the IEP scheme by staff was not only exasperating to women in prison that were receiving reprimands but

also to other women in the environment of the main housing block. The lack of consistent application of the regime rules by staff was frustrating to women who were rule abiding prisoners, as inmates who did not follow instructions went unpunished and this hindered the legitimacy of the IEP scheme to them. This also added to the uncertainty in the environment of not knowing what behaviours would be reprimanded. This again speaks to the powerlessness position of women in prison and perpetuates an experience where women want to see fair and consistent application of the rules but have no ability to enforce them.

The meanings of discipline and punishment varied for the participants in this study. There was a clear fear and anticipation of punishment for relatively minor wrongdoing. The feelings were heightened by certain officers working on the main housing block. The accounts reveal a sense of powerlessness over discipline in prison through not knowing what actions would be punished and what that punishment would specifically entail. These stories create a sense that there was uncertainty in the environment around discipline and punishment and this created fear, anxiety and tension among the women.

Resourcefulness

The main housing block was a place where the participants were forced to be around other women, and the resulting noise and chaos that they produced, but they were also on the wing with very little to do. For some women they were wing cleaners along with eight other colleagues, leaving little work for each person to fill their day. For other women they were on basic regime and were not able to get out of their room to occupy their time. This resulted in many women finding a variety of resourceful ways to fill their day. The meaning that resourcefulness had for the women in prison was to use the instruments around them, what was available although limited, to promote their sense of wellbeing. Women were able to find something to do that provided pleasure and distraction away from their reality.

Some of the participants described using reading as a way of coping with imprisonment. In particular books that were positive, as opposed to about “gangster life” and written by “people who’ve done prison” (Tamara) were favoured to facilitate escapism from the reality of prison life. In addition, radios and televisions were used by women to drown out the sound of women talking about other women on the wing:

Like I didn't have a radio until today, and I'm sitting there and I'm listening to girls bitch, and even the other day I heard someone slagging me off and I'm stuck behind my door and I haven't got a TV or a radio to listen to. [Sarah]

Other activities such as crosswords and puzzles were described as ways to occupy the time. In another example Wendy described doing art and craft activities:

Especially for someone like me who always want to do something, I always look for that next challenge. I get really, really bored, so I start sewing. I do a lot of book markers and embroidery to keep me busy in my own time. I make cards as well, so the girls will come and say it's someone's birthday do you have any cards... On the outside I would not make a card, I would not do sewing because I have more things to be doing. [Wendy]

Although for Wendy these were not activities that she would have normally done, they were things she had come up with to keep herself busy. Wendy's expression of these being irregular undertakings to her before prison, and now things that she will do to occupy her time reaffirm the resourcefulness of women in prison to come up with activities on their own, to use their agency to find something they enjoy to pass the time. To Wendy making cards had an additional purpose of helping other women out. The fact that she suggests that women ask for her cards means that this is something that she can be proud of, that women like, and women like her for making them. This although an irregular activity, one that had no purpose in her life before prison; becomes one of purpose for her in prison, to pass her time, to help other women and to be liked by other women.

Empowerment

Some of the participants in this study were resourceful in being able to make use of what activities or apparatus were around them to cope with and pass the time, but for some of the participants this was not enough. Amongst these women there was a clear demonstration of optimism for their sentence; that they would not let it become a negative experience, but they would use their time to better themselves, to progress, to change something about their life. These decisions had health enhancing features of, for example, withdrawal from all substances and coming off methadone prescriptions as Sarah's account shows:

I just think that I've got to turn this into a positive now... I've decided to get off my meth...And I said to my mum I wouldn't have done it at home, I wouldn't have got off the methadone and I would have been dabbling in all kinds of drugs... [Sarah]

The ability to be able to exert this agency, to make these choices demonstrates that empowerment is considered possible in prison. Furthermore, there was also examples of the participants attempting to empower and uplift others:

If you think positive, positive things will happen, and I'm just in here and I'm trying to uplift people, I don't know any better... I want to say yeah I've done this in prison I've done that. [Tamara]

The participants showed clear constructive thinking about their time in prison, and what they were going to do with it and this served to empower them. This positive impact for self-esteem provided encouragement to motivate and uplift other women, and in so doing improve the communal environment.

Lack of comfort and care

While in prison some of the participants had gone through life events of being diagnosed with diseases that would alter their health and wellbeing for the rest of their lives. These accounts provided an insight into what it was like to have to come to terms with such diagnosis, treatment and aftercare while being in prison. What stood out is a profound feeling of lack of care, empathy and comfort while going through such a difficult time in prison:

I ended up umm finding out, it was just after Jade Goodie umm was making people more aware of cervical cancer and stuff, [clears throat] I had it. I had to have hysterectomy in prison. The care afterwards wasn't there, my mental health deteriorated last year. The staff didn't know what to do... so long as you're getting up every day and you're not dead they don't really give a shit (laughs)... It felt like I was constantly being questioned as to whether or not I was really going through what I was going through, and that... made me paranoid... the choice was taken away from me but I suppose lifer, drug user, like it was quite easy for them to make that decision in this environment to say yeah we'll do it... It was hard afterwards cause it was so final and there was no real care there... There was no what's the word... empathy ... there was no understanding, there was no care, there was no looking after me. I was just put back on normal location and made to do all the things that everybody else does. I mean I was off work for a little while... I declared that I was using drugs so I was taken back down to detox and at that point I still wasn't supposed to be manoeuvring any heavy objects, but I was made to carry my full kit down to the detox wing because then they were like "oh well like fuck her type thing" [Becky]

Becky said that there was no comfort, support or empathy from staff, and that because of her situation it was as though it should not matter that she had a life changing operation. She questioned if the option of a hysterectomy would have been considered if she were not in prison. It was as though because she was in prison that the decision to have hysterectomy should not have affected her. That there was no reason to feel the way she felt, and it was an obvious decision to have the operation. She also talked

about presenting well and being well. That in prison if you carry on as normal, everyone around you thinks that things are okay and therefore there is no need to question feelings or emotions. Becky suggests that the prison environment is a superficial one where women are carrying on, going about a daily routine and that is interpreted as things are well, when in actual fact they are not. The lack of comfort, support or empathy from staff in the prison environment was further perpetuated through Becky having to carry her belongings despite recently had major surgery and having to emotionally come to terms with the procedure she had had. Rather than her use of drugs being seen as a reaction to her diagnosis and providing support, staff punished her further.

Sue's account of her experiences of having Parkinson's disease while being in prison also highlighted a lack of care and support by the prison:

They don't understand that with Parkinson's you have to have the medication exactly on time. So where I'm on every 12 hours, I'm not getting the morning dose till after about 15 hours and with me I have to go and get it. But with Parkinson's it takes a long time to get going until you've had that medication. Without that medication I can't get up and get going; to go and get my medication... so I'm only getting one lot of medication once a day... Nobody will help me... They always find a way to blame me... Three weeks ago I tried to commit suicide, and all I've done since then is get worse and worse, and worse. [Sue]

Sue's access to medication was limited because of her condition, and the prison staff were not facilitating her to be able to take the required dose of twice daily. Sue was exceptionally vulnerable and was not being given the care and support she clearly demonstrated she needed by staff. She also did not have many women around her that she could ask for help, or advocate on her behalf, as she was living in the disabled room on an induction wing where it would be difficult to form relationships due to the short space of time women usually spend on these types of wings. Sue's account provides an insight into how she could feel completely disempowered, disinhibited

and disregarded by the prison and prison staff. There appeared nowhere she was able to seek comfort while in prison, and she was exhausted of trying.

The accounts from the participants in this study demonstrate that the prison environment offers no care or comfort, particularly with regard to the approach by staff to women who are severely unwell. This lack of empathy, or attempt to understand through offering support can shatter women's self-worth to the point that they can contemplate suicide. The process of staff and prisoners not engaging with women who are severely unwell does have a functional purpose of attempting to maintain the prison environment through averting feelings and emotions.

Children and family

The participants in this study recalled very difficult emotive experiences of talking to, or visits from, their children and families while they had been in prison. It is important to shed light on this area as so many women would have played central roles in their children or families lives but are not able to because they are separated from them. It is also important as relationships with children or family impacted women's feelings and consequently their health and wellbeing. Visits from children, family and friends were well facilitated in the prison and many of the participants made use of the extended visits, which would allow them to spend extra time with their loved ones. Although this was beneficial the feelings afterwards of loss had the potential, and quite often, to devastate them. To prevent themselves from having these feelings the participants developed coping strategies of blocking out feelings, shutting down their emotions or simply refusing visits as it was too difficult. The participants detailed strategies to veil their experience of imprisonment while being in prison, through sending images home of health or through being positive, while detailing to me the personal struggles of being away from loved ones, as Wendy's account demonstrates:

... I don't want my hair to be short when I leave. My mum doesn't know that I've cut it twice. I still have the picture of me when I came to prison and it was down to here.

She's in Jamaica so I can talk to her on the phone. I call three times a week ... It's like when I go on visits they come with all that energy and that energy keeps me going until they come again. And if I'm down I'll call them and they will just say I need a visit, and they all fight to come... You get to take a picture with them on the five hour one so I get dressed up, so I get to send a picture to my mum. She still thinks I'm not in prison, cos you're not supposed to be in prison and look so good. Even my sister, she said I look better than the last time she saw me... When my mum gets pictures she's happy. She said I'm skinny, but I've put on and I've lost, and then I've put on. So I can't go outside looking like I have a prison belly. Most people get a prison belly and I don't want that. It's hard being inside cos you miss your family and your kids and stuff like that. You just have to accept it and move on. [Wendy]

It appears as though Wendy is trying to perpetuate an image that she is coping with prison and allows herself and her family to feel okay about the experience she is undergoing. Wendy also talked about changes to her weight, where her mum had made remarks that she had lost weight. This may have been a concern to her mother as losing weight can be a sign of stress and anxiety, but Wendy was keen to say that her weight had fluctuated, so things were not as bad as they seemed. She was sure that she did not want to leave with a “prison belly”. Being released and having a “prison belly” can be seen as a physical attribute of time spent in prison, and for Wendy it was significant that she should not leave with one. Perhaps this would lead to questioning of her time in prison from her family and what it was really like, thus uncovering the truth of her experience and lifting her veil.

Maintaining a sense of contact with family was also evidently important for motivation to remain healthy during imprisonment:

I honestly thought when I came into prison I would stop eating, but seeing pictures of my kids gave me motivation to keep going. You've just got to think like I don't want to be answering to my kids when I go home; 'why are you so skinny mummy, why have you done this mummy'. It's not something I want to be answering. I'd rather them see me healthy coming out and be happy I'm home, not to be there questioning me. [Kate]

It is as though losing weight and leaving prison skinny and ‘unhealthy’ represented a physical manifestation of prison for Kate, that people outside of prison; her children and family would see. It would warrant questions as to why she had not eaten, why were things so bad, on leaving prison she would have to talk about prison. Kate planned to evade these questions from her children by leaving prison a healthy weight, and therefore looking healthy, and able to carry on with life, to move on from being in prison. The invisible aspect, the impact on her mentally, she would be able to hide, or mask with medication, and therefore those around her would not question her about prison. This also alludes to the rhetoric of a veil hiding the impacts of imprisonment to family and friends.

As well as thinking about managing the expectations of their family on release, the participants were also trying to cope with separation from their children and family while they were imprisoned. In doing so there was a clear sense of need to block feelings out, to distract from the pain of this separation as Tamara’s account demonstrates:

The last time I had a children’s visit was in Holloway and my daughter was crying for me and I can’t deal with it. What it shows you is to shut down your feelings, to shut down your emotions. That’s what it teaches you. [Tamara]

In a way it is as though the participants are acting to their family and participating in their family’s lives, but at the same time trying not to become consumed by it and preventing it from really uprooting their carefully controlled feelings while they are in prison.

Theme 2: Food in prison

In this section the material was organised into the two subthemes of *instrumental food* and *punishment and humiliation*. Food for some of the participants in this study food was a positive, health promoting experience. The food was comparatively better than other prisons and healthy food options were available. In addition, food could be used for medicinal purposes: “a lot of girls realise if you eat the prunes every day you don’t need to take all this medication”. For some of the other participants in this study food was not described so favourably. This was not because they described the food as bad or damaging to their health and wellbeing per se, but because their *experience* of food was damaging to their health and wellbeing. Food for these women was experienced as an extension of punishment in the prison setting, it was used to humiliate and to demean them: “So you have to walk over to the dining hall queue up, in a long queue, eat your dinner and then get back in fifteen minutes”.

Instrumental food

The participants remarked how the food they were getting in the prison was better than they had experienced in other establishments. Even though Angela thought the food was “quite fatty” she had decided to eat salads to combat the weight gain she had experienced in prison, because she was not doing a lot:

The food here’s pretty good. I’ve been in jails that’s been worse. It’s just like Holloway and stuff they put it in big metal trollies and it’s off before you get it. There’s variety, they change it, it’s good. I’ve put on a lot of weight since I come to prison. But I think it’s down to not doing a lot. But the food here is quite fatty.... I eat salads now.
[Angela]

This exemplified that the participants felt they were able to make healthy choices in prison, and that this was important to them to control and reduce their body weight while in prison. In this sense it can also be considered that women were able to make choices to promote their health and they were aware of how to do this through choosing

healthier options to eat, and therefore promote her own health. The participants also made remarks about the quality of the food in providing health enhancing benefits:

It's a lot more freshly cooked, there's more vegetables on offer, it's a lot more healthier than before... in Bronzefield it was all frozen, nothing was freshly cooked or anything like that... Here I've been eating better than I did on the outside. Knowing that I've got to keep my strength up, I've got to keep myself going... [Kate]

This highlights that the quality of the food in providing health benefits was important; it was thought about, and food was not just about eating, but there was a consideration about what food was being eaten. Kate also talked about not eating before she came to prison, that she did not have time. While being in prison she was eating, and it was important to her as it allowed her to keep herself going, to keep her strength up. Food was enabling Kate to cope with being in prison, to manage her experience, so that she would be to get through it.

There were also examples of how food could be used for medicinal purposes. Sarah described how she was buying sweets to help her cope with her detox from methadone:

I'm buying sweets and stuff and because I'm coming off, well I'm off my meth now I've got a real sweet tooth for things, cos obviously all the sugar and that from the methadone, even though it's sugar free, it makes you have a real sweet tooth. [Sarah]

Even though the sweets were an unhealthy option, in this capacity the sugar from the sweets had a health promoting benefit as it helped Sarah to manage her detox and therefore promoted her wellbeing. The short term negative of the sugar outweighed the long term gain of coming off methadone, and no longer being dependant on drugs.

In other examples food was also used for medicinal purposes, and was used to avoid being dependant on medication. Wendy described how she starting eating vegetables

to promote her digestive health rather than using medication. She expressed this was not just a problem for her, but for others in the prison “you’ll find a lot of ladies who are not yet as bad as me yet, but they have to be living on senokot”. Although at first she was unwell from trying new vegetables, encouragement from the doctor to persist meant that she did and was now able to eat the foods without being unwell. These choices were catalysed and reinforced by staff in the prison, but it was Wendy’s decision to carry on. It was clear that she was passionate about this experience, and that it empowered her as she was taking control, and not having to rely on medication to look after her digestive health. Wendy’s passion also motivated her to work with other women, to come together to talk with staff about getting health promoting foods added to the canteen list:

So we’re trying to change up the canteen sheet at the moment. I asked could we have prune juice and the officers said it’s not on the national list so we can’t have it. But there were prunes on the national list so I said that’s fine! If we can’t get the juice, we’ll stick with the prunes. Now we have prunes on the list. So a lot of girls realise if you eat the prunes every day you don’t need to take all this medication. So now we’re going to try to get Fruit and Fibre on it at the next meeting. [Wendy]

This clearly identifies the potential power of this change in the prison and that other women were also making this change and able to promote their health through food rather than taking medication.

The experience of food in prison was instrumental to the participants’ health as it was used in a variety of ways to promote their wellbeing. Through using food to manage weight gain, to cope with detoxification from drugs and to avoid taking medication, the participants in this study clearly demonstrated their interest in promoting their health and in gaining knowledge or having knowledge about how to do this. These examples demonstrate that it is possible to exert agency in prison, that this is empowering and can catalyse further change around the prison to foster a health promoting setting.

Punishment and humiliation

For some of the participants in this study food was experienced as an extension of punishment, as a mechanism to humiliate and demean them. For Janet, not being able to access the diet she needed for such a long period of time had negatively impacted her health:

... This is the one place where I haven't had a coeliac diet, because they say I don't have coeliac disorder. They say it's probably irritable bowel syndrome... I'm not retaining vitamins and minerals and my teeth are literally coming loose from my head and dropping out. And that's been happening for three years... I spend half the time on the loo and have a very sore bottom all of the time. And the weight sort of dropped off me quite recently... so even muscle tone falls apart and your skin becomes horribly dry. [Janet]

It was clearly demeaning for the staff not to listen to Janet's needs, to not provide Janet with the correct diet, but it was also humiliating to have to go through these impacts on her health. Her experience of food in prison served to demean, humiliate and decrease her self-esteem. In another account, food was used as a mechanism to discipline and punish women while they were incarcerated. While on basic regime fifteen minutes was the time given to go and eat dinner and then be back in one's room. Angela described how it was not possible and she felt that this was a reason why people remained on basic, not because of their actions but because of a rule that was too difficult to adhere to:

You get fifteen minutes for dinner... you have to walk over to the dining hall queue up, in a long queue, eat your dinner and then get back in fifteen minutes. It's not possible! And that's another reason why they keep people on basic. [Angela]

Sue's account of her food experiences in prison was one of humiliation, hunger and disregard:

When I go to the dining hall, I have to try and hold the plate still with one hand; use the other hand to feed myself and then I have to cover my mouth cos it's so embarrassing, in case anything comes out. Because of all of that then I start crying, then I feel like I've gone back from where I've come from, and I can't deal with all of that. So I don't go to the dining hall, which means for two weeks I haven't had a hot meal... and I've been left to ask friends for food as my canteen has been stopped as I was supposed to be moving to another prison, but that's not happening now. I'm very weak, but they're leaving two friends of mine to push me down there. They expect my friends to push me to the dining hall. My friends- I won't put them through that anymore cos it's cruel. They can't cope with my shaking and my tears, so I don't have no way of getting there unless I put my friends through more. [Sue]

In relaying this information, the staff were not alarmed by what I had told them, and this did not change when I disclosed that Sue had attempted and was thinking about committing suicide. I was just asked to add notes to her ACCT (Assessment, Care in Custody and Teamwork) book and they said they would look into having meals sent to her room.

The accounts of the participants in this study demonstrate that food could be experienced as an extension of punishment, but also to demean and humiliate, and this had a negative impact on wellbeing. There were clear health implications of not having the correct diet in prison and this served to decrease self-esteem. The participants did not express any clear ways that they could overcome these challenges, they reported there was nothing they could do to promote their health in these situations and therefore this exemplifies situations where being in prison can disempower women.

Theme 3: Barriers to exercise in prison

The participants in this study discussed exercise as something they could do if they wanted to, but more frequently provided reasons for why they did not go. These were

somewhat varied, but prominent barriers of the session times being too long and the atmosphere not being something they enjoyed being in, for example:

Sometimes, I don't go like regularly. If I feel like it I'll go, if I don't I won't. Too many people sometimes. I like to go in there when it's a time when you can go in for twenty minutes and come back out. I don't like that you have to go in there at three o'clock and you have to stay there till half past four. [Kate]

In discussing the gym Janet highlighted that the activities on offer were not ones she would enjoy. She remarked that she liked 'to dance and I like to cycle and swim and a rowing machine just isn't the same'. A particular barrier was wanting to do activities such as rowing that in the community would be surrounded by nature creating a sense of pleasure, whereas the corresponding activity in the gym did not offer this. This therefore sheds light that physical activity in the community offers other aspects to improve wellbeing through contact with outside space, nature and fresh air, and a prison environment cannot offer these benefits.

Other barriers to exercise were lacking energy. As already discussed Angela was undergoing detox from her methadone and she expressed that she was very tired and drained:

I will start going to the gym. I say this, but I just don't feel it at the minute. I'm really drained I've got no energy all the time. I'm just proper drained. [Angela]

This highlights a significant barrier to exercise of undergoing an intensive detoxification while in prison. Despite this Angela said that she did want to go to the gym and this perhaps identifies that once she has fully withdrawn from her methadone she will feel able to engage with going to the gym.

The accounts from the participants in this study demonstrate that the gym represented an unpleasant experience because of the atmosphere, because there were too many people using the gym, and also because the regime required gym users to stay the entire length of the session. There was no particular draw or enthusiasm for using the gym, and there was critique of the activities provided. As such the gym was not seen as an environment in the prison that offered health promoting benefits, and it was not considered a desirable space to visit to get off the wing.

5.4 DISCUSSION

This analysis of women's experiences on the main housing block of a closed Female Training Prison offers evidence that the environment, and interaction within it, are important to consider for health and wellbeing in women's prisons. These narratives echo stories in existing literature about women's experiences of imprisonment and raise further issues and themes for consideration.

Together these findings provide insight into the varied experience women have on the main housing block of a female establishment. Life on the main housing block is about having to live with other women, and the behaviours and choices of other women and staff can impact the environment. For example, the music listened to, its volume, bullying and intimidating behaviour, gossiping and general noise of doors slamming and officers talking or shouting are all aspects that add to the perception that the wing environment was chaotic and disruptive. An individual that does not want to be part of this has no power over these choices of others, and even on retreat to their cell the sound permeates through their personal space. The findings support previous literature on why it is essential to consider the environment when thinking about health promotion strategies (see Dooris, 2009; Woodall et al, 2014), as there are many aspects in a setting that are out of an individuals' control. In addition, not only does the environment impact the individual's health and wellbeing, but the powerlessness to escape the impact of the environment.

Although these findings support the need for consideration of the environment when thinking about health promotion strategies, they also extend what is known by demonstrating that there are individual differences within the interaction in the environment and that not all prisoner's experience imprisonment in the same way (see Foucault, 1977). This was exemplified through the narratives of life on the wing in relation to discipline and punishment where some participants expressed fear in anticipating reprimands that would lead their privilege level being demoted, while other participants called for a consistent approach to the application and noted where there was wrongdoing the rules were not enforced. Despite an apparent difference in experience in the environment there was a clear frustration with the apparent lack of a fair and consistent application of the IEP scheme by staff. These findings are not dissimilar to previous reports since the inception of new rules to the IEP scheme in November 2013, which most notably banned books being sent in to prisoners (Liebling, 2008; Prison and Probation Ombudsman, 2013; Prison Reform Trust, 2014). The uncertainty over the application of the IEP scheme in the main housing block environment created emotional distress of fear, anxiety and frustration and this certainly affected the health and wellbeing of the women residing there. As some time has passed since the publication of the reports by the Prison and Probation Ombudsman (2013) and the Prison Reform Trust (2014), which called into question the affect these changes had on prisoners' wellbeing, particularly in relation to risk of self-harm and suicide, there is a further need to review the procedures and to embed a fair and consistent approach of the IEP scheme across the prison estate.

As explored in the literature review, the notion of hierarchies and a 'prison code' have been well documented in the literature assessing the experiences of men in prison (de Viggiani, 2006; Hua-Fu, 2005; Sabo et al., 2001; Wellard, 2003, 2009; Woodall, 2012). In this research the idea of a 'prison code' amongst women in prison is developed from previous literature (see Gartner and Kruttschnitt, 2004; Giallombardo, 1966; Heffernan, 1972; Jensen and Jones, 1976; Kruttschnitt, 1981; Owen, 1998; Tittle, 1969; Ward and Kassebaum, 1965). While these research studies differ in their conclusions on the 'prison code' and its applicability to the female estate, they concur that the 'code' differs from that which exists in the male estate and is not adopted readily by females. The acceptance of prison codes has been found to be influenced

by socio demographic factors existent prior to custody, including that younger prisoners are more likely to break the code (Jensen and Jones, 1976). The female prison population has been characterised as lacking overall cohesion, but not being predominated by individual isolation with groups of one to five being commonplace (Tittle, 1969). These groups are often mirrored as a 'family' relationship and are developed to reduce discomfort and as a basis for social support, while also facilitating the preservation of a female identity related to their former life in the community (Giallombardo, 1966; Ward and Kassebaum, 1965). Within these groups women prioritise prescription to individual characteristics such as good person hygiene rather than breaking of rules or snitching on other prisoners (Tittle, 1969). The code is, therefore, more about avoiding violence and conflict and distancing oneself from trouble, with resistance to authority enacted through more mundane and not readily punishable forms (Gartner and Kruttschnitt, 2004).

These developments of the prison code would appear to map onto the current findings in this study. Here the 'code' is not necessarily about overt acts of power, violence and aggression over other inmates, this is a more subtle undercurrent of knowing how to act and behave in the environment; to not get involved when someone is having a mental breakdown, as Becky suggested. These behaviours are of empathy toward others situation, mutual appreciation for what fellow women are going through, but at the same time this is witnessed from a distance without getting involved in other people's problems. This allows the environment to continue uninterrupted and this is controlled in a hierarchical sense. This concurs with the point made by Ward and Kassebaum (1965) on how the code is functional for both women and staff in maintaining harmony in the prison regime. However, where this research findings differ is in the sense that there are female prisoners who try to exert power over other women, to expose weakness and vulnerability because of coming to prison for the first time, and through this they are able to take control and maintain the sense of hierarchy in the prison. This is dissimilar to the 'stud' persona written about by Giallombardo (1966), as these women were not seen as desirable in the sense of forming a homosexual relationship. The response to this by the women victimised was also not one of violence, but of retreat and isolation, again demonstrating enacting of the 'prison code' in not wanting to disturb the order. The resulting impact of this is an

experience of imprisonment that is lonely and the creation of environmental fallacy. The main house block of the prison is functioning, the women are functioning within it, they perhaps are engaging in programmes and activities and working alongside one another, but there is no intrinsic support for one another, because each person is experiencing the same problems. This is a very useful way for the prison to maintain itself without the need for change. There are no explicit acts of resistance that create disruptions because that breaks the 'code'. In the context of this being a closed Female Training Prison, the fact that for many women they will be released soon, or will be remaining there for a long period of time means both types of prisoner are served by this approach because they do not want to be punished further, and so too is the establishment because there is no explicit reason to change, because no one seems to have a problem. This setting would not appear conducive to promote health and wellbeing as there is a lack of support from the environment in advocating empowerment and agency.

The current study found that there are ways in which women in prison are able to manage and take control of their health and wellbeing, but these acts are discrete and individualised according to need. The research has demonstrated that women are able to use food to control their weight, to cope with detox from substances and to reduce reliance of medication. These were everyday acts that demonstrated that there were healthy choices women could make in prison, that they understood how to do this and there were also examples of this empowering women to want to promote the health of others. This furthers the findings of previous research which has argued that prison can be used as a time to reflect and address personal problems (Baybutt et al., 2014; Crewe, 2005; Rowe, 2011; Wacquant, 2002).

The narratives in this research that revealed that women in prison were able to cope with imprisonment, and particularly boredom, through a variety of resourceful means to keep busy. These activities, such as reading, listening to the radio, or watching television, doing puzzles, as well as art and craft based work demonstrated that women react and adapt to the environment and imprisonment in ways to promote their wellbeing. These strategies provided a useful way to distract from imprisonment, and reflects the utility of the provision for these gendered based activities in prison, not

only for women at risk of self-harm (HM Prison Service, 2008). In this research there were also narratives that echoed stories in existing literature about women's experiences of imprisonment. Women in this study expressed deep emotional difficulty in being separated from their children and family. However, they also expressed carefully crafted coping strategies of posting images of health to their family, while trying to shut down or block out the feeling that they had lost their instrumental role in their families lives. The emotional difficulty of being separated from loved ones echoes previous research studies which document the initial stress of separation and the uncertainty of care for dependent children, and the long term strain of attempting to remain their mother whilst being in custody (Celinska, 2013; Rowe, 2011; Sheehan et al., 2013). It is therefore perhaps unsurprising that when revisiting the pains of imprisonment through the paradigm of gender and the complexity of long term imprisonment, Crewe et al. (2017 p.1365) note that the pains of imprisonment 'were experienced with significantly greater severity by the women than the men'.

On a final note there were clear evidences of power inequality persisting in the prison environment, and this resonated especially through the use of food in prison. The descriptions of inappropriate diets, lack of access to food and restrictions on how long could be taken to eat, highlight how the prison as an institution holds power over food and can use this as a mechanism to demean and humiliate women in prison. These challenge the author to conceive the possibility of recovery in this environment. While it is agreed that all prisoners do not experience imprisonment in the same way (Foucault, 1977), there are clear demonstrations of lack of autonomy, disempowerment and disinhibited behaviour in the accounts of the participants in this study that prevent the possibility of recovery in this environment. In order to foster health promotion in this setting there is a distinct need to review the policies of prescribed diets, of the process of getting meals while prisoners are unwell and the use of restricting time to eat as a control mechanism.

In summary, this analysis of women's experiences of health and wellbeing on the main housing block offers an insight into how the prison environment can empower or disempower, promote agency or remove autonomy. A multifaceted set of interactions in the environment between prisoners and between staff and prisoners in one particular

setting within a prison is revealed. Women reported particular barriers to physical activity that should promote discussion on instigating practical policy changes of decreasing gym session times and offering additional activities. However, further studies are needed to better understand the nature of the gym environment and why this was expressed as a barrier to women engaging in physical activity in prison. Additionally, there are also other sites within the prison environment, such as the PIPE unit, which were not explored in this study. Further research is necessary to understand how other environments in prison can impact women's health and wellbeing.

CHAPTER 6: STUDY 3

An interpretative phenomenological analysis of the interaction between roles women adopt in prison and their experiences of health and wellbeing

6.1 INTRODUCTION

As for many individuals in society, work takes up much of the prisoners' time during their incarceration. In order to better understand prisoners' experiences of imprisonment, their engagement in work should be explored. The roles prisoners adopt in prison are hugely varied and include roles such as hairdressers or barbers, cleaners, gardens workers or gym orderlies. The availability of work in prisons differs across the prison estate and is dictated by the number of prisoners, staffing levels, regime, and funding. A fundamental determinant of work is the status of the prison and particularly whether it is a closed training facility, where prisoners tend to be employed or engaged in rehabilitative programmes (Ministry of Justice, 2012e). Another decisive factor is the status of the prisoner; where an individual on remand is not required to take part in this aspect of the regime. While the work that prisoners do has received attention in the field of criminology, there are emerging scholars who are calling for attention on this aspect of the penology and a more dedicated focus (see for example, Morey, 2017). This research will focus on women's experiences of work in prison and how the roles they adopt shape their health and wellbeing during their incarceration.

From a political context, it was the Woolf Report that established the notion that prisoners should engage in challenging work in prison to constructively use their time and to meet their needs (Prison Reform Trust, 1991). Since the publication of the report the type of work and the roles prisoners adopt during their incarceration has received scarce attention. However, of late there has been a resurgence in attention paid to prison work by policy makers in its potential to rehabilitate offenders through providing a means of purposeful activity in prison:

Prisons should not allow offenders to simply mark their time in a purposeless fashion. Rather, prisons should be seen as places where increasing numbers of prisoners are engaged in challenging and meaningful work

(Ministry of Justice, 2010a p.15)

In the same publication, the Ministry of Justice (2010a) reported that there were 9,000 prisoners in public prisons employed in workshops and many more in roles to facilitate the prisons' operation. Considering that there were approximately 84,000 individuals imprisoned at the time (Ministry of Justice, 2010b) this figure, although not reporting the full extent of work in prison and work in private prisons, does indicate that a small

minority of prisoners were in work at the time. Academic research has also noted the relatively small numbers of prisoners who are able to engage in work during their imprisonment (Shea, 2005). In her research Shea (2005) argued that prison work was important to promote social inclusion during imprisonment. Other research has highlighted the importance of work in prison to foster an environment that reproduces some notion of normalised life where individuals have responsibilities (Pryor, 2001; Rutherford, 1984), as well as generating income and promoting a sense of satisfaction and self-worth (Howard League for Penal Reform, 2000; Smartt and Vagg, 2004; Van Zyl Smit and Dünkel, 1999). A key pathway to preventing reoffending is securing employment on release from prison (Social Exclusion Unity, 2002), and therefore the ability to gain skills that can be used to develop a career post imprisonment should be a priority of penal establishments, and therefore there is a need to increase the provision of work in prisons.

Of the available literature, consideration has primarily been paid to how men engage in prison work during their imprisonment (Carrabine and Longhurst, 1998; Crewe, 2009; Jewkes, 2012; Sloan, 2012). These research studies have identified that there is a lack of clear objectives in prison policies relating to prisoners' work and these policies distinctively lack the voice of prisoners and their needs (Parenti, 2001). Although research has criticised the work that is offered across the prison estate for failing to provide skills that can be used to gain employment on release (Shea, 2007), from a prisoner perspective the work they do offers benefits to them during their incarceration. In particular, work offer a means to keep busy and distract from imprisonment and employment also offers a way to earn money to buy items through the canteen (Sloan, 2016a). Furthermore, some prisoners do perceive that the work they do allows them to gain skills that they can use on release from prison (Simon, 1999). In her work Simon (1999) found distinct variability in the narratives around the work men do in prison. The gym orderly role was seen as a favourable position, however, there was a notable appeal to working in the gardens during the summer months, as this offered access to sunshine, fresh air and promoted a sense of freedom. The workers in the gardens reported that they liked having an area they could look after and the exercise that gardening entailed. They also enjoyed watching plants grow. In addition, the role offered the ability to gain helpful skills for the future and these

were not necessarily linked to thoughts for future employment opportunities, but general life skills. Work in prisons also offers a way for prisoners to form relationships with other inmates (Edgar, Jacobson, and Biggar, 2011), to develop a pro social identity (Burnett and Maruna, 2006; Stevens, 2012), to take control of their sentence through contributing to their own rehabilitation (Herbert and Garnier, 2008) and feel that they are trusted and have a purpose within the prison (Blagden and Perrin, 2016). Considering the reported figures of prisoners engaged in work in prison (Ministry of Justice, 2010a), there are many individuals who are incarcerated that are unable to share in these benefits.

Despite these benefits, during imprisonment, the allocation to places of work can reproduce notions of the powerful and powerless and serve to disempower prisoners. This can occur through governors and senior staff making decisions on the work prisoners will do in prisons without consulting them on their skills and interests, or ignoring them when they have been asked during employment board meetings (Carrabine and Longhurst, 1998). The failure to allocate prisoners to appropriate roles in accordance with their skills and interest can lead to disengagement and prohibit meaningful use of time during their imprisonment serving to demotivate their progress on their rehabilitative pathway (Blagden and Perrin, 2016). Assigning prisoners to work roles where they are engaged in doing boring monotonous tasks that offer little opportunity for learning and skills development is not good use of prisoner's time, and does nothing to reduce the risk of reoffending on their release (Shea, 2005).

The research to date lacks insight into the narratives of women's work in prison, to the roles they adopt in prisons and their views of this work. This study aims to address the gap in knowledge that subsists and forge an understanding of women's roles in prison. Furthermore, the existing research has explored prison work in terms of masculinities in prison, considering power and identity (Morey, 2017; Richmond, 2014; Sloan, 2016b). This research study explores how women's engagement in work in prison can shape their experiences and ability to self-manage, and promote their health and wellbeing during their incarceration.

A particular area of work and training in prison that has been explored in relation to its potential to promote health and wellbeing is horticulture. The development of 'green care', a term used to identify programmes where the natural environment can be used for health promotion, is widespread in the community (Haubenhöfer, Elings, Hassink, and Hine, 2010). Programmes have found improved ability to manage weight (Annerstedt and Währborg, 2011), better coping with anxiety depression and stress (Clatworthy, Hinds, and Camic, 2013; Kam and Siu, 2010), as well as enhanced development of social networks (Lewis, 1996). The physical activity endured through this type of work has been demonstrated to prevent mental disorders (Ströhle, 2009) and there are also powerful stories of feelings of hope generated through watching plant life grow and flourish (Page, 2008). The potential benefits of horticulture practices and training to incarcerated individuals had also been explored (Feldbaum et al., 2011; Inglis, 2014; Jenkins, 2016; Jiler, 2006). In the United States 'green education and training' has been implemented by a third of prisons and a further third are developing practices, including urban gardens called 'green roofs' (Feldbaum et al., 2011). Instead of or in combination with drug treatment, gardening programmes are used as a complementary therapy for recovery from mental illness (Jenkins, 2016). Furthermore, physical and psychological benefits of improved ability to cope with stress (Lindemuth, 2007, 2014), problem solving (Elings, 2006), increased confidence and self-esteem (Rice and Lremy, 1998), social bonding and prosocial relationships (McGuinn and Relf, 2001), have also been documented among prisoner populations.

Not all studies had found a benefit of horticulture programmes. Migura, Whittlesey and Zajicek (1997) found no statistically different scores on measures of locus of control, self-esteem and satisfaction with life between inmates who engaged with a horticulture programme and those who did not. This demonstrates the need for qualitative research to understand what parts of horticulture programmes prisoners find beneficial to health and wellbeing, and what elements need to be improved. Additionally, the concept of 'green prisons' has been critiqued as a way for the prison to sustain itself and to decrease costs rather than improving prison conditions or decreasing the impact of the institution on the environment (Jewkes and Moran, 2015). Other research has drawn metaphorically on how the work in the prison gardens of cultivating and taming is similar in meaning of the work of the institution towards

prisoners (Brown, 2014). In her article Brown (2014) also draws reference to the ‘correctional’ prison gardens that echo the shameful past of the use of slaves on farms that were marked places of brutality. The need to consider the role of horticultural programmes and more broadly the premise of prison work, particularly in the United States, has been called for due to reservations of the use of ‘free’ labour for private profit (Alexander and West, 2012). These studies demonstrate that there is a need to consider the rationale and premise of work programmes in prison and who ultimately will benefit from them.

In the United Kingdom, an innovative project at HMP Styal called ‘Grow your own way to Personal Success’ demonstrates the utility of horticulture programmes in the female estate. In the evaluation of the project (Baybutt et al., 2014), the authors note positive impacts to health and wellbeing of improved sleep, physical activity, and relaxation, as well as development of the women’s resilience, confidence and self-esteem. The practical training on the course developed the participant’s life skills and numeracy skills, and a further benefit was enhancement to the prison grounds creating a desirable place for staff and inmates to use and enjoy. This pivotal study is built on in this research in considering not only the benefits of a horticulture programme in prison but also the narrative of health and wellbeing from women who engage in gardens work in the prison, a much less structured programme.

The primary focus on health and wellbeing in this research is supported through prevailing research which has demonstrated that across the female estate women have distinct health needs that remain unmet (Corston, 2007, 2011; de Viggiani, 2007; Harris, Hek, and Condon, 2007; House of Commons, Justice Committee, 2013). The health and wellbeing of women in prison is also known to considerably decline during imprisonment (Baybutt et al., 2007; Plugge et al., 2006). Although much is known about the health status of women in prison, far less attention has been paid to practical ways to promote health in prison settings.

In this research, work and training in prison is explored to understand whether this offers a practical solution for women to promote their health and wellbeing. In order

to understand women's experiences, the concept of recovery is used and expanded from its more typical use in research in mental health settings (Drennan and Alred, 2012b; Dunn, 2014) and drug and alcohol treatment programmes (National Treatment Agency, 2012; Smoyer and Blankenship, 2014). There has been growing recognition of its adaptability to be applied in a correctional setting through some similar principles to desistance theory (see Best, Irving, and Albertson, 2017; Terry and Cardwell, 2015). The concept of recovery, as applied in this research is strength based, focusing on reducing the risk of reoffending through helping individuals to build rich and fulfilling lives (Drennan and Alred, 2012a). Participation, motivation, control, and empowerment are all central themes of the characteristics needed to recover and lend themselves to notions needed to promote health (Baybutt et al., 2014; Martin et al., 2013; Smith, 2002; Woodall et al., 2014).

As stated in Chapter 3, the qualitative element of this thesis is broadly concerned with two research questions:

- How do women in prison perceive and manage the impact of their incarceration on their health and wellbeing?
- To what extent can accounts of women in prison making sense of their experience of health and wellbeing be explained by recovery?

This research study will address these questions but does so while focusing on a particular element of women's incarceration experience. In this final research study presented in this thesis women's roles in prison are focused on for how they can shape women's experiences of health and wellbeing. As such the third research question answered by the study is:

- How do women's roles in prison shape their experiences of health and wellbeing during their incarceration?

6.2 METHODOLOGY

6.2.1 Semi- structured interview design

The study used qualitative analysis in order to gain insight into women's experiences of health and wellbeing in prison orientated by their role in prison. More specifically the roles explored were; gym orderly, gardens worker and Clink trainee. In considering roles that would foster health and wellbeing in prison it was decided upon to focus attention on the gardens worker, a horticulture programme and women working in the gym as gym orderlies. This allowed for reflection on prior literature in considering the topics to be explored during data collection, and for new areas to be explored.

6.2.2 Sampling and participants

In order to take account of the varied roles in prison and to consider roles that perhaps contributed to health and wellbeing in prison, the participants were drawn from workplaces of the gym, gardens and The Clink horticulture project. The gym orderlies' role in the gym comprised of cleaning duties, undertaking healthy living and gym instructor qualifications and providing support to gym users. As such this role required them to be frequent gym users and to engage in education to further their knowledge of health and wellbeing. The gardens workers were mainly tasked with general maintenance of the prison grounds, planting and collecting recycling. These tasks involved physical exertion and being outside and could perhaps promote health and wellbeing in prison. The gardens were also a workplace that women in prison were allocated to on their reception to the prison, and one that they had no control over. Only after six weeks could they make a request to change workplace or go into education or training. The gym orderly role was one that women made an application to be considered for. The same too applied to horticulture programme and this was run by the third sector organisation The Clink charity. This programme offered training and qualifications in horticulture as well as through the gate support on release from prison. The role also included similar tasks to gardens workers of maintenance and planting, but the workplaces were distinct. Therefore, women were outside, physically active but also engaging in a training course to further their skills and knowledge, and as such the programme was considered to potentially contribute to health and wellbeing.

Purposive sampling was used to recruit women who worked as gym orderlies, gardens worker, and Clink trainees. In total thirty interviews were conducted in the three months granted by the prison for the research, with ten interviews being conducted amongst women from each group. The participants who took part were aged between 21-74, majority white ethnicity (n=19), however, there were 10 women of Black ethnicity and one woman who was Asian. All of the participants had been sentenced, three of whom were serving life and one participant had an imprisonment for public protection (IPP) sentence, with a tariff of eight years. The sentence length of the remaining participants ranged from one year to eighteen years, the average sentence length was seven years. The length of incarceration in the prison ranged from one week to ten years, the average was four years.

6.2.3 Procedure

Participants were identified through informal initial contact with the author in the workplaces and information sheets were provided for further details. A period of two days was given for the potential participant to think about whether they wanted to take part. In most cases there was agreement straight away; four women asked for the researcher to return the next day. Semi structured interviews lasting between 30-90 minutes were carried individually with each participant. Interviews with the gardens workers and Clink trainees took place in the association room or the training room in the resettlement unit close to the gardens. The interviews with gym orderlies took place in a treatment room in the gym. These rooms offered privacy, but a comfortable, familiar space for the participant and all participants gave permission for the interviews to be audio recorded. During verbatim transcription of the interviews, all names and identifiable characteristics were changed to meet the agreed assurance of anonymity.

6.2.4 Analysis

The interview transcripts were analysed using IPA in accordance with the process described by Smith (1996). This process involved exploring the full accounts expressed by the participants through close reading and re-reading transcripts. Notes were made during this process and later organised into clusters, which after further

reading of the text were derived into themes. Each theme is presented through subordinate themes, which include verbatim extracts from interview transcripts. A fuller account of the appropriateness of this method and the approach taken can be found in Chapter 3.

6.3 FINDINGS

Section 1: Food, Physical Activity and Health in Prison

During analysis, a strong narrative emerged around the participant's experiences of food, the gym and the impacts of imprisonment on their health and wellbeing. Accordingly, this led to the development of four superordinate themes of *food in prison*, *physical activity before prison*, *barriers to the gym in prison* and *health in prison*. Although the participants interviewed in this study were drawn from three roles in the prison; gym orderly, gardens worker, and Clink trainee, the accounts of these women's experiences were allied and so the first part of this chapter includes verbatim extracts drawn from all of the participants to illustrate the theme presented and to support the point being made.

Theme 1: Food in prison

The study participants expressed a varied experience of food in prison, as reflected in this section. Thus, an insight into the complexity and distinct nature of how food is experienced in prison is presented. The material is organised into the following six themes; *quantity of healthy food provided*, *quality of healthy food*, *comparatively better food than other prisons*, *canteen food*, *dining hall environment*, and *cooking and eating with others*.

Quantity of healthy food provided

A common complaint about the food provided by the prison was that there was a lack of healthy food available. The quantity of the health food available, particularly salads, was limited through portion sizes not being “substantial” enough as Debbie highlights:

That’s just what holds me back, it’s really conflicting because if you train hard in the gym and you come back and it’s like salad or pizza, and salads not cutting it! So you’re going to go for pizza and wedges and it’s just such an unhealthy diet; the prison diet. I know that there are healthy options but there not always substantial so... it’s a real conflict. [Debbie, gym orderly]

The lack of a healthy option that will fill her up leaves Debbie with no alternative but to choose another option that she considers to be less healthy, and this sabotages the work she is doing in the gym. The participants complained of having to eat more food after dinner if they had the salad option because of the hunger they felt in the evenings

The biggest problem, I love the salad but when you go back you feel hungry then you have to eat again because you’re still hungry, you have to have something else. [Hannah, Clink trainee]

In addition, some of the participants were able to include other healthy options with their salad at dinner time:

You can always get vegetables with salads as well so that’s good. [Robin, Clink]

The option Robin suggested of having salad with vegetables seemed somewhat more of an unusual combination, but this option still allowed her to eat a healthy meal. Salad, therefore, was a healthy food item that women want to eat in prison, but could not get enough of to create a substantial, fulfilling meal. This demonstrates that the

participants did want to eat a healthy diet in prison, and that they understood what foods to choose to promote their health. This also demonstrated that the prison institution was presenting the participants with a significant barrier to eating healthily and fully promoting their health by not providing enough food. This perpetuates that the prison has the power to provide or take away this option and the participants are powerless. The resulting impact was the participants having to take time to plan, to think about what foods they would eat to enable them to feel full, but also retain some food choices that promoted their health.

The need for increased healthy food provision in the prison was further constituted in the participant's awareness that there was a lack of fruit and vegetables to promote their health as Iris highlights:

You get three bits of broccoli when you go up anyway. So you're not getting any of your five a day. You get one apple at lunch, the rest you have to buy on the canteen... [Iris, gardens worker]

In addition, the participants experienced refusal when asking for more vegetables despite knowing that they were available as Natalie's account suggests:

They won't give us seconds on just salad or veg. They would rather throw it. I've watch them throw it away rather than give it to prisoners. And I say to them, we're not asking you for the pies, the sausage rolls, we don't want that. But you'll throwing a whole container of vegetables down this waste thing, I think that's ludicrous. I just don't get it. [Natalie, gym orderly]

Natalie's account highlights the clear frustration among the participants in wanting to eat a healthy diet in prison but facing stark barriers when trying to do so. The practice of not offering seconds despite availability further emphasises the power of the prison institution over the health and wellbeing of women incarcerated. In addition, the participants complained of the monotonous provision of healthy options:

There's no healthier options really unless you want a salad and then it's the same thing day in and day out. [Iris, gardens worker]

There was also knowledge of, and frustration towards the disparities in the provision of salad for staff in their canteen and the salad to prisoners:

The salad is they give you a plate of iceberg lettuce and sprinkle some peppers on top to look pretty. In the staff mess I put walnuts in it, I put saltines in it, I put radish, we use the round lettuce we get from the gardens sometimes, which is lovely, I even use some Swiss chard. So we get all of that stuff here, why can't we have that. [Nikki, gym orderly]

This must have added further frustration to the participants as there was an awareness that the salad option did not need to be monotonous because there were other items being bought but these were being used in the staff mess. The lack of variety in healthy options was not just limited to salads. Another repeat healthy food item provided by the prison was described by Jackie when talking about healthy options for lunch:

The healthy option to them is boiled eggs and they're on every menu. Not everyone likes boiled eggs and it gets a bit boring eating the same thing every day. [Jackie, gym orderly]

Jackie described “the healthy food option to them” which suggests that women who actually consume the food in prison have different perceptions about the provision of healthy food compared to the staff who have control over the menus. This indicates the complexity of trying to understand healthy food provision in prison. Women are trying to engage in healthy lifestyles but at the same time the prison staff refuse to give them an additional portions of healthy foods when it is available, but instead throw it away. In addition, prisoners are offered unvaried healthy options but prison staff are

offered a variety in their own canteen, which are prepared by prisoners. This illustrates continuation of power to the prison establishment and staff members. These actions and decisions by staff were an attempt to control the participant's pursuit of healthy options in prison, to limit its supply and desirability. However, this did not deter or demean the participant's efforts in engaging in a healthy lifestyle in prison. What this does perpetuate is that a healthy diet is not a given in prison, but is a privilege that the prison can provide or take away. The participants demonstrated their continued motivation towards trying to eat a healthy diet in prison, through buying more fruit if they wanted to or having salad with vegetables. Here there is then an example of how the prison environment is not entirely supporting a healthy diet in prison, and thus not fully supporting women to promote their health, but the participants are demonstrating their agency over the environment to make choices to try to overcome these constraints.

Quality of healthy food

The participants in this study also complained about the lack of quality healthy food provided, principally the notion that the vegetables were overcooked:

They wrap it in cling film and put it in a big oven, and then because it's sitting there when it's finished cooking all the moisture then drips back on it, so when it's served on your plate I don't think there's any nutrition left in it. [Camellia, gardens worker]

This further symbolises the lack of power the participants had over the food they ate, and the health enhancing benefits of it, but also that women understand what healthy food should be. Despite the fact that they were overcooked the participants described still persevering to eat them, Betsy described the process as "torture":

I'd just like well-cooked vegetables... not cooked so it's so soft, so you can't really eat it. It's like torture to eat it, but I'm like forcing myself because I'm like I need these, I need it, it's good for me. [Betsy, gym orderly]

This account highlights the willingness, the motivation, and perseverance of the participants in this study to gain any health enhancing benefits from the food they consumed in prison. The quality of the healthy food provided was also queried through fresh food that was uncooked could be dirty, and according to Carole, it was sometimes served with worms on it. Clearly, this would be especially unappetising and perhaps even on one occasion put someone off to the point that they would not order the option again.

I just find it a bit dirty in prison kitchens, so when, when I eat sort of like fruit and salads I'm a bit aware that they could be a bit dirty because they haven't been cooked you know, so I think that puts me off eating more salads and fruits. [Sandra, Clink trainee]

I can't say so many things you see on the food even on the salad, worms crawling I just scream ahhhh (laughing)... They have not been washed properly. [Carole, Clink trainee]

In addition, the lack of quality of the fresh healthy food was also highlighted by Jasmine who remarked that the salad was sometimes unpleasant because it was already going off by the time it was served to them.

...the salads have been made a few days prior and it kind of puts you off, because you'd get lettuce that's a couple days old, it's not fresh salad and that off putting. [Jasmine, gardens worker]

The accounts from the participants in this study evidently query the quality of the healthy food being provided to them in prison. While the prison institution may have had the power of overseeing the cooking of the food in the kitchens, and may have sabotaged the health benefits of the food, the participant's narratives of persisting to

eat the food demonstrates the willingness of the women in prison to take any opportunity to consume food that had health enhancing benefits. Although there were critiques by some of the participants in this study of poor hygiene and food standards in the kitchen, it seemed as though this did not deter all of the participants from ordering these types of foods, as the narratives on healthy food choices persisted.

Comparatively better food than other prisons

When talking about the food provided by the prison the participants in this study drew comparisons with the food they had experienced in other establishments. A common comment was that the food was better than other prisons.

The food here is really, really nice as well. It's the best of other prisons. I think they take more care over it, it tastes fresher, it just tastes really nice whereas other places they just slop it, and it's cold. [Daisy, gardens worker]

Daisy remarked that “they take more care over it” and this positive feeling added to her enjoyment of the food she was getting compared to what she had experienced in other prisons. The use of the word “slop” suggests a perception of lack of care or attention to preparing food and this was echoed in Sandra’s account of the food she experienced in Holloway prisons:

Holloway was complete slop so anything better than that, which is here is sort of a bonus you know. [Sandra, Clink trainee]

The participants in this study were clearly pleased to receive better tasting, appetising and fresh food, however, Kim suggested that the reason for this was the use of fryers to cook the food such as chips and that the fat could be addictive:

Compared to other establishments the food is better, you know it tastes better, the range is quite good; but there are a lot of sort of greasy, a lot of fat here, they love frying stuff, you know they are quite fans of chips. So a lot of stuff can be quite greasy... It's something your body almost becomes addicted to; fat, it craves. [Kim, Clink trainee]

This creates a rationale for why so many women favoured the food because it was perhaps more flavoursome, but not health enhancing. In addition, as the quote below from Ceri demonstrates, despite the food being better it was still constrained enjoyment because it was institutional food:

The food here is a lot better than my old jail and its, as I understand it has got the best food of most prisons, but it's still prison food. [Ceri, gym orderly]

The accounts of the participants in this study suggest that the food they experienced in the particular prison they were in was better than the food they had experienced during their imprisonment elsewhere. In experiencing comparatively better food that was “fresh” and had “care taken over it” there was perhaps an appreciation for the food. A rationale for the liking the taste of the food was that a proportion of the daily food was fried and heightened the flavour and appetite for these types of foods. These experiences of food were not without awareness of the institution, and the context the food was consumed in.

Canteen food

The participants in this study revealed the ways in which food items such as biscuits, chocolate, crisps, which could be bought from the canteen every Friday could be used to comfort and help them to cope with being in prison.

When I come back I'm not hungry for about an hour, but then I'll eat cereal or a chocolate bar or crisps, sweets, just crap (laughing)... It's normally gone by Monday (laughing). I'd munch right out at the weekend. Every night I'd have a bar of chocolate, crisps, a packet of biscuits while watching telly in my room. On Friday to Sunday we're banged up at a quarter to five so I just sit and watch telly, eat and drink coffee. I like it, it's nice. I think I do it because of boredom, that's what it boils down to boredom. I wouldn't change it though. Every weekend I do it, it's my pig out. [Daisy, gardens worker]

The accounts, such as Daisy's revealed how this food was eaten in habitual and ritualistic ways over the weekend. These actions appeared to be a strategy to cope with the boredom, to cope with the isolation of being locked behind their door on their own and as something to look forward to occupy their time. The food was also used as a way to occupy their mind as the account from Megan demonstrates:

I think it's when you're watching the TV and there's nothing else to do and your mind travels and then I think to myself I could treat myself to biscuit or something like that, so that's the only time really. [Megan, Clink trainee]

Watching television was accompanied by eating these foods and it was enjoyable to the participants as Daisy's account exemplifies; "I like it, it's nice", and there was no resistance or want to change this behaviour. The actions were also not solely carried out at the weekend, but were also a regular occurrence in the evenings, once locked up to cope with boredom. In addition, Ceri revealed her thoughts about this behaviour, why she did it and why other women also did it:

I would always find that I would eat more when I was locked behind my door in the evenings just because you are bored... we get our shopping once a week on a Friday, there's so many girls that will order biscuits, they'll eat all the biscuits within an hour of having them. And then they'll be going oh I'm going to come to the gym this week, I feel disgusting. And it's just that kind of like umm yeah it's an inconsistent relationship with food I guess. But again it's like a coping thing I think, but it is amazing the number of conversations we have in here about food, it's phenomenal.
[Ceri, gym orderly]

In her account Ceri also reveals that women in prison have “an inconsistent relationship with food”, and this suggests that women in prison use, and over indulge in ‘treat’ food to cope with boredom and deprivation over the weekend and this serves as a short-term solution to manage their feelings. However, the results of this practice created guilt, regret and the need to do something to overcome these negative feelings so the gym provides a solution to the problem. This does not happen on one occasion in isolation, but Ceri’s description exposes that this goes on amongst many women in prison and is cyclical on a weekly basis. Sustaining this practice over imprisonment, in the long term could perhaps be damaging to health.

The meaning of food is so much more than something the women have to eat to survive, but it is full of choice making decisions about what to eat for yourself, but also the food that other women eat and this generates conversations in the prison. Women in prison talk about food as well as consume food, they have a relationship with food in prison and it is, therefore, an integral part of the prison system.

Dining hall environment

The final two parts of this section on *Food in prison* considers the experience women have when eating food in a communal space in prison. The dining hall was described by some of the participants in this study as a place to be “wary”, a place where there

may be trouble to gain “credit”. In order to cope with this environment Cherry and Tansy had adopted clear strategies to protect themselves from any harm:

I'm a little bit wary in the dining hall, just because you don't know who's behind you, so I'd always sit with my back to the wall... it's an environment where you don't know whose who... The dining hall can be a place that people do things just to get credit as there's people watching, compared to on the wing behind a door. People that like attention will do it in the dining hall. [Cherry, gardens worker]

I just eat really quickly and come out... I just want to get out of there. [Tansy, gardens worker]

These strategies of sitting with your back to the wall, or eating quickly to not have to spend too much time in there, demonstrated that consuming food in this environment was an experience intertwined with fear, anxiety and stress and therefore would limit any pleasure while eating. The level of anxiety was also heightened because of a perception of being watched, as Hannah's account expressed:

The anxiety all of a sudden someone else is watching you, it's too much pressure, you don't feel comfortable. I'm sitting eating with my friends they say this girl is watching, it's just, uncomfortable, uncomfortable. [Hannah, Clink trainee]

Perhaps Hannah's feeling of being watched was not unfounded. The account below of Ceri demonstrated that the participants in this study did watch other women while they were eating in the dining hall, although they did not actually say anything to them:

...here there's a big bar in the dining hall of sauces, and those sauces are so unhealthy and you will see girls literally pouring loads of salt and ketchup, like seven or eight sachets of ketchup on their food. I do notice that, when people are around me doing

that, and I'd never say anything, but it's hard to not notice when there's rubbish all over the table. [Ceri, gym orderly]

The tension and anxiety in the environment of the dining hall may be added to by the staff members working who were described by the participants in this study as 'hovering', 'ruthless' and 'horrible':

And then you've got all the kitchen staff that hover around the servery making sure all portions are the right amount, as they class it. [Iris, gardens worker]

Steve the kitchen manager he's ruthless, he'll stand at the hotplate and I know some women can be greedy, and I get that, if I say I don't want potatoes can I have some more veg No! It's horrible. [Nikki, gym orderly]

The dining hall has been demonstrated by the participant's accounts so far in this section to be a space of tension, anxiety, and fear. However, this was not the experience of all the participants in this study. At first, Reece felt that the dining hall was a difficult space to go into because she was uncomfortable eating in front of others, but being forced to go to the dining hall had helped her to overcome this, although this may not have been a pleasant experience:

In other jails, I used to have my dinner on the wing, the servers is on the wing, and I used to go to my room because I never used to like eating in front of people; but down here you haven't really got a choice, so it has helped me with that I suppose. [Reece, Clink trainee]

In addition, Daisy drew comparisons to her experience of eating in other prisons where she would have had to eat, sleep and go to the toilet all in the same space, and where this experience was unpleasant compared to the opportunity to go to a space and sit with others socially at a table and enjoy a meal.

We also go to the dining hall and I think that's a lovely environment to be in. I've got a group of people that I sit with and I think it's nice to sit up with people at a table... We have a laugh sometimes you know, it's nice. It's not healthy in other prisons; eating in your room, sleeping in your room, toilet in your room, it's not nice. [Daisy, gardens worker]

The narratives of the participant's experiences of eating in prison demonstrate that the environment is an important factor in whether consuming food is enjoyable. For some of the participants in this study, the dining hall environment was experienced as a risky place to be because there was potential for violence and aggression. This generated anxiety, and to manage this fear in the environment the participants developed strategies of sitting in strategic positions or limited the time they spent in the space. For other participants, the environment was one where they felt watched by staff and other prisoners or one where they watched others and this too added to the tension and anxiety in the atmosphere. However, for a few participants, the atmosphere and the environment of the dining hall was one that allowed them to overcome challenges of eating amongst other women, and facilitated enjoyment and pleasure of socialising with others whilst eating. This establishes that there is not one homogenous experience of the dining hall environment in prison.

Cooking and eating with others

The space where food was consumed was further demonstrated to be important to the participants in this study when talking about the opportunity to cook and eat with other women in prison on the wing.

So you'd go into the association room and loads of people would be in a queue waiting to cook all different food...People make all kinds of things like cheesecake and are very imaginative and creative. And that's different from the dining hall because everything there's very bland and you've had it loads of times...you know somebody's

cooking something for you, you know they've put effort into it, and it's a bit more special, it's a bit more interesting and it's more sociable, because you're choosing to be around those people so it has a nicer feeling to it. [Camellia, gardens worker]

Camellia drew a distinction between the opportunity to eat with other women on the wing in the association room where women are cooking for one another and described this as a very positive, “nice”, “special” experience. The ability to buy food from the canteen, to put this together with other women and cook, offered a chance for women to take control over the variety of food they consumed in prison, over the taste of the food they ate in prison and who they shared this experience with as the account by Melissa demonstrates:

I think this canteen sheet is really good, cos it's got a lot of food that you can cook yourself... mackerel, and a lot of fishes or there's kidney beans...onions and ... mash potato so a lot of people cook their own meals in the microwaves. So regardless if you like the food or not, you can also go to canteen and choose what you want from the canteen... One of my friends she cooks, she likes to cook a lot. So I'll order a few tins of mackerel and give it to her, she'll go cook it, couscous on the side, a bit of cheese on top ...sometimes I do that, once in a while cos it's really expensive ... special occasions like once a month. [Melissa, gym orderly]

There was also the prospect of creating a meal that was closer in taste to food women would have consumed before coming to prison as Monica described:

We used to have a lot of beans back home so we can cook the chickpeas with some onions and just have like that, you know...I would say twice a month...because I don't want to get into the habit of buying them and cooking them and eating them... and then we always share it, its not that I'm going to have the whole can of chickpeas or whatever we always share them....with my Columbian friend... would have that probably on a weekend, weekend because we try not to have a lot of sandwiches. [Monica, Clink trainee]

Being able to cook on the wing also provided a means through which women in prison could show their talent for cooking, to be praised and demonstrate care and affection to friends through providing an enjoyable meal. There appeared to be a sense of positive shared experience, similar to a community coming together through this experience, which offered the potential to promote mental and social wellbeing. Although this did not appear to be something the women did all the time, as Melissa described it may not be affordable and Camellia said it was a “special” experience.

Theme 2: Physical activity before prison

The participants in this study reflected on their activity levels before going to prison. Engagement in physical activity prior to imprisonment was linked to lifestyle, owning a dog and looking after family and these accounts demonstrate the everyday means through which women were physically active before imprisonment.

Both Iris and Robin described not going to the gym before going to prison because they were able to be physically active through other means. For Iris, physical activity was necessary to get the drugs she needed:

I was doing drugs then so you have to be active, you've got to go score do all that, so you're constantly on the move. You don't sit down for more than five minutes normally, so you're quite physically active. I wouldn't go to the gym. [Iris, gardens worker]

For Robin, physical activity came through her job and this left her little time to go to the gym:

I was physically active anyway, running around, especially with my job that was very physical; so I didn't feel I needed to go to the gym. I didn't feel I had time to go to the gym actually when I was on the out really. [Robin, Clink trainee]

Participants who owned a dog described how they would be physically active through taking them out for walks:

I've got a very big dog...Charlie needed a lot of exercise you know so my partner and I used to walk him five miles a day. [Kim, Clink trainee]

We would go out walking in the forest, because we lived right near the forest, and we have a little dog and we take him with us and that's about it really. [Robin, Clink trainee]

A prominent feature of discussing engagement in physical activity prior to imprisonment was having a family and the necessary activity that came with this role. This was described as walking to collect children from school:

Walking everywhere. I'd be up and down to the school two or three times per day, because I've got five kids. [Daisy, gardens]

Sandra's account provides a richer description of her role and the activity it required:

I'm a mother so I was obviously very active, and just did the normal active sort of things you know, running a household and sort of looking after a family and things you know. I cycled a lot, I had a bike and a seat for my child on my bike as well so, I don't drive at all, I always cycled everywhere. [Sandra, Clink worker]

Sandra described how being active is a fundamental part of being a mother, and asserted that this is obvious. This statement emphasises that anyone who is a mother is active. The activity that comes through the role of being a mother is through running a household, and although not stated this might include washing clothes, tidying up,

hoovering and shopping, all of which involves activity. Taking children to and from school, especially in Sandra's case where she did not own a car also involves physical activity.

The accounts from the participants in this study demonstrate that their life prior to imprisonment contained little sedentary behaviour. It is clear how being a mother involves being physically active, and this is perhaps an overlooked element of women's engagement in physical activity in society. In addition, more leisurely activities such as walking a dog may not be seen as intensive exercise, but nonetheless, this is physical activity. Furthermore, being active through seeking drugs or in the workplace again highlight more hidden areas of physical activity in society. These activities were recognised by the women who participated in this study, and they did put these forth as their own ideas of how they were active before imprisonment. This does not necessarily mean that they lived a healthy lifestyle, and there are other elements to consider, such as diet and substance abuse. However, this does suggest that for women in prison; physical activity before imprisonment is more likely to come from activity they already do as part of their lifestyle and role in the family than through more structured means of going to the gym or classes.

Theme 3: Barriers to the gym in prison

Barriers to using the gym in prison were organised into five subthemes. The first two represent institutional barriers of; *access to the gym* and *staff in the gym*. The final three; lack of *self-confidence*, *other people in the gym* and *going alone* are personal barriers that women discussed but these are very much linked to social factors in the prison environment.

Access to the gym

The participants in this study described barriers to accessing the gym because of their job role and their IEP level. Clink trainees were not allowed to leave work early as frequently as women who had other occupations, such as gardens worker as Janine and Hannah explained:

And when you work in The Clink you're allowed to go one session a week while you're at work... we come down until three o'clock and then Gary lets us go to the gym from three till half four. If you're just working in the gardens I think you're allowed to go every day at three o'clock. [Janine, Clink trainee]

Garden girls have it more relaxed and they're allowed to go in the gym every day at three o'clock and go to appointments; hairdressers, whatever they want to do. They have it more relaxed. The Clink you don't have that at all, it's very strict and very very busy so you have less time to go. [Hannah, Clink trainee]

Access to the gym was also varied because of location within the prison. Principally women located on E and F wing, known as the resettlement unit and where most women were on an enhanced level of IEP, had the most frequent access to the gym:

I do go to the gym, about six days per week. Being on this wing we can go every day, so that's good. You can go every morning before work. [Tansy, gardens worker]

Heather was on the main block, but described how she would normally be able to go to the gym every day, perhaps more than once, but because she was on basic IEP she could only go once a week in the morning. The withdrawal of gym access because of a prisoners IEP level would imply that access to the gym on a regular basis is a privilege and not a right, and furthermore, that behaviour deemed unacceptable by staff warranted the removal of this privilege.

You can go to the gym every day at like three o'clock, and then after work and all that. But if you're on basic you can only go once on Thursday morning, and I am on basic at the moment. [Heather, gardens worker]

In addition, factors such as the frequency and times of the classes presented a barrier to attending because of getting out of work and having other things to do, such as telephone family as Megan explained:

I think it's the timings as well, like yoga is four thirty so I've just come out the gardens and the last thing I wanna do is go and do yoga, if it was six o'clock I may think ahhh I've got nothing to lose, it's an hour before bed and I'm not doing anything. But the other thing I like to do is phone home and speak to the kids, so that's timing I mean half four is when they finish school and they're at home. [Megan, Clink trainee]

These difficulties in accessing the gym represent practical and institutional barriers to accessing the gym in prison. These are somewhat out of the participants' control because of the prison regime and rules.

Staff in the gym

Another aspect of the prison gym that is out of the participants' control is the staff members who work there. When talking about the gym in the prison some of the participants in this study profoundly criticised the approach and attitude of certain staff members in the gym.

... To be quite honest there's one staff member that's a right little miserable thing and I wouldn't want to go and be told anything by her, to be quite honest... I wouldn't possibly ever go to the gym in here. [Iris, gardens worker]

I was going probably five months ago. I was working in the gym as the orderly and doing the course which I dropped out of, just because I wasn't keen on the staff there. As some of the attitudes from the staff are completely patronising and yes I'm in prison, yes I've done wrong, but I don't need to be punished by staff. [Jasmine, gardens worker]

The attitude and approach of staff in the gym is paramount to the women's perceptions of whether this is a place they want to go to, and whether they will engage in the gym. There is no alternative gym for the women to choose, and therefore there is a need for the staff to be flexible in their interactions with the women in prison so that all women feel that this is a place they can go to if they want.

Lack of self-confidence

Having self-confidence was revealed by the participants in this study to be a crucial factor in whether they felt comfortable to use the gym. Sandra and Reece detailed that when they first started using the gym they were anxious and hesitant because of the judgment from other women using the gym:

The gym's alright...In the beginning I thought some prisoners are like 'oh look at me', you know 'look at my muscles'; pumping iron you know and it kind of puts you off. [Sandra, Clink trainee]

Sandra perceived that women were showing off their physique in the gym and this was off putting to her. Perhaps she felt that she was not up to their standard when she first started going. Similarly, Reece stated that she felt she was being watched by other women, and she judged that she was sweating more than them perhaps as she was also new to the gym and not to the fitness standard of the other women:

At first I was a bit like anxious because I felt everyone was staring at me and I got hot and sweaty more quicker than other people. Girls have said like I used to go there with loads of make up on as well and now I've just been going there with nothing on (laughing) because at the end of the day girls are there training like you, you know what I mean, no one's looking at you thinking oh god look at her. [Reece, Clink trainee]

Reece used makeup when she first started going to aid her self-confidence. As she persisted in going it was clear that she had managed to settle in and realised that the environment was one where women wanted to achieve their goals and were not judging others. The participant's accounts in this study revealed that a lack of self-confidence is a barrier to accessing the gym in prison. The initial contact with the gym and seeing other women using the gym is used by the participants to determine if this is a space that they feel comfortable in, and this is perhaps a crucial time in women judging whether they will go to the gym in prison.

Other people in the gym

The gym is a space within the prison that any women can use, and therefore there is no way of knowing who will be in there at any one time. The importance of the other users of the gym was revealed by Camellia and Stephanie to be a consideration when deciding whether to go to the gym and crucially for Camellia, could impact her experience of the gym:

Some people would come in and you'd be like oh no not you again. So it can be a meeting place, which can be annoying. I had one time when I walked in the gym and I'd never had this in prison, but everyone in there was someone I liked and I felt calm and happy. I thought it's not normally like that. That made me realise that that's one of the things you experience, but you don't know that you experience that, it won't be until you go out until you realise how stressful the environment is, you just get used to it. So it's nice to be around people you like and be able to concentrate, instead of

having to suppress all those other feelings and still try and pedal really fast in a spinning class for example. [Camellia, gardens worker]

The gym was, therefore, a space that could produce anxiety and tension because of other users. When going to the gym for the first time it may be that women's self-confidence was challenged because they felt they were not as good as others, in this case getting to know the gym users does not help with the anxiety especially when there are women using the gym who are disliked. This, as Camellia suggests can interfere with her concentration and would impact any pleasure being gained while working out. The users of the gym can change with new prisoners being brought to the establishment. This, as Stephanie describes, also affects women's experiences of the gym:

I've tried going to it, at one point I did go nearly every day and I lost the weight that I wanted to. But as more people were coming to the prison, more people go to the gym and I just intimidated again. [Stephanie, Clink trainee]

The narratives of the participants in this study reveal that the atmosphere of the gym environment changes with the people using it, and this can impact whether this is a space that women feel comfortable or anxious within. In addition, the constant state of flux within the prison of women moving in and out of the environment also complicates the experience of using the gym, as there is the potential for women to become familiar and comfortable with women who regularly use the gym, but this changes as women are received or released by the prison. This perhaps speaks to the anxiety that women have about the environment of the prison, that there can be periods where women feel a sense of stability and familiarity with women in the environment, but this can quickly change. The gym is conceivably a space in the prison where this can be notable as while being resident on one wing, a new prisoner inducted to another wing may go unnoticed, but a new gym user would be noticeable.

Going alone

Being able to go to the gym with another person or to know a familiar person in the gym was expressed as an important determinant in whether to go to the gym or not. This acted to reassure the participants and gave them the confidence to use the gym:

And I didn't want to go on my own, but cos I knew my friend would be there, because she works there, I wouldn't be on my own, definitely. [Janine, Clink trainee]

Amongst women who worked in the gym, there was a distinct lack of barriers expressed to using the gym in prison. Clearly, these women were regular gym users as it was their place of work. However, Connie alluded to the fact that outside of work hours she did not have a friend to go with and therefore this left her lacking confidence or perhaps motivation to go:

I'd use the gym on a Sunday if I could get one of my friends to come, I don't really like coming on my own. The lady on the bike out there, she's one of my friends.... It makes it easier if you come with someone. I just don't want to come on my own. [Connie]

Having someone to go to the gym with was also an important factor when considering whether to go to the gym or not. Connie talked about needing to go to the gym with a friend to “make it easier”. Within this account there appeared to be a fear of going to the gym alone. As a place to socialise, it may have been difficult to go alone and not be part of the social group, for fear of standing out or highlighting isolation or lack of friends, which may have alluded to vulnerability. In order to feel comfortable to go to the gym Connie’s explanation of her motivation to use the gym was conditional on her going with a friend. However, it is questionable whether someone without a friend to go to the gym with would feel confident enough to go, and therefore the gym may be a place of social exclusion for women who had not formed relationships with other women in prison.

The last three themes explored in this section of barriers to using the gym in prison describe how the social aspect of prison life is important to promoting and sustaining physical activity in prison, via using the gym. Entering a new space in prison can be daunting because of not knowing who will be in there, and the feeling of being judged, which affects self-confidence. However, getting to know people who use the gym was also not necessarily a solution, as the participants described not liking all the women who used the gym and this created tension. All of this is in flux because new women move into the establishment frequently, creating a barrier for the new person in their self confidence in going to the gym, and current gym users in not knowing who this new person is. In this way, the anxiety is reciprocal. Being able to go with a friend to the gym is a way of mitigating the anxiety, of ensuring there will be a familiar face. The gym is, therefore, a space to be carefully navigated in the prison.

Theme 4: Health in prison

This section highlights the importance of health in prison to the participants in this study. The participants expressed an enthusiasm to take control and look for ways that they could promote or maintain their health in prison. This section begins with exploring women's accounts of *managing and maintaining health in prison*, followed by their experiences of the *impact of imprisonment on health* and considerations of the environment of the prison; *health promoting prison*. The final part of this section is devoted to women's stories of *weight gain in prison* and will demonstrate the importance this has in shaping women's experiences of imprisonment.

Managing and maintaining health in prison

The participants in this study demonstrated attempts to be healthy in prison. The ways in which the women attempted to promote their health were varied, however, a commonality was that choice and control were employed in making decisions. One feature of exercising control in the prison environment to promote their health was

buying food items on the canteen sheets. Sandra referred to buying vitamins and Robin bought fruit to overcome the limitations of the prisons' provision of access to sunlight and fruit:

I buy vitamins on the canteen because I had my bloods checked for vitamin D. Before I came to this prison for example I was locked up twenty-three hours a day, so you never got any sunshine. [Sandra, Clink trainee]

I just drink a lot of water with my lemon in it still, I eat a lot of fruit, I buy that off the canteen, you get a piece of fruit every day in jail but I buy more to top it up, like your kiwi fruits and your bananas, you don't get that in jail. [Robin, Clink trainee]

It is as though there is a determination to not let the constraints of the prison take over and solely influence their health, which represents a mechanism to empower and promote their health and wellbeing through being able to buy these items, but also the action of purchasing the item serves to empower through enabling the women to exercise control.

The participants also talked about making choices to promote their health in terms of the food provided by the prison, being physically active and engaging in a job role in prison:

Like here, they'll serve chips three or four times a week. I'll eat chips maximum once a week, if I really want some. [Ceri, gym orderly]

You can go to the gym... you can do laps of the prison if you like. There are things out there that you can do. You can take up gym courses. [Daisy, gardens worker]

...if you've got a job that's good for you and you enjoy going there and you're active during the day... you feel more positive about doing other things... [Janine, Clink trainee]

These accounts seem to portray that being healthy, and promoting health is possible in prison, that women know that it is possible through the choices they make. Despite being in an environment that can be constrained, overwhelming and disempowering there is an apparent motivation of these women to want to manage and maintain their own health and wellbeing in prison.

Impact of imprisonment on health

Going to prison for some of the participants in this study offered the break they needed to detox of drugs and alcohol and develop a healthier lifestyle in prison:

I think being in jail I'm healthier because I haven't got the drugs to bring me down. I've detoxed off my methadone, which was really hard. I've just got to sort my head out now. If I didn't come to jail I'd probably be dead, I've done constructive things while I've been here and bettered myself. [Daisy, gardens worker]

For Daisy time in custody marked a fundamental and positive change in her lifestyle. The reference to the prospect of her dying if she had not come to prison signified to the greatest extent what this meant for her. While being in prison she had the chance to better herself because she was alive but more than that, she wanted to and was engaging in activities to develop a future for herself. And in some ways, she reflected on the fact that it had been hard, especially thinking about her detox, but there was no time to dwell on how well she had done, the positive feeling she had, the accomplishments she had made were spurring her on to accomplish more with her time in prison.

The sense of optimism for using time in prison to better one's self was also exemplified in Janine's account:

I was on drugs before I come to prison. I wasn't eating properly, and when I did eat it was just rubbish, chocolate or take-away. Since I've been here I've like detoxed off everything...it's a totally different lifestyle to what I'm used to... I just want to make myself better, I don't think I've ever been healthy, not with my lifestyle, so, I'm gonna try and use this like, time to change and do the best for myself really. [Janine, Clink trainee]

While Janine too had detoxed off drugs she remarked that "I don't think I've ever been healthy". It was a stark reflection that prison offered her the opportunity; the time to promote her health and wellbeing: The time to focus on herself which perhaps she had not ever experienced in the past. Although for some of the participants in this study time in prison offered the opportunity to promote their health and wellbeing, for other participant's time in prison distanced themselves from their former healthier life:

I was a lot slimmer. Yeah I was healthier. I was up and about, I would do things, you know I just don't do anything. I come home from work, I shut my door, I watch TV, and that's me for the day, and that's me for the weekends as well. I just don't do absolutely nothing anymore. [Iris, gardens worker]

Iris seems to portray that she has lost her motivation and her health has declined while she has been in prison. A physical manifestation of this is her weight gain. This represents that the experience of imprisonment does not only enable some women to take time to promote their health but at the same time other women, who perhaps felt they lived healthier lifestyles before prison, are left disheartened, unmotivated and lethargic and this ultimately negatively impacts their health and their wellbeing. The feelings Iris shared are tempering on anger and frustration through isolating herself after work, not engaging with others and this occurs over relatively long periods of time. But her last sentence "I just do absolutely nothing anymore" directs the anger

perhaps inwards to herself, that she is angry with her situation, that she does not like not doing anything, and there is the potential that this may change.

Health promoting prison

As well as the choices women could make in the prison to promote their own health and wellbeing, it became apparent that to the participants in this study that the prison offered a feature that they had not experienced in others. In addition to providing better food than other prisons, as discussed earlier on in this chapter, this prison also offered the opportunity to go outside into the gardens within the prison grounds more than they had experienced in other prisons:

In somewhere like Holloway or Bronzefield that don't have gardens, people are locked in all the time of course they're not going to because healthy; no idiot could ever think that they were... it's really nice we have flowers and you can go outside... [Camellia, gardens worker]

The image of being able to go outside in what was perceived as a pleasant environment with flowers gave an impression that this was a space that women enjoyed, that they appreciated and it was a place that was taken care of. Another feature of being about to go outside in the gardens meant that there was a perceived escapism from the watchful eye of the prison officers:

We're allowed outside more and I think that makes a massive difference to peoples wellbeing... you're quite often be sitting outside and there won't be lots of officers around. Whereas at Eastwood Park we had a little exercise yard, and they would basically watch you, and you only get twenty minutes a day and they'd be watching you constantly... they put a lot of flowers out and stuff like that. I know for example the pond up here sometimes it's been really nice to sit there and listen to the water and just imagine your somewhere else. [Ceri, gym orderly]

Not feeling watched, or monitored by the staff perhaps generated a sense of freedom in this prison. Coupled with the pleasant environment generated a feeling of escape and release from the environment, which better enabled women to cope with their experience of imprisonment.

Weight gain in prison

The participants in this study reflected on the changes in the appearance of women in prison. The changes in appearance were of weight gain and there were strong opinions of other women's choices in relations to what they ate and how much exercise they did. This created a sense that there were women in prison watching, making judgments of other women and perhaps covertly that this was not something that women overtly said to one another, but was something that they were thinking.

When I came here I noticed that everyone who had come from Holloway was like this; (gestures wide opening of arms) really big, it's got a reputation hasn't it for girls putting weight on.... I wasn't fat when I come to prison. I don't think I've put any weight on. [Connie, gym orderly]

Connie suggested that the weight gain of other women is something that is noticed and refers to the prison as having a role in this. In this way, there is a notion that there is a type of body shape that can be produced through, and is a result of, incarceration.

In an attempt to perhaps boost her self-esteem Connie affirms that she has not succumbed to gaining weight in prison, and this is a personal triumph. In a similar way, Nikki also talked about feeling motivated by other women "struggling" and feeling "depressed" about their weight gain. Nikki affirmed that she felt better because of it. Again, emphasising the personal triumph of not surrendering to the prison body type she frequently witnesses women becoming.

I know plenty of women who have come in prison and were like tiny that have put on so much weight here, and they're struggling and their depressed, and I've seen the way it gets them down. That kind of motivated me to not do that, so I definitely feel much better. [Nikki, gym orderly]

Nikki also talked about understanding why weight gain in prison is commonplace and used that as motivation to not do the same. Similarly, Jasmine also referred to the reasons why women gain weight in prison.

I've certainly noticed a lot of the girls around prison are overweight, and that's not a criticism of any sort, but of course with the food their providing and the level of activity... A lot of people don't want to go to the gym either because it's very lethargic food, having such big, sort of heavy meals you don't feel up for going to the gym and you kind of do end up putting weight on around your midriff. [Jasmine, gardens worker]

Jasmine was clear she was trying to understand why women gain weight in prison and was not criticising them. It was as though weight gain was a part of imprisonment because it was very difficult to overcome the challenges posed by a rich carbohydrate diet and using treat food to cope with imprisonment. Through her account Jasmine empathised with women who gained weight during imprisonment and reserved her judgment. However, not all the participants were as careful with the language they used to describe women who had gained weight in prison. Hannah's language was somewhat different: "They get so fat...they actually explode". While this may have been her way of conveying her surprise, the words used would be difficult, insulting and hurtful. While she may not actually ever say these words towards another woman in prison, the language used was shocking and candid.

A lot have come skinnier, because I've done five years so I know exactly, I watch people, they get so fat in a couple of months, they actually explode... [Hannah, Clink trainee]

Monica also used shocking language to describe the actions of other women:

I don't blame anything you know it's really up to you how you look after yourself and your health... When you see that there are young girls here, and they come here and they eat like pigs and their body changes. I know that they blame everything, but it's really up to you to look after yourself. When you talk to people and you say would you like to come and walk with us and they say don't be silly I don't need that... And then when they are ready to leave a week later they are running to the gym, they are walking around, and we say one week you know you won't be able to do it. [Monica, Clink trainee]

Monica raised two important points. Firstly, she understood weight gain in prison to be a choice and one that she would resist through looking after herself. Secondly, she reveals that there was a custom in the prison of worrying, of trying to reverse the weight gain in prison, to shed the weight prior to release. This practice demonstrates that women who gain weight in prison, do not necessarily want to and it was especially important to leave prison looking healthy. This prevented the possibility of being released with a physical manifestation of their experience, that would have been evident for their friends and family to see when they were released.

There were also reasons to resist weight gain in prison to prevent the prison from reaching a perceived desired goal:

And the thing is they give you all this stodge so you put on weight so it looks like they fed you well... They even weigh you when you're going out the gate. They ask you your weight at the time of leaving jail, so that it looks like they've taken good care of you, but that's so false. [Iris, gardens worker]

To Iris, there was a need to affirm that gaining weight in prison was not a way for the prison to demonstrate that she had been taken care of, that this perception was “false”. This perhaps clings to the notion that being well feed is a symbol of care or affection, but Iris is certain that this is a fallacy in terms of imprisonment.

The final part of this section sheds light on the feelings and emotions women have about gaining weight in prison:

I just don't want to get fat and wobbly, I'm scared (laughing) [Robin, Clink trainee]

You know putting on two and three quarter stone it's quite frightening, you know you go up two dress sizes it's like wow. [Kim, Clink trainee]

I'm scared to, I'm thirty-eight, I can't be getting heavier, I'm not going to lose it. [Connie, gym orderly]

The use of the words ‘scared’ and ‘frightened’ in relation to weight gain in prison identify that these are very real and troubling emotions to go through while incarcerated. What the accounts of the participants in this study demonstrate is that there is an immense strain, anxiety and fearfulness of weight gain in prison. There is also a lot of thinking time dedicated to weight and appearance of women in prison, and self-appearance with decisions to be made on food and exercise to negotiate how to present the body in prison.

Weight management is a relatively hidden part of women’s experiences of imprisonment but is nonetheless an important part of their experience. The turmoil of weight gain, weight loss and just thinking about body weight in prison has not been appropriately considered for how this may impact women in prison. Particularly in relation to how women experience prison and how this has the marked potential to

affect their confidence, self-esteem and therefore their ability to engage to the best of their ability with rehabilitative programmes.

Section 2: Roles in Prison

The second part of this chapter explores how the roles that women adopted in prison influence their experiences of health and wellbeing while they are imprisoned. Roles explored are; *Gym orderly*, *gardens worker* and *Clink trainee*.

Role 1: Gym orderly

For the gym orderlies that took part in this study, the gym offered a unique space that went beyond opportunities for physical activity to address social, psychological and occupational needs. Analysis led to the subthemes of; *enhancing the self*, *enhancing others*, *building relationships*, and *coping and distraction*.

Enhancing the self

The gym was conceptualised as a place where gym orderlies were able to enhance themselves whilst being in prison. This could be done through gaining qualifications, and as Jackie demonstrates this could catalyse women into making healthy lifestyle choices in prison to better enhance their health and wellbeing:

... I've got my qualification now I want to look and be a role model... I pick boiled eggs or I have a sandwich with brown bread... I don't want to just stand there and say do this and do that, and not be able to do it myself. I want to push myself and challenge myself as well. [Jackie, gym orderly]

Gaining the health and fitness qualification had given Jackie the knowledge she needed to promote her own health and wellbeing, and this clearly gave her the confidence to challenge herself to lose weight and to better her ability to work as a personal trainer while in prison. Gaining qualifications was also conceptualised as having a twofold benefit of being able to gain the knowledge needed to live a healthy lifestyle, and also bettering training sessions in the gym:

Yeah it does change the way you work out when you know what you're working... it's like when you can feel the muscles working with your hands and you know you're working that exact muscle. [Connie, gym orderly]

I used to go gym and just used to go in there, get straight onto the weight training machine the resistance machine, use it come off and go onto another one. And then since doing the course we was taught about warming up... but I didn't really know the importance of it... I'm more cautious of the muscles I'm using and the resting time. [Melissa, gym orderly]

Enhancing others

During the interviews, the participants in this study expressed concern for others and a passion to help other women in prison to enhance themselves by inviting them to use the gym and advising them on how to promote their health:

I think it is hard, I think a lot of people do feel it's not for them or they wouldn't know what to do and that, that makes me sad. Like one of the reasons I wanted to do my course was to try and really get people to think about, you know, that they don't need to be super fit. [Ceri, gym orderly]

As gym orderlies undertaking health and fitness qualification the participants were able to use their knowledge to promote the health of others in prison, but as prisoners

they were also able to understand the perceived barriers being faced to do so. There was a clear understanding of why some of the women in prison may not want to use the gym, but a drive to encourage women to use the facility that was positive and non-judgmental. By helping others, by passing on their knowledge, the participants in this study were able to empower themselves by empowering others. Natalie exemplifies this:

We don't care who comes in that can't do what we can do, we just love to see them in and even if they can do just five minutes and we're like that's great, we love it.

By helping others, she was able to feel good herself and this facilitated a positive and uplifting experience while being in prison. Enhancing others was also passionate to Jackie:

I think they could do more to be honest with you, which is why I created a magazine. It was to try and get more people active, try and get more people coming to the gym. I put in the magazine what healthy menu should look like as well, just like I could give other women encouragement as well, try and be more healthier, look after themselves. [Jackie, gym orderly]

In recognising the shortfalls of the prison in encouraging a healthy lifestyle Jackie devised a magazine which included information about gym sessions, workout plans and healthy food choices women could make in prison. This was a clear demonstration of willingness to enhance other women's health and wellbeing in prison, and this was led by the orderlies in the gym. A crucial factor was that the gym orderlies had the knowledge to enhance others through having gained skills and qualifications about healthy living in the gym. This sense of empowerment catalysed them to want other women in the prison to also experience this change.

Building relationships

Not only did the gym orderly role enable women to better themselves and better others, but it was a position where women created and maintained relationships with their family, other women in prison and staff. These relationships were complicated but were a crucial part in maintaining motivation to keep going to the gym, and therefore experience positive change during their incarceration. Debbie discussed how using the gym and being in prison had led her to be “confident and positive about the future” and it had enabled her to get to “a place where I can accept that, and cope and manage it”. These changes meant that she had been able to build a relationship with her children and she was hopeful that she would be able to maintain this through the gate on her release from prison:

I'm now confident and positive about the future. When I get out, like I said, I'll be there and I'll be able to offer them so much more than I would have ever of been able to offer them if I didn't come to prison. Something more sustainable, something more consistent. Yeah I will always be in regret of the years I've missed, but not just through prison, I missed so much being there, having them, I missed loads, because I was just you know, self-absorbed and had a complete inability to prioritise their needs over my own, but I've got to a place where I can accept that here, and I can cope and manage it. So I feel that in the future now, because of that I can just have a relationship with them through their early adult and adult lives. [Debbie]

The gym was a place where women were able to come together and, as Ceri put it: “chat and hang out”:

It's nice the badminton, we play doubles and people that are waiting will chat and hang out. [Ceri, gym orderly]

The function of the gym is therefore not just a space of employment or to work out, but a place to relax, to be sociable, to meet other women and to enjoy. Ceri alluded to

the difficulty of trying out an activity for the first time and the social barriers that have to be overcome in order to be part of this group that can enjoy these benefits.

Relationships, not only with fellow prisoners but also staff were important to provide support and encouragement in their place of work. Jackie's account highlighted this and further adds that being paid compliments also motivated her as she then felt good.

I have a lot of support. Staff, prisoners, especially my bosses in the gym, they're always like they praise me, they make me feel good about myself. They always say to me how's it going? I ask for their advice and they'll give it to me. [Jackie, gym orderly]

Positive relationships with fellow women working in the gym were also found to promote enjoyment of work and close social bonds. Natalie likened her relationship with the gym orderlies to a family, as they would look out for each other:

Yeah, but as orderlies, we're always going round to everyone saying do you need water, do you need water, make sure you're hydrated, make sure you're, you know just to make sure the girls are topping up on that. So we're quite cautious of each other, we're looking out for each other all the time. It's quite like a little family down here really. [Natalie, gym orderly]

This further adds to the intrinsic meaning of the gym where women are able to care for themselves, care for others and feel that others; staff or prisoners, do care for them in return.

Most of the participants in this study were positive about their experiences of the gym, were passionate about others going to the gym and referred to the gym as an open and supportive environment. However, there were slight threads in the accounts of the participants in this study, which indicated that this may not have been the case for all women:

'Volleyball gets very animated, and I think sometimes it can be overwhelming.' [Ceri, gym orderly]

In Ceri's account, she talked about volleyball being animated and suggested that this could be overwhelming. Further questions on whether the gym was a totally inclusive and friendly environment were borne through Melissa's account about the same activity:

Like we play volleyball sometimes and volleyball can get really competitive in here, like really competitive. But I just think it's funny. Cos I'm good at volleyball, I know like, I just think it's funny. So we'd be playing and someone that's not really, not really good, and she's on the opposite team and her team mates like give her like ahhh what are you doing, do you know what I'm saying, and I think ahhhh. And then when we go outside she's like I'm not coming gym again blahblahblah. But the officers do really sit down with people and are like do you know not everyone, not everyone good at sport so yeah. [Melissa]

Melissa's account highlighted that competition and jesting occurred in team sports, which sometimes affected whether those individuals receiving the comments would want to go to the gym again. In these instances, it was not the frequent gym users or gym orderlies that would help the individual to overcome these feelings but members of staff.

The accounts from the participants in this study demonstrate that the gym is a complex environment, and so too is the gym orderly role. The gym in prison is not simply a place for women to work out or participate in sports. It is also a place of work, of complicated social interaction, where relationships can be forged with work colleagues, with staff members, or aid building relationships with family. It is also a place where certain women could be made to feel uncomfortable, that they are not

good enough or that they do not have any friends, and this could impact whether they felt welcomed to stay or to come back.

Coping and distraction

The gym was also described by the gym orderlies who participated in this study as a place to release stress, pass the time and distract from being in prison, and thus aid coping with imprisonment. This again demonstrates how the gym is more than a place of work where women were able to improve their physical health:

*I feel like it's a way to release stress, I feel relaxed when I use the gym, I feel like it's a way to pass away time as well, and obviously keeping your health intact as well.
[Betsy, gym orderly]*

Ceri provides a specific and detailed account of the function of the gym to her. In this account, she expressed how the gym enabled her to cope with being in a confined space of a prison:

I've always had tendencies to feel like I need to do exercise and that definitely increased since coming to prison, it like a coping strategy... Sometimes, you know it is prison and I'm pissed off with it... Then I have to remind myself you know, that it is okay even though I've only got five months left, it's still okay to be pissed with things. But when I feel like that I come to the gym for a bit and it just goes.... I can quite often feel sometimes quite claustrophobic in here... some girls are really good at... watching TV. I have a really limited interest in TV... at the weekend when we're not at work because I don't really like watching TV, and often you know, I think I don't know, obviously I've never been to a men's prison, in women's prison yeah there's a lot of bitchiness that goes on... I just don't really like being around it a lot. So for me when that's pissing me off I'll just come to the gym, just to get away you know. Or do something like badminton where you're interacting with people, but you're not just slagging off other prisoners... I'll always come in at the weekends, cos I find the

weekends can drag. Like if you don't have a visit, personally, I need to be like active and doing things, I get quite fidgety it's really good just having that to come down and be sociable [Ceri, gym orderly]

The gym was a unique workplace as it was a place of work to the gym orderlies during the week, but it was also open at the weekends, so they could visit to use the facilities and exercise. The gym offered Ceri a place to interact with other like-minded women who wanted to get off the wing at the weekends and do something constructive. The gym also provided a way to cope and distract from not having visits by being a place that she could go to get away, and in some way, replace the social interaction that was lost from not having a visit from family or friends.

The gym orderly role offered the participants in this study the opportunity to gain knowledge about healthy living through qualifications and training in the gym. Gaining knowledge was empowering and the participants demonstrated that they wanted to share this with others in the prison, and there was a clear passion drive and commitment to do this. Working in the gym where women from around the prison could come to exercise afforded the gym orderlies the possibility of building relationships with other women, their colleagues and the staff and this served to promote social wellbeing. The gym orderly role and the gym facility also offered a mechanism to cope and distract from prison life through exercise and social interaction with others. All of these aspects of the gym and the prison orderly role demonstrate how the gym was all encompassing through addressing social, psychological and occupational needs, and promoting physical, mental and social wellbeing.

Role 2: Gardens worker

During analysis subthemes emerged of; *access to outside space, being a comparatively better role in the prison, distraction and coping, physical activity, relieve frustration and relationships.*

Access to outside space

Working in the gardens was a role in the prison that offered a considerable amount of access to outside space while incarcerated. For the participants in this study, the ability to work outside was an important consideration when thinking about their role as a gardens worker, and the participants' accounts clearly demonstrated how important going outside is for women in prison:

I hadn't done gardening before. I wanted to do it because it's outside. There's jobs that are more grim than being outside. You could say I don't really mind what I'm doing but I'm outside, and I'm getting fresh air and you know the sunshine and that's okay. Definitely being outside and having that space; that feeling of space is quite calming. [Camellia, gardens worker]

The feeling of space from working in the gardens had the positive effect of calming Camellia, a way of perhaps escaping her reality of being in prison. This was also felt by Daisy:

I'm outside and I've got my own little plot. I can be in my own little world. In other prisons you're not outside as much, and it does help of course it does and you sleep better as well because you've been outside, a hell of a lot better. [Daisy, gardens worker]

The meaning of the gardens worker was understood as a way to escape the reality of being in prison through escaping the buildings, and this was a way of promoting mental wellbeing. Another feature of the role was to promote better sleep. It is also as though these were new aspects of imprisonment that the participants had not experienced in other prisons as there were references to a lack of access to outside space by Daisy, and also by Laurel:

Gardens work outside helps, as well, because it's outside. You're in the fresh air, you don't feel like you're in prison, it's like you're at work. Especially I was locked in a lot over the three months I was in Bronzefield and it was winter time, and in Bronzefield you have small windows; it's not a proper window, so it cannot be opened. [Laurel, gardens worker]

A remarkable assertion was made by Cherry in that she described her role as a gardens worker as affording her “a happy future while being in prison”:

Being outside means a happy future while being in prison. Like happy, do you know what I mean ... It changes my mood, so it's a good thing really. The work's tiring and I go to bed early, and it feels like a proper lifestyle. Yeah it's healthy it's just a shame I'm in here doing it, rather than out there, but other than that yeah I suppose it is. [Cherry]

The gardens worker role offered access to outside space and this is demonstrated through the accounts of the participants in this study to have health enhancing benefits of access to sunlight, fresh air, promoting sleep, and allowing escapism and distraction of the being in prison.

Comparatively better role in the prison

Working in the gardens was described by the participants in this study as offering a role that was comparatively better than others in the prison. The gardens as discussed offered the opportunity to be outside, whereas other roles in prison entailed being inside most of the time. At the time of the interviews, it was spring and the participants described wanting to work in the gardens because the summer was coming:

Now summer is coming, all the kitchen girls want to come down to the gardens to get a tan, but I don't want to work in the kitchens. [Iris, gardens worker]

This may suggest that enjoyment of working in the gardens is seasonal and perhaps the same enthusiasm for working outside may not be found during the winter months:

...I wouldn't work in the gardens in the winter because yesterday they made us plant flowers in the rain, it just doesn't make sense. They say the jacket is shower proof, but it's not rain proof. We haven't got stuff to go over our clothes to keep them dry, and no hood it's like an apron like a poncho, but no hood. [Violet, gardens worker]

As Violet highlighted there was a lack of appropriate clothing for protection from rain, and the kitchens may then be a preferred place of work to be in the warmth. Another benefit of working outside as already suggested by Iris and further emphasised by Cherry was the possibility of getting a sun tan:

I'm lucky that when I came in I got the gardens, I wouldn't have wanted to do the kitchens because it's summer. I want to be outside. I'm white as it is; I want to get a bit of sun tan. [Cherry, gardens worker]

This was perhaps an attempt to 'appear healthy' and improve their appearance through having a suntan, as is quite often perceived. However, while this may have improved their self-confidence or perhaps self-esteem; and in this way promoted their mental wellbeing, they may have actually been damaging their physical health through exposure to too much sunlight and burning their skin.

The gardens offered a place to work that was outside, that was pleasant to work during the spring and summer because of the opportunity to get a suntan, and therefore the gardens worker role was an attractive occupation compared to other places to work in the prison.

Distraction and coping

The gardens worker role also offered an occupation where women were kept busy and this provided distraction from being in prison, which aided coping. Another benefit was being busy promoted sleep:

... In prison you have to do something to keep you busy and to make you feel tired, and to cope with stress otherwise you can't sleep if you do nothing. Sitting and reading a book is not enough. It's good for your health and makes you feel better. [Laurel]

However, as Tansy explained being busy was enough to pass the time, but ideally, there should be a purpose to the time spent doing something. She suggests that parts of her role in the gardens lacked foresight and planning by staff, which created a sense of doing a meaningless job which prevented her from feeling as though she was achieving something in her role.

I just like keeping busy anyway, so if you give me something to do I'll do it, but obviously you'd like to have some kind of purpose; some kind of goal to know what you're doing and what the plan is, otherwise it seems pointless. It just seems like they are giving you jobs just to keep you busy, the illusion of doing something without actually doing something. It helps time go fast faster if you're doing something, I think personally. [Tansy]

Being busy was demonstrated by the participants in this study to be important to create tiredness; and encourage sleep, to generate a distraction from thinking about being in prison, and to promote mental wellbeing through helping to cope with being in prison. But, it was also important to feel that the role undertaken in prison was worthwhile, as this created a sense of purpose and achievement when completing tasks. Another way in which the role enabled tiredness and encouraged sleep was through the physical activity that the role entailed:

*And to be honest weeding the pathway is not that bad, because I reckon you do a slow burn of calories, may be about four hundred, five hundred for the day, which ain't bad is it really. I do like to be physically busy as well because then you get tired at night and then you won't have any trouble sleeping, you'll go to sleep quite quickly...
[Tansy, gardens worker]*

And you can do a bit of physically work that's healthy and tires you out, and makes you feel a bit better than say sitting in somewhere. [Camellia, gardens worker]

The work in the gardens, therefore, offered the participants in this study the chance to promote their physical wellbeing through being active, as well as their mental wellbeing through feeling tired, sleeping better and having a more positive outlook.

Relieve frustration

The activities undertaken as part of the role as a gardens worker were described as providing an opportunity to relieve frustration. This was through taking out emotions physically on the ground as Tansy explained:

I'm sure if you had a bad day and you went and dig up, or bash some things in the garden that's always good isn't it. Take it out on the ground. [Tansy, gardens worker]

This was a preferable option rather than taking it out on another person as Daisy's account explains:

I mean I've got a lot of stuff going on in my head at the moment and if ever I'm feeling angry, upset, frustrated, whatever, you can just take it out on the ground init. Rather than lashing out on people or whatever, it's nice. And then you can't get in trouble for that, can't you. [Daisy, gardens worker]

The activities, therefore, provided a route to relieve frustration and anger by physically exerting oneself by 'digging' or 'bashing' and this was described as 'nice' because it meant that these feelings would not be taken out on another individual which would lead to reprimands.

Relationships

As one of the main employers in the prisons the gardens was a place where forty or more women would be working at one time. Although the allocation of jobs varied there was a clear strategy employed by some of the participants in this study in choosing to work alone. Camellia described how working alone was important to keep out of being involved in the prison gossip, which was considered by her to be "too stressful" to be around:

...you can get away from them by choosing something that's a bit hard or makes your hands cold, or makes something hurt or whatever. I'd rather do that than do something nice with a load of screaming idiots. They just talk about same shit all the time. It's always talking about some girl or some jokes or rubbish, and I find that too stressful. I don't want to be around that... It's better if they're over there and you say oh hi... see you later... that's the best way. You're not going to speak to anybody when you go home... Sometimes it can backfire, in a way it's hard to find that middle ground between being friendly, but not being friends, but also being friendly enough that people don't then say things about you. [Camellia, gardens worker]

Camellia also suggested that there is a constant negotiation between being friendly with other women in prison, but not too friendly to the point where you get to know each other. This was important in preventing her from becoming the topic of conversation. Similarly, Iris talked about her preference to work alone to avoid the “whingeing and the moaning about other girls” and to also avoid having to listen to everyone else’s problems:

I work singularly. I prefer that. Some people do work in groups. I walk alone in jail I can't deal with prison politics and the whingeing and the moaning about other girls. I can't do that, no, so I will work away from everyone if I can...It's just bullshit, bullshit, they talk crap and I'm sick and tired of hearing it. I've been in over a year, I don't want to listen to the same stories, day in and day out, like which girl's shagging who... [Iris, gardens worker]

For both Iris and Camellia being on their own was their preference, a way that they coped with their role in prison. Violet talked about wanting to keep out of having to hear about other people’s problems or talking about other women in prison, but she had found one person who she felt she could trust:

I just stick with one person because this prison is a mix up, like everyone's she said this, she said that... So if I just stick to one person then I can't get in trouble... I know I can trust her and stuff like that... It's good to have one friend, you don't want to be alone in prison. [Violet, gardens worker]

Having one person was important to Violet so that she was not on her own. These accounts reveal the complexity of negotiating relationships while in prison, but also how stress and anxiety interplays in the working lives of women in prison when considering social interaction with others. Although during working hours the women’s roles are gardens workers, once they leave work they are also surrounded by

the same women, therefore carefully negotiating relationships is essential to being able to avoid confrontation and altercations.

Overall the gardens worker role is revealed by the participants in this study to provide the opportunity to promote health. The role enabled the gardens workers to promote their physical wellbeing through being physically active. They could also promote their mental wellbeing through getting access to outside space, better sleep and through distracting themselves from being in prison and thus aiding better coping. The gardens workers appeared able to cope with anger and frustration because of their role and this averted them getting in trouble by taking their feelings out on another person. There were also complex social interactions to negotiate, but through developing strategies of working alone or making friends they demonstrated that they were able to maintain or promote their social wellbeing through ensuring positive social interaction with others.

Role 3: Clink trainee

Through analysis six subordinate themes were developed; *through the gate support and employment, working with others, enjoyment, sleep, physical activity, and comparatively better than other roles in prison.*

Through the gate support and employment

The Clink Charity horticulture programme offered its trainees the opportunity to access support on release from prison through a mentor and also the prospects of employment; through having gained an accredited qualification, and the contacts the charity had with employers in the horticulture sector. For the participants in this study, this opportunity for support and employment on release from prison was a clear motivation for signing up to the programme. This assurance, especially through

learning of the help provided to one member of the programme who had left prison served to catalyse Sandra's engagement with the programme:

Gary the sort of man that that's the head of it at the moment, he guarantees you a sort of job on the out and he's also already got a list, even though I'm out in eight months he's already got me list of possible like places where they might sort of be looking for someone to do landscaping or... all sorts of jobs in horticulture and he's really good like that. I know another prisoner that got out two weeks ago that they sorted her out more than her actual probation did, you know, they ended up putting her up in a B and B, buying her clothes, you know sorting her out a wee bit. [Sandra, Clink trainee]

The support the charity could provide on release was also important to Janine:

I also think I'm going to need a bit of support when I get out as well, and it just, they sold it to be quite good, it sounded good, it sounded helpful. A lot of other places they say you get qualifications, but they don't actually mean nothing when you get out. And the help and support when you get out, and the housing. Someone like pick you up from the gate, they come up visit you... I think will be really useful to me, cos when I get out I won't really have anyone out there when I get out, my partner I think he's going to be in prison... So I think that support would be really useful to me, they'll and just someone to talk to really. [Janine, Clink trainee]

The prospect of getting a qualification which was going to mean something on release, of getting support with housing and having someone there to provide support was a clear pull of the programme to Janine. The support that the programme promised was demonstrated to be a clear motivating factor for signing up. In addition, the programme offered the trainees a way to solve the problems they foresaw they would have on release of gaining employment, housing and social support, and consequently it was a way of the women being able to ease their anxiety and tension that surrounded their release because of the assurance that these aspects would be taken care of.

Working with others

The participants in this study described a positive experience of working with other women on the programme and that this very much added to their enjoyment of their role as a Clink trainee:

*I enjoy the work, it's all good people that work down there, it's a good group of girls.
[Janine, Clink trainee]*

As it was a relatively small programme there were only ten women at the time of the interviews taking part. This allowed for the women to work much more closely together, enabling them to form close bonds, to the point where Kim suggested that there was anxiety around new joiners to the programme:

We all get on, we're very much like a little family you know we don't sort of have disputes we all kind of chip in, help each other, it's nice, it's a good little team, we've got a good team down there. It's almost to the point where you don't want anyone else to join because you don't want to change the dynamics. [Kim]

Another positive aspect of working with others was as improved self-esteem:

It gives you good self-esteem as well because you're working in a team... [Reese]

There was a clear uplifting atmosphere to the Clink trainee role brought about through constructive and rewarding work with other trainees. This had the potential to enhance women's social wellbeing in prison, and also their mental wellbeing through the enhanced self-esteem generated from taking part in the programme.

Enjoyment

The reasons why the participants in this study enjoyed the work they were doing was diverse, but what the accounts demonstrated was a clear enjoyment of the Clink programme. For Sandra, the work she was doing offered her the possibility to escape the feeling of being in prison, to feel connected to something:

It's just a really nice environment, it's nice to feel connected as well to the earth whilst you're in prison, it's bit, it's like therapeutic you know. I think being connected to the earth in prison is a bonus and it, it mentally releases you from the chains for a minute you know. [Sandra]

Whereas from Megan's perspective the programme offered her the opportunity to feel accomplishment and achievement in the work she was doing:

We started planting seeds, when I first came in I planted fifteen hundred seeds in a day and there actually now growing, and it's nice to see them growing; it's so strange you think actually I did that. [Megan, Clink trainee]

The outlook Stephanie had was that the project motivated her to get up in the mornings, she described how the weekends were comparatively difficult because she did not have work to go to:

I love getting up in the mornings; I hate weekends because I don't have work (laughing). [Stephanie]

Hannah talked about how the programme would enable her to grow her own fruit and vegetables at home and her enjoyment had grown since she had started:

Planting, learning about the seeds and everything, he's teaching like how we need to do everything, actually its very good because I can use this for my future; I can grow things at home. [Hannah, Clink trainee]

Feeling motivated, wanting to get up and go to work, enjoying the role are all aspects that can promote wellbeing, and these accounts from the women in this study demonstrate the potential of this programme to promote their health.

Sleep

The impact of the work also facilitated the participants in this study to sleep better. Robin described how the Clink trainee role had improved her sleep pattern:

But yeah by nine o'clock, it does help you sleep and then you're sleeping your sentence away which is good, rather than staying up till one, two o'clock in the morning, that ain't for me. That's what I used to be like. [Robin, Clink trainee]

This was advantageous as it appeared to make the time go quicker in prison. Carole described how the work was keeping her very active; both mentally and physically, and tiring her out:

It's keeping us very active, it's the gym for me. I don't have energy to go to gym after The Clink, and I sleep better since I work in The Clink; so much better. Because it's very active [Carole, Clink trainee]

Although this meant she did not have the energy to go to the gym she also described how she now slept much better. Sleep is a crucial element of wellbeing, being able to rest and wake up refreshed promotes better mood and motivation and therefore this project had the potential to promote its recruits' wellbeing.

Physical activity

The Clink trainee role offered the participants the opportunity to be physically active in prison. Sandra described how this enabled her to be healthier and have more energy so she may be able to also go to the gym:

... You're not sitting down, it's active so... now it might be easier for me to live healthier mentally and physically and go to the gym more, because you're kind of doing something. Whereas when you're feeling lethargic that might be due to sleeping all day, so you know, its, its making me feel healthier and less anxious. [Sandra, Clink trainee]

The role was also benefitting her mentally through decreasing her anxiety. Monica also noted that the programme was benefitting her health through being able to be physically active:

You know with the job that we are going we are working out as well. So we do lots of squats cos we are bending over and digging, you know you are moving your body so that's something that's good for my health. [Monica]

A feature of the programme was that it offered Megan the chance to do exercise in prison and promote her health through gardening; an activity she enjoyed.

I'm not one for exercise (laughs) like I'd rather not go to the gym, but digging the gardens to me, getting out in the open air, outside digging, gardening I prefer that. I don't like the gym so I joined The Clink [Megan]

The role as a Clink trainee was, therefore, a physically active one where the participants were promoting their physical health on a daily basis. The type of activity was less structured than perhaps the gym offered, but the embedded physical activity the programme provided was enjoyed by the trainees.

Comparatively better than other roles in prison

Some of the participants in this study made remarks on how the work they were doing was different to other roles in the prison. In her experience Janine said that there was not much to do in the gardens whereas she was very busy and doing varied work at The Clink project:

Only thing similar to it would be gardens, but that's not even similar because, they're just like not really doing anything. I was in the gardens before I started The Clink and it was just boring, there was nothing to do; but at The Clink you're always busy and you feel like you're learning something every day. You're always doing something different. [Janine]

Reece also stated that she was not very busy and getting out of her cell much when she was in education:

You're constantly sitting around, that's why I'm glad I'm in The Clink now cos before I was just doing education and then sitting and just sitting in your cell for ages and you're just not motivated so... [Reece]

The Clink trainee role, therefore, offered the participants the prospect of being busy, getting out of their cell and doing a varied job. Being able to decide to move to a role in prison that offered them this, had the potential to promote their wellbeing.

The accounts of the Clink trainees have demonstrated that the role could promote physical wellbeing through being able to be physically active while at work, of promoting mental wellbeing through enjoyment, better sleep and relieving stress and anxiety about their release because of the prospect of support. In addition, the role offered improved social wellbeing through positive social interaction with others. Altogether the role of Clink trainee had the potential to promote health and crucially the programme had the prospect of sustaining some of these factors through the gate as the trainees could use the skills learnt to gain employment in the horticulture industry on release.

6.4 DISCUSSION

This research provides a narrative of women's experiences of food, physical activity and managing their health in prison. It also provides an insight into how the roles women adopt in prison can shape their health and wellbeing. There are clear examples where women in prison are able to make decisions to promote their health, for example choosing to eat salads over high carbohydrate diets, persisting to eat over cooked vegetables despite their bad taste and buying vitamins and food through the canteen to avoid reliance on medication. These decisions are not necessarily about overtly claiming power in the environment, but they are able to generate a sense of empowerment through agency and choice to promote health. Although these acts themselves enable the women to promote their health in prison, there is also the double benefit of fostering recovery through empowerment, motivation and control, therefore propelling the participants to continue to make these decisions.

There are also examples of disruptions to the pains of imprisonment through stabilising and healing effects of being able to access regular meals and to detox off drugs (Crewe, 2005). In this research, unhealthy foods, such as sweets were used to aid coping with the symptoms associated with detox. This finding further emphasises the points raised by Smith (2000) that sometimes unhealthy food choices can be used in a healthy way

to enable coping and distraction from prison life. This was true of the participants who used high sugar foods to cope with their detox from drugs, but also women who used 'treat' food to cope and distract from the boredom they felt while locked behind their door. However, the finding that although unhealthy food choices in the short term could aid coping and distraction but can lead to feelings of self-loathing, guilt and regret, highlights that while the decision may have a short-term benefit, the long-term implications of this behaviour affect the physical and mental wellbeing of women in prison. This is perhaps most noteworthy in relation to weight gain amongst women in prison. The fear of weight gain in prison was revealed in this study to be a significant concern amongst women. A lot of time was dedicated to concerns about gaining weight, and concern over others gaining weight. There was a need for women to feel that they had control over this element of themselves because the physical manifestation weight gain showed had negative ramifications for their experiences of imprisonment and they did not want to display this to family or friends on release from prison. These findings go beyond that of Rowe (2011) who found that women tried to avoid body colonization of the prison through the food. Here the meaning of weight gain in prison is revealed to have a much deeper meaning about imprisonment. The stress and anxiety produced from fear over weight gain in prison is substantial enough that it has the potential to impact women's ability to engage in programmes in prison.

Being able to make decisions and especially ones that could promote health are ways in which women are able to foster their recovery in prison through empowerment, agency and control (Drennan and Alfred, 2012b). An example of this excelled through the narratives of women's experience of cooking and eating with other women on the wing. The ability to decide what to eat, how it should taste and who to share it with exemplified a practice that facilitated choice, control and empowerment.

This research has also built on previous research through examining the ways in which the environment can shape health and wellbeing in prison, and in particular, how the roles that women adopt in prison and the environment they work in can enhance their health. The gardens workers and Clink trainee roles offered access to fresh air, promoted a sense of freedom and opportunity for physical activity akin to the findings of Simon (1999). In addition, the work in the gardens did appear to be a role that

women preferred seasonally as Simon (1999) found. The role of Clink trainee offered the participants the opportunity to have responsibility for certain elements of the plant growing process and were able to see the fruits of their labour, however the role of gardens worker did not offer this and there was a sense of frustration over a lack of clarity over the direction of the work and goals to demonstrate achievement. In light of this, it would seem appropriate for the gardens staff to offer tasks that are meaningful and can be accomplished so that a sense of achievement can be felt while undertaking this role in prison. This is important to foster mental wellbeing.

All three roles enhanced the women in prison's ability to cope and distract from imprisonment, through being busy, physical activity facilitating relaxation and better sleep and therefore their health and wellbeing was improved. The gym orderly role was distinct in allowing the women to think about enhancing others, as well as themselves. They wanted to use the knowledge they had gained on their course to try and promote the health of other women in the prison. Here there is an example of how women in prison can actively support a healthy setting through engaging and empowering other women in prison. This is also a clear example of how women in prison are able to use the environment of prison to gain qualifications to foster their own recovery, as this functions to promote their self-esteem and motivation.

In previous studies working on gardening projects in prison has been shown to foster social bonding and prosocial relationships (McGuinn and Relf, 2001). In this research the role of the Clink trainee did offer a way to form close social bonds with colleagues, however, this was a distinctively different experience to women working in the gardens, where they chose to work alone to keep out of gossiping. This disparity in experience is perhaps due to the fact that the Clink trainees were part of a small group that worked and trained together and were in some ways on a journey to accomplish the course together. They needed one another to succeed, whereas women working in the gardens along with forty other women were not having the same experience. Here the gardens worker role was about getting through the day, and the easiest way to do this was to stay out of the way of others. There were no shared goals or tasks, as such, that played a pivotal role in their achievement. The narrative of the Clink trainee experience of working with other women and of forming close social bonds was akin

to the experience of the gym orderlies. They too were on a course together and perhaps had a shared goal of working to enhance others health in prison. In order to better facilitate the working relationships of the gardens workers, the recommendation that gardens staff should offer tasks that are meaningful and can be accomplished is further emphasised as this also has the potential to promote social wellbeing in prison.

There were also pertinent findings relating to The Clink trainee role. As part of The Clink Charity horticulture project the trainees were offered support on release from custody through a mentor and help in gaining employment and potentially housing. This benefit of the programme was a clear motivator for enrolling, but this also served to decrease their anxiety and stress about their release. This enabled the trainees to think about a positive life on release from prison, and therefore the programme fostered their recovery and enabled them to think about a rich and fulfilling life in the community. This highlights the need for work programmes in prison to offer through the gate support and this is especially important when thinking about a healthy setting where the provision of services should be joined up as individuals leave custody (Scriven et al., 2011; Woodall et al., 2014). The ability to leave custody and to find employment in horticulture will facilitate the women to experience the benefits of the role in the community, further enhance their health and wellbeing, and facilitate desistance from crime.

The research also lends itself to the development of practical changes to facilitate women in prison to promote their health. In terms of the provision of food, there should be an increased number of fruit and vegetable portions offered in the female estate. Prisoners should be offered seconds where there are excess portions that will otherwise be thrown away. The cooking process of vegetable should be reviewed to prevent overcooking to enhance the quality of the vegetables served. Kitchen hygiene standards should be reviewed to ensure that all fresh produce is appropriately washed and fresh items that have past their best should not be served. Staff in the dining hall should be aware that some women in prison feel especially vulnerable in this environment, and measures should be taken to ensure prisoner safety and disruption to potential violence in the space. Food items offered via the canteen sheets should be reviewed to incorporate healthy snacks, and these should be signposted to encourage

women to purchase these items over biscuits, sweets and chocolates. Finally, the facility of microwaves in prison for women to cook food on the wings should remain a feature of imprisonment. Where possible and feasible in terms of safety, this should be extended across other establishments and access to cooking facilities in the form of residential kitchens should be provided.

In addition, there are a number of practical changes that are recommended for the female estate to enhance women's engagement in physical activity in prison. Access to the gym should not be dictated by IEP status. Women on basic regime should be able to attend the gym as much as an individual on enhanced. The approach of staff working in the gym should be reviewed to ensure that the environment offered is one of inclusion, approachability and safety. Staff should also develop their awareness of the challenges women in prison encounter when thinking about whether to go to the gym in prison. This should include vigilance on the behaviours of women using the space, particularly attempts to intimidate. The use of a gym buddy system where women who work in the gym offer to accompany other women to the gym should be explored, as this may facilitate more women to engage in the gym in prison.

Finally, in order to facilitate women in prison to promote their health, there should be an increased provision of access to outside space to foster mental wellbeing and the female estate should facilitate women to have greater contact with prison gardens. Existentially prisons should also continue to invest in the aesthetics of their sites. The recommendations of increased portions of fruit and vegetables, the incorporation of healthier snacks and changes to facilitate a more open and welcoming environment in the gym have the potential to better allow women to manage their weight in prison. However, there is a need for the staff and governors in the prison to have an awareness of the issues facing women in regards to their weight and how this can affect their ability to engage in programmes in the prison because of a lack of self-esteem.

Some of the recommendations stemming from this research have already been proposed. For example, additional portions, healthy snacks and access to outside space have been reoccurring (Corston, 2007; HM Chief Inspector of Prisons, 2014). This is

particularly frustrating as this research has shown that women in prison understand and do make health enhancing decision in prison. Although this research is based on one female establishment and three roles were looked at; there are other establishments and a plethora more roles can be assessed, the findings do demonstrate that women in prison interact with the environment and can produce an environment which is health enhancing. Furthermore, the role women adopt in prison is a factor that should be considered in studying health and wellbeing, and health promotion in the female estate.

CHAPTER 7: DISCUSSION

7.1 Key findings

The aligning feature throughout this thesis has been concerned with women's experiences of health and wellbeing in prison and the choices they could make to promote their health while incarcerated. The thesis research question of how do women in prison perceive and manage the impact of their incarceration on their health and wellbeing has been addressed through three research studies. Within these studies two distinct pathways to managing health through food and physical activity have been explored. Each of the studies explored a slightly different aspects of imprisonment in order to consider the interpretations of health and wellbeing based on a particular setting within the prison. Before drawing together the findings from across the programme of research, a summary of the key results is presented from each of the separate studies in relation to the study's research questions.

Study 1 employed a survey design to collect information on women's engagement in physical activity, healthy eating and their mental wellbeing. The research questions asked were: Are women in prison able to make health enhancing decisions such as, making healthy food choices and being physically active? What barriers are there to health enhancing decisions? How do women's health enhancing decision impact on their mental wellbeing during their incarceration? The study revealed on a broad level that women in prison did make health enhancing decisions while incarcerated, and were trying to make healthy food choices and be physically active. However, the study also revealed that there were barriers to maximising health enhancement through the choices women can make during their incarceration. For example, there was little variety in the fruit consumed and perceptions that the food provided in prison was unhealthy. There were also barriers to physical activity of considering one's self not the exercising type, and structural barriers of a lack of sessions and classes at times women could get to. There were also perceptions that the gym was not a safe place to go. To better understand these barriers to health enhancement there was a need to explore these perceptions qualitatively in Study 2 and Study 3.

The results of this study indicated that Incentive and Earned Privilege (IEP) status and frequency of gym use are significant predictors of mental wellbeing among the

population studied. Women who have a higher IEP status and go to the gym more frequently in prison experience higher levels of mental wellbeing. Therefore, there is evidence to suggest that women's health enhancing decisions do impact on their mental wellbeing, as going to the gym was a significant predictor of mental wellbeing. However, the research also indicated that IEP status, an aspect that is somewhat outside of a prisoner's control due to the rules of the scheme, but also the unfair application of the scheme as the Study 2 identified. In his reworking of the pains of imprisonment, Crewe (2011) similarly discussed the uncertainty and insecurity that prisoners experience as a result of the discretionary use of power and its unpredictable application. Uncertainty can impact mental health and create feelings of fear, anxiety and stress (see, for example, Grupe and Nitschke, 2013). According to Crewe's (2011) reassessment of the 'pains of uncertainty and indeterminacy' prisoners' uncertainty in the prison environment is not only shaped by the inconsistent timing of discipline, but also the form and length of the punishment. Consequently, it is not just women's decisions that impact their mental wellbeing, but also decisions that are outside of their control. An interesting finding was the fact that much of the physical activity that occurs within prison is through work related activity and when including this activity, the proportion of women who are regularly active is considerably more than has been previously reported in research (Meek, 2014; Plugge et al., 2006). In addition, the number of women who reported eating five portions of fruit and vegetables per day was double the number reported in previous studies (Plugge et al., 2006). One unanticipated finding was that the majority of women in prison wanted to try and lose weight. This initial study concluded with the necessity for further research on women's experiences of health and wellbeing in prison, and their ability to make healthy choices in prison according to the context of their imprisonment, which became the basis for the two subsequent studies.

Study 2 was concerned with the experience of health and wellbeing of ten women who spent the majority of their time on the main housing block of the prison. This study revealed that the lived environment in prison is an important determinant of health and wellbeing. Of particular significance was the development of the findings in relation to the existing literature on the 'prison code' amongst women in prison. The ways in which women in prison are able to manage and take control of their health and

wellbeing were revealed to be discrete acts according to need. An example was how food was used to control weight, to cope with detox from substances and to reduce reliance of medication. These were everyday acts that demonstrated that there were healthy choices women could make in prison, that they understood how to do this and there were also examples of this empowering women to want to promote the health of others. However, food was also experienced as a mechanism to control and punish during imprisonment and this impacted whether the environment was conducive to promote health and foster recovery. Other doubts to the health enhancing nature of the environment were cast by narratives of a forced community of women who disrupted one another and in some cases created fear through behaviour that intimidated the participants. The research also revealed narratives of deep emotional difficulty in being separated from their children and family and the necessity of coping strategies to block out these feelings. In sum, this analysis offered a profound insight into how a particular environment within the prison can empower or disempower, promote or prohibit agency.

Study 3 considered how the roles that women adopt in prison shape their experiences of health and wellbeing. The participants in the study were either gardens workers, gym orderlies, or Clink trainee. The findings revealed shared experiences of imprisonment relating to food, physical activity and managing health but there were differences depending upon the role adopted in prison. This created different experiences of health and wellbeing in prison. There were clear examples where women in prison are able to make decisions to promote their health and to overcome the barriers presented by the prison and to foster their own recovery. For example, selecting the salad on the menu instead of high carbohydrate or fried foods, persisting to eat over cooked vegetables for any possible nutrition despite their bad taste and buying vitamins and food through the canteen to avoid reliance on medication. In addition, there were also narratives about using unhealthy foods, such as sweets to aid coping with the symptoms associated with detox and to distract from boredom. A significant finding was the discussion of, and expressions of, fear about gaining weight during incarceration and how this related to the need to control physical consequences of imprisonment. The roles women adopted in prison brought meaning and structure to daily life in prison and this was health enhancing. This facilitated coping and

distraction from imprisonment through being busy and also being physically active, which facilitated relaxation and better sleep. The Clink trainees and gardens workers experienced increased access to fresh air, which promoted a sense of freedom and opportunity for physical activity. The gym orderly role was distinct in allowing the participants to think about enhancing others, as well as themselves. In particular, they wanted to use the knowledge they had gained on their course to try and promote the health of other women in the prison. This research study demonstrated that the role women adopt in prison is a factor that should be considered in studying health and wellbeing, and health promotion across the female estate.

Having summarised the key findings of the three research studies presented in this thesis, attention will now be paid to some of the broader issues surrounding health and wellbeing, food, physical activity and recovery that link these different studies. The next four sections of this discussion Chapter consider the contribution of the thesis to the current academic literature.

7.2 Health and wellbeing

Study 1 introduced the importance of IEP status as a predictor of mental wellbeing, and the participants in studies 2 and 3 reflected on how the restrictions placed on them while on basic IEP status impacted their experience of imprisonment. In this particular prison women on basic regime were subject to no in cell television, although they may have a radio, thirty minutes a day of association time and access to the gym once per week, £10 per week to spend on canteen, fifteen minutes to eat dinner and a visit to the library once a week to borrow up to three books. This lasted for a period of twenty-eight days before a review which usually lead to their privilege level being increased to standard regime. However, the findings from Study 2 and 3 revealed that there was a lack of fair and consistent application of the scheme across the establishment. Previous reports by the Prison and Probation Ombudsman (2013) highlighted after the inception of revised IEP scheme in November 2013 that it became easier for prisoners to be downgraded due to bad behaviour leading to relegation of status and reviews required to enact a change could be carried out by a single officer. Not only was it

considered to be easier to be downgraded, but progression was also more difficult as prisoners needed to demonstrate a commitment to rehabilitation through undertaking purposeful activity, which is not always possible for every inmate in every prison as there is simply not enough capacity in programmes. As a result, more prisoners were on basic status regimes and the Prison and Probation Ombudsman (2013) had grave concerns over the impact of this was having on prisoner's mental wellbeing as there was an overrepresentation of prisoners on basic regime in statistics on self-harm and suicides in prisons. The Prison Reform Trust (2014) also drew attention to the impact of the revised IEP scheme to prisoners mental wellbeing. Through letters written to the organisation from prisoners and their family, they exposed the reality of these changes and argued that they were undermining rehabilitative programmes in prisons. For example, prisoners were experiencing reduced contact with family and there was a lack of fair and consistent application of the IEP scheme across the prison estate. These findings echoed the conclusions drawn by Liebling (2008), who also remarked on the variation in use of the IEP scheme by staff within each establishment and also across the prison estate. The current research adds to this knowledge, but also highlights how a lack of consistency in application of the IEP scheme procedures creates to emotional distress and this negatively impacts mental wellbeing, particularly of prisoners who are on have a basic IEP status. Consequently, it is suggested that it is not just being on basic regime that negatively impacts mental wellbeing, but the uncertainty of the treatment you will be subjected to while on basic regime that can also negatively impact mental wellbeing. Furthermore, for all prisoners the lack of consistency, fairness and rigour in applying the rules of the IEP scheme in the prison environment creates uncertainty and this also impacts prisoner's wellbeing.

Not only are the limitations and treatment of individuals placed on basic regime a concern, but the findings from across the research also add to the ways in which a basic IEP status undermines prisoner's health and wellbeing. In light of the research findings in Study 3, which perpetuate and support the positive impact of access to outside space and contact with nature is essential to foster mental wellbeing (Hansen-Ketchum and Halpenny, 2011; Louv, 2010; Moore, 1981), prisoners who have their access restricted will experience a negative impact their health and wellbeing. In addition, Study 3 also found that a barrier to accessing the gym was IEP status. Unable to access

the gym, prisoners on basic regime will not be able to utilities the gym to promote their quality of sleep, coping with stress and anxiety, and reduce likelihood of illness (Breslau, Roth, Rosenthal, and Andreski, 1996; Buguet, Cespuglio, and Radomski, 1998; Carlson and Garland, 2005; Elger, 2009; Ferrarese et al., 1993; Frey and Delaney, 1996; Jean Kant et al., 1995; Reiche, Nunes, and Morimoto, 2004; Staner, 2003). Therefore, the lack of opportunity to exercise would suggest a detrimental impact to wellbeing. Furthermore, prior research has argued that exercise in prison can foster an environment that has less tensions and disruption, and better prisoner and staff relationships (Buckaloo, Krug, and Nelson, 2009). Consequently, the prevention of access to the gym may increase the tension and disruption in the environment leading to more altercations, resulting in prisoners on basic regime remaining the incentive level for prolonged periods of time; and thereby their health and wellbeing further declining due to the restrictions they would then face.

In this research women in prison demonstrated reaction and adaptation to the environment in prison, through undertaking activities to keep themselves busy. This could be through more mundane in cell activities discussed in Study 2 of crafts, puzzles, reading, watching television, and listening to the radio. These served to aid coping and distraction during imprisonment, particularly when being locked in their cells. Another prominent activity while being confined to their room was eating ‘treat’ food and snacking while watching television to distract the mind and cope with confinement. In a broader sense the roles that women undertook, discussed in Study 3, also served to enable them to keep busy and this was a way of creating meaning and structure to time during imprisonment. In reflection the findings from Study 2 and Study 3 perhaps heighten the need for structure through roles in prison to provide meaning to prison life, cope with boredom and separation from family, as well as keeping their mind occupied. Undertaking a role in prison, such as gardens worker, Clink trainee or gym orderly, took up much of the week day time and provided a way to get off the housing blocks. A role that required leaving the main housing block would allow the participants in Study 2 perhaps a way of escaping the fear and anticipation of discipline and punishment from the officers and a break from the chaos and disruption that life on the wing seemed to entail. Rather than resourceful activities to cope with the environment of crafts and puzzles, a role would offer a means to gain

skills that could be used on release, and also added benefits of being physically active throughout the day leading to tiredness, which facilitated relaxation and sleep when back on the wings. This would allow separation of prison life into environments of work, and environments of the wing as a place of rest and relaxation which overall could serve to reduce the chaos and disruption of the wing environment and perhaps lead to reduced numbers of prisoners being placed on basic regime.

It is clear through this research that health and wellbeing varies in prison according to the lived environment and also through roles adopted in prison, and therefore this research speaks to the utility of work in prisons and the need for roles that entail getting off the housing blocks. It also persists on the necessity to consider how interaction with the environment and organisation, as well as individual choices and personal factors shape health and wellbeing (Baybutt et al., 2014). Previous research has highlighted the need to consider the environment in prison and has critiqued the lack of health promotion in settings across the prison estate (Hanson and Gray, 1997). This research confers on the point of the need to consider the environment, but extends this to demonstrate how it is important to not treat prisons as one monolithic environment, and that there is not one experience of imprisonment. This is evidenced in the findings from across the programme of research in this thesis and presented is a narrative that establishes that while individuals may take part in programmes and undertake roles that can enhance health and wellbeing in one particular setting in prison, they then may then enter other environments that undermine these principles. This transcribes that as a whole setting prisons cannot be understood as therapeutic as not all spaces are health enhancing (Caraher et al., 2002; Smith, 2000). However, prior research has perpetuated the need to focus of the individual choices that can be made in prison to enhance health (Condon et al., 2008), and in this research individuals did find ways to disruptions the ‘pains of imprisonment’ through stabilising and healing influences of incarceration, having time to reflect address personal problems, such as detox from drugs and alcohol and re-establish or strengthen ties with family and friends in the community (Baybutt et al., 2014; Crewe, 2005; Rowe, 2011; Wacquant, 2002).

These findings spur towards a more in depth understanding of the lifestyles and health choices of individuals in prison that has been called for (Condon et al., 2008), but

presents difficulties in further studies methodological approaches due to the need to take account of individual experience, and individual differences. In this research a mixed methodological approach, including qualitative interviews allowed for robust exploration of individual differences, as well as developing an understanding of the setting in relation to health and wellbeing. This is but one way of exploring health and wellbeing in prison and the merits of this approach will be explored again further on in this chapter.

In this research although attention has been paid to the role of the environment in shaping an individual's health and wellbeing, attention has also been paid to the choices and decisions individuals can make to enhance their health. Prior research has critiqued the focus on individual choices in the prison environment because the failings of the institution should not be borne by the individual, and they should not be blamed for their poor health status (Smith, 2000). This research has taken account of the institutional barriers to access healthy food, and barriers to using the gym that do not blame the individual, but look to understand the healthy choices they can make and what needs to be done to facilitate more. It is only through developing knowledge an individual's lived experience in prison that this understanding can be forged.

This research reveals that weight gain is an encumbering problem among women in prison and this echoes previous research findings (Clarke and Waring, 2012; de Graaf and Kilty, 2016; Douglas et al., 2009b; Plugge et al., 2011; Plugge, Foster, et al., 2009; Rowe, 2011; Shaw et al., 1985; Smoyer, 2013; Smoyer and Minke, 2015). However, the accounts of the participants across the programme of research in this thesis suggest that women in prison are actively and continuously trying to avoid or overcome body colonization. There is a distinct need to avoid weight gain in order to prevent a physical ramification of imprisonment that is visible to the individual and their family and friends. This is important to maintain a carefully crafted image that imprisonment does not impact health and wellbeing. This management is part of everyday life in prison and influences food choices, consideration on roles in prison and relationships with other women. The bearing that this has on women's interaction with one another, the regime and rehabilitative programmes should not be underestimated. Therefore, providing women with easy ways to manage their weight in prison through healthy

food, access to the gym or roles that entail physical activity will serve to promote their engagement in their rehabilitation in prison, as well as promote their health and wellbeing. Gaining weight from the prison establishment perspective was suggested in Study 3 as a way to demonstrate care or affection or could perhaps be used as a mechanism to maintain a sense of order and control through lethargy generated through heavy carbohydrate diets. This may lead women to want to stay in their room, and therefore there is less likely to be altercations and disruptions in the prison.

In this research food and physical activity are recurring themes in women's experiences of health and wellbeing in prison. The next two sections presented draw the findings from across the thesis in relation to these substantive topic areas, before reflecting on the findings in relation to the theoretical underpinning of this research; recovery.

7.3 Food in prison

This research demonstrates that the meaning of food in prison transcends the meanings in ordinary life. It is in these examples where food can be understood as a mechanism to survive, cope and resist power during imprisonment. A notable example of this developed through the narratives of women's experiences of cooking and eating with others women on the wing described in Study 3. This practice fostered food autonomy allowing them to resist the institution food provided by the prison, and resisting the environment of the dining hall which could be a site of tension and anxiety. This was perhaps in some ways related to prior research that has demonstrated how food can be used to resist the power of the institution (Godderis, 2006; Thomas, 2008; Ugelvik, 2011; Valentine and Longstaff, 1998), although the resisting is not in any direct overt act as cooking on the wing using the microwave was allowed and therefore women were not breaking any rules to do so. The facility to cook on the wing using microwaves avoids the need of prisoners to use transferable objects to heat food; in Smoyer's (2015b) research she found female prisoners in the United States would use hairdryers to toast bagels. This would appear dangerous and the consequences of breaking rules can lead to sanctions, which overall detracted from the enjoyment and

created tension in the environment. In this research the facility to cook on the wing using the microwaves provided a way of creating a more palatable meal, and dishes that were closer in flavour to food women consumed before prison, which corresponds to previous research findings (Cate, 2008; Thomas, 2008). This also highlights the ways in which women are able to use the facilities around them to cope and enhance their experience of imprisonment. In this research the choice of food consumed was not necessarily health enhancing, but the action of coming together with others was a way to bring about wellbeing through a special and pleasurable experience with other women in prison. This transcribes to prior research in the way that cooking experiences with other inmates can foster social satisfaction, allowing women to learn from cooking techniques from others, share cooking ingredients and build and maintain relationships (Smoyer, 2015a), and also highlights how food experiences can be a mechanism to foster social wellbeing in prison. This research exemplifies how food, as Smoyer (2015a) argues, can be used to understand a person's incarcerated experience, and how everyday activities in prison can facilitate the construction of a meaningful experience of imprisonment through shaping identity and relationships (Bosworth and Carrabine, 2001). Food in prison is therefore much more than consumption to survive, but it is a way to negotiate doing time in the prison environment.

Study 1 identified that the majority of women in prison were able to eat three portions of fruit and vegetables per day, less than the government's recommendations of five portions, however the analysis yielded more consumption of fruit and vegetables than in prior research findings (see Plugge et al., 2006). This led to conclusions of the possibility that the establishment may be providing more fruit and vegetables compared to others, or perhaps over the past ten years the amount of fruit and vegetables provided has increased and it was also considered that more women are trying to engage in a healthy lifestyle in prison. In this research there were clear narratives across Study 2 and Study 3 of women in prison trying to consume healthy meals to the point that unappetising overcooked vegetables were still eaten to try to gain nutrients. There were clear motivations for doing so to promote health through eating to keep strength up, consuming certain foods to avoid reliance on medication and choosing low calorie options to resist weight gain. The knowledge and

understanding women had about how to use food to promote their health casts doubt on the findings from the National Audit Office (2006) report, where they questioned whether prisoners had awareness of healthy diets and what this entailed, and further support the findings of Smith (2002). The upward trend in fruit and vegetable consumption reported in this research is therefore considered to be down to the women in prison actively attempting to engage in a healthy lifestyle in prison.

Across the programme of research there were common findings that the food provided in the prison was not healthy. Women reported eating high calorie diets of ‘treat’ food and fried chips in Study 1, and in Study 2 and Study 3 women complained of lack of healthy food available in terms of portion sizes, variety and spoilt vegetables from overcooking. These findings identify that women in prison recognised the institutional barriers to a healthy diet in prison. They also corroborate previous research findings that food provided in women’s prisons is high in calories and particularly fried foods including potatoes (National Audit Office 2006; Edwards et al., 2007), but extend this knowledge to account for the important of how food is cooked and also the portion sizes of healthy meal options. Similarly to previous reports (see Corston, 2007; HM Chief Inspectorate of Prisons), this research further emphasises the need for women in prison to be offered additional portions of fruit and vegetables to meet their needs and to boost their intake towards an average of five portions per day across the estate to meet the governments recommendations. The findings also support that it is the lack of availability of fresh fruit and vegetables that prevents women from eating a healthy diet in prison (Edwards, Edwards, and Reeve, 2001; Edwards, Hartwell, Reeve, and Schafheitle, 2007; House of Commons: Committee of Public Accounts, 2006), and not that women in prison do not want to engage in a healthy diet. It is therefore a failure of the environment and institution and not individual choices that in this case leads to poor health, further supporting the conclusions of Smith (2000).

The perceptions of poor food standards in relation to healthy meals were not met with violence or aggressive behaviour by the participants in this research, as some studies have found (see Godderis, 2006). Across Studies 2 and 3 there appeared to be in some ways appreciation for the food provided, as it was consistently remarked as being better than the food experienced in other female prisons, and there were perceptions

that food was prepared with care and attention. These narratives are in many ways different to prior research which has documented the perceptions of sloppy unappetising food leading to feelings of being ignored and uncared for by the institution (Smoyer and Lopes, 2016). In this research the positive experiences of food in the research prison, compared to other establishments, facilitates legitimacy and power of the institution and allowed for the continued order of the establishment (Bosworth, 1999). There was evidence of food being experienced as a mechanism to remind prisoners of the power of the institution and a continuation of punishment, but this was dissimilar to the findings of Ugelvik (2011) who talked about how this is experienced through poor food. In this research the power of the institution and powerlessness of those residing in it, is perpetuated through a fifteen-minute allowance to eat dinner while on a basic IEP status, through refusal of second helping of vegetables despite being available and unwillingness to provide a prescribed diet for health. These practices, in addition to failing to account for a disabled prisoner's needs to get food highlighted in Study 3, illustrate an institution that uses its power to demean and humiliate women in prison and a setting that negatively impacts health and wellbeing in prison. This is not about how the individual interacts in the environment in making choices about their health and wellbeing, but how the prison institution overtly reminds women of its power and their powerlessness. The environment is therefore not conducive to promoting health and wellbeing in this respect.

The 'settings based' approach to health promotion puts forth that the environment is essential to consider through how it can promote agency, healthy choices and empower (Baybutt et al., 2014). As already discussed the settings and environments considered when thinking about health promotion in prisons needs to be expanded to consider more than just the prison site but areas within the prison. Through exploration of women's experiences of food in prison this research has identified another site that must be considered and that is the dining hall environment. Study 3 demonstrated that the environment food is consumed in is important in whether it is enjoyable experience. For some participants the dining hall environment was risky because of the potential for aggression and violence. This generated anxiety and led to strategies to mitigate and cope with fear in the environment. Here this environment does not appear to be conducive to promoting agency, healthy choices and empowerment as

women have to make basic strategic decisions to safeguard themselves while eating. There is therefore a need to consider the advocacy of the communal dining put forward in Prison Service Order 4800 (HM Prison Service, 2008), the only document setting out standards for female prisons, because not all women enjoy this experience.

The importance of the environment while eating is further emphasised when exploring where 'treat' food is consumed. In this research consumption of canteen food - typically, biscuits, crisps, chocolate and sweets - was about alleviating boredom while being locked in their cells, creating a distraction, having something to look forward to; a source of pleasure. These findings concur with previous research studies (see McKie et al., 1993; Smith, 2002; Charles and Kerr, 1986, 1988). However, the research further explored this behaviour through seeking to understand the lived experience women in prison, and to understand what this behaviour meant for health and wellbeing. The consumption was ritualistic, most frequently happening at the weekends after collecting canteen orders on a Friday, and coinciding with a period of the week where women were locked in more. It was eaten while watching television and it was enjoyed because it tasted nice and because of the function the activity served. The purpose of ordering these types of food through the canteen were not idealised as ways to demonstrate the receiving of money from outside, and perhaps signifying care and affection of loved ones who sent the money to their accounts has been noted in prior research (Smoyer, 2015a). The consumption of the food was not about enhancing health, it was about getting through the period of isolation and loneliness where there was little to do to distract from being in prison. The comfort provided was short lived and the pleasure of indulging in these foods led to feelings of guilt, disgust, and regret that catalysed motivation to go to the gym. Although the gym could be used as a way of controlling the calories consumed, the fact that this behaviour occurred on a weekly basis would suggest that overall binge eating and then trying to control the effects with physical activity may have a negative impact on health. These findings challenge those of Smith (2002) who suggested that woman's choices to eat unhealthy foods had a health enhancing benefit as this action better enabled women to cope with imprisonment. In this research, while a short term benefit is noted there is considerable concern about the long term implication to health and to women's experiences of imprisonment outside of this ritualistic behaviour. Given as already discussed much

attention was given to weight gain in prison and this could impact engagement in programmes there is perhaps a need to mitigate this behaviour and look towards providing other means to help women cope with periods of isolation and loneliness. This could be through craft based activities, or puzzles as these were described as ways of aiding distraction and coping by some of the participants in this study. There is also a need for increased provision of healthier snacks on the canteen sheet, and perhaps information sheets publicising what healthier foods can be purchased on the canteen for snacking on over the weekend.

Despite extensive gardens in the research site and the provision of horticulture programmes, the women in prison were not benefitting from the fresh produce grown in the prison. Given that there were widespread calls for more fresh fruit and vegetables by the women in prison, there is perhaps a need to rethink the strategy of allowing organisations to run programmes that grow produce in the prison gardens with the help of prisoners, but export foodstuff to their restaurants, as The Clink Charity was able to do. This is perhaps more pressing given the continued emphasis on health and wellbeing in society and the need for prisons to enhance the health of those incarcerated. It is acknowledged, however, that the crops yielded were used by the Charity in their restaurants where prisoners work, and the charity does support a number of prisoners during their incarceration and on release to find employment in horticulture, but also in hospitality and catering. There may be a way that that the prison and third sector organisation can work together to continue the export of foodstuff, but also work towards a surplus to supplement the fruit and vegetables prisoners receive. The workers in the general gardens, rather than the Clink Trainees, may provide a workforce for this project and this would have the twofold benefit of cultivating crops, but also providing meaning and structure to the work of women in the gardens as Study 3 called for.

7.4 Physical activity in prison

In this research the notion of hidden physical activity is perpetuated through social roles, employment and leisure activities. The accounts from the participants in Study

3 demonstrate that the women's life prior to imprisonment contained little sedentary behaviour. It is clear how being a mother involves being physically active, and this is perhaps an overlooked element of women's engagement in physical activity in society. In addition, more leisurely activity of walking a dog may not be seen as intensive exercise, but nonetheless this is physical activity. Furthermore, being active through seeking drugs or in the workplace again highlight more hidden areas of physical activity in society, as has been highlighted in prior research (Conn, Hafdahl, Cooper, Brown, and Lusk, 2009; Shah, Plugge, and Douglas, 2011). These activities were recognised by the women who participated in this study, but are perhaps not acknowledged in research studies that continue to insist that women's physical activity levels are worrying low and do not take account of activity that is part of everyday life (See Sport England, 2012a; 2012b). However, these findings do not necessarily mean that the participants lived a healthy lifestyle before imprisonment. Indeed many reported using drugs, alcohol abuse and poor diets, so there are other elements to consider. Nonetheless, this does suggest that for women in prison physical activity before imprisonment is more likely to come from activity they already do as part of their lifestyle and role in the family than through more structured means of going to the gym or classes.

While in prison this research also uncovered hidden activity occurring in prisons through women's work roles and walking around the wings, or to and from the dining hall. These activities again form very much part of daily life in prison and therefore women were physically active, more so than has been reported in prior research (Meek, 2014; Plugge et al., 2006). However, this research was conducted in a female training establishment and all women were required to be in some form of education and training, unless they were retired or unwell. This perhaps explains why the levels of activity documented across the programme of research are much higher than previous research findings, especially in relation to activity undertaken through work roles in prison. Amongst the remanded prisoner population there are no regulations that they must conform to the prison regime in terms of engage in work, association time, or recreational activity and therefore are able to spend all their time in their cell if they wanted to. What this research has shown is the positive impact that the roles women adopt in prison can have for their experience of imprisonment, not only in

terms of promoting their physical activity levels, but also their mental and social wellbeing through constructing meaning to their incarcerated life.

Despite moving away from the more typical and structured activity that may take place in the prison gym in this research, the utility of the gym to promote mental wellbeing was demonstrated through the findings of Study 1. This highlighted the value of the gym in providing an opportunity for planned, structured and repetitive activity that corresponded to a regime or goals to improve fitness, weight loss, or wellbeing. This perhaps creates an environment that was about positivity, motivation, progression, and creating a movement towards improvement of the self. These aspects certainly came through Study 1 and through the gym orderly role in Study 3. However, the atmosphere perhaps alienated some individuals who were not part of this movement, and who just wanted to use the gym on a more casual basis, and these barriers mirror those found in community settings (see Sport England, 2012a, 2012b; Gilroy, 1996; Scraton, 1992; Shephard, 1997). For individuals in Study 2 the gym was not a space to go to promote wellbeing and it was not a desirable space to go to, to get off the wing. The prospect of having to remain in the environment for the session length with so many people using the gym was a distinct barrier to engaging with the environment. Study 3 elaborated on the barriers to physical activity in prison further, particularly social factors that prevent women from going to the gym, including other people in the gym and the perception of a changing environment when certain people enter the facility. This could in some ways be mitigated through going with another person who was considered a friend. There were also ways in which women mitigated their lack of self-confidence through using makeup or persevering with their training to improve their fitness to be like the other women using the gym. It was almost as if there were two polar opposite experiences of the gym. One where the gym was a place to improve the self, to be part of a group that was working towards goals and achievement, and the other experience was one where there was anxiety about the 'other' group of women who would judge them. This creates a socially complex environment and there were only a few women in this research who talked about making the transition from apprehension to achievement and regularly using the gym.

The environment of the gym was also demonstrated to be further important factor through Study 2 where the notion of the physical activity on offer through the gym did not provide the same prospects that activity in the community offers, which allows contact with outside space, nature, and fresh air. There were examples of how physical activity through work roles in prison, in Study 3, could offer these benefits and therefore there is a need to look to the utility of these occupations in prison as a way of promoting physical, mental and social wellbeing and thereby health.

The need for and lack of access to the gym for prisoners who had an IEP status of basic is particularly troublesome from this research, and has already been discussed in this section. Other barriers expressed by the participants mirrored previous research of lack of motivation, lack of desirable activities and weight gain leading to low mood and low self-esteem (Meek, 2014; Plugge et al., 2006). There were also narratives in Study 3 of women who were engaged in physical activity at work not having time to go to the gym and here the value of sedentary behaviour to relax and unwind was coherent as in prior research (Epstein and Roemmich, 2001; Macintyre and Mutrie, 2004).

7.5 Recovery

A fundamental question asked by this thesis is whether it is possible to apply the principles of recovery to women's experiences of imprisonment and the impact prison has on their health and wellbeing. The literature review carried out for this research argued that it was, as prior research findings lent themselves to the idea that prison provided a space where women could take time to reflect, create new identity and rehabilitate, and, thus enact the principles of recovery put forth by Drennan and Alred (2012). Some of the prior research findings applied were also concurred by the current research. For example, across the programme of research there were examples of women going to the gym and trying to eat healthily in order to look good for themselves and for other people to notice on their release (Smoyer, 2013). There were also women who used their time in prison to recover from drug or alcohol addiction (Crewe, 2005; Smoyer, 2013), and to seek support and treatment for mental health problems (Bradley and Davino, 2002; Crewe, 2006; Wacquant, 2002).

Also discussed in the literature review were the elements needed to enable recovery and for women to turn their lives around. These were confidence and motivation, feeling that they are people of worth (Eaton, 1992), empowerment and self-esteem, which together can be used to solve problems (Gelsthorpe, 2009). In this research, there are examples of how these elements were possible in the prison through women fostering their own empowerment. For example, in Study 2 the participants used the resources around them, most commonly books, radio, puzzles and crafts, to solve the problem of how to occupy the time they spent in their room, which would otherwise be idle time. They did this at the same time the institution was trying to disempower individuals through locking them behind their door and for some women while they were being punished on basic IEP level. There were also clear demonstrations of motivation and confidence that their time in prison would not be wasted, that they would maintain a sense of self and that they would not let the negativity of the environment overcome them through maintaining a sense of control and empowerment. This was also facilitated through the ability to make food choices that avoided the need for medication and to control weight gain. In Study 2 there was a real sense through the findings that recovery was possible, however this has to be balanced against the lack of comfort and care women described by the institution, and the harrowing difficulties of being separated from their children and families. Although there are ways in which women in prison are able to manage their own health and wellbeing and foster their recovery, this is subsumed by the issues of the system charged with their rehabilitation removing them from their loved ones, and not providing any source of comfort and care while doing so resulting in undermining their health and wellbeing. This perpetuates the rhetoric that people in prison remain overlooked by society.

In turning to the findings from Study 3 and reflecting on the four dimensions of recovery; clinical, functional, social and personal (Drennan and Alred, 2012b), the prospect of clinical recovery from disease or illness was not fully featured in this research as the focus on participant's accounts in relation to health and wellbeing was subordinate to clinical health staff perceptions. In many cases women were making decisions for themselves in relation to their health to manage the lack of access to

healthcare staff in prison. This was through buying food items or supplements on the canteen and going to the gym. The aspect of functional recovery involves undertaking life tasks, such as a job, and involves a sense of getting on with life and finding enjoyment, although there may be periods of discomfort and distress. This element is crucial in Study 3 in understanding how women in prison are able to recover. The roles that the women adopted were ways of catalysing functional recovery as the role offered them a route to getting on with and passing the time in prison. The roles of Clink trainee and gym orderly also offered social recovery, as women clearly displayed a sense of being part of a community in prison through working with other women on shared tasks and goals. The final element of personal recovery is unique to each individual, and the uniqueness of experiencing prison is displayed in this research through a qualitative approach and the analytical technique of IPA. The narratives of the participants in Study 3, but also Study 2 demonstrate the personal journey the individuals were on and this was in many ways fulfilling the aspects of constructing new meaning and purpose to their life through entering prison (Anthony, 1993; Barker, 2012; National Institute for Mental Health in England, 2005; Shepherd, Boardman, and Slade, 2008). In this sense personal recovery is intertwined and bound with the notion of imprisonment.

A further question asked by this research, in line with the principles of recovery, is whether it is possible to build a rich and fulfilling life in custody and is it possible through the gate. The ability to lead a rich and fulfilling life in custody was perhaps most notable amongst women with roles in prison in Study 3. In particular women who were Clink trainees and gym orderlies were particularly motivated and were actively enriching their life because of their role in prison. Although the gardens workers did experience this to some extent, the lack of direction and structure to their role expressed in the narratives appeared to be somewhat a barrier to a fulfilling life in custody.

In recovery research, the role of service provider or support worker in mental health settings is also essential for recovery because recovery is a dynamic process involving interaction between the individual, support worker, service and environment (Onken et al., 2001). This posits that the approach should be open minded, supportive, and to

build relationships with the service users that are positive, respectful and able (Allott, Longanathan, and Fulford, 2002; Borg and Kristiansen, 2004; Slade, 2009; Slade et al., 2014). Crucial to this is that staff should support service users to build a life beyond illness. In a prison setting while there is no notion of a service user but the position of prisoner, the beginning standpoint in reference to the individuals as offenders, prisoners or calling people by their surname re-imposes the power imbalance, lack of personalisation and support. Furthermore the findings, especially through the narratives of women on the main housing block in Study 2, suggest that the approach by staff is not attuned to being open minded, or supportive given the fear and anticipation of treatment and punishment by staff. It is only through the narratives of women with roles in prison that these qualities can be found amongst staff, and this is perhaps most notable among the Clink trainees where the success of the horticulture programme was intertwined with supporting the women's personal success.

Through the findings of the programme of research in this thesis there appears to be an important utility of The Clink Charity working in the prison environment to foster recovery and promote health and wellbeing. However, there still needs to be a fundamental shift in promotion of health and wellbeing in prison through a day-to-day environment that encourages and, supports healthy decisions through allowing prisoners to go to the gym and eat a healthily diet, as well as treating prisoners fairly and with dignity and respect.

7.6 Methodological Considerations

This research has concerned itself with women's experiences of imprisonment in relation to their health and wellbeing. While attention has been paid to representing the views of women in prison, the programme of research took place in one closed Female Training Prison, and as such the findings are not generalisable to the female estate. This is particularly the case among the remand population, as this was not sampled in this research due to all women in the establishment having been sentenced. Research in establishments with high remand populations tends to draw the average

time spent in prison lower, in this research the average was six years which is indicative of the uniqueness of the sample in the study.

Despite challenges to the representativeness of the study sample, the research clearly demonstrated the appropriateness of a mixed methodological approach. This allowed for the need to take account of individual experience and individual differences. In this research, a mixed methodological approach allowed for robust exploration of individual differences, as well as developing an understanding of the setting in relation to health and wellbeing. An example of the knowledge gained, but the need for a mixed methodological approach, is demonstrated in the findings of Study 1 and Study 2 in relation to the IEP scheme. Study 1 identified that IEP status was a significant predictor of mental wellbeing, however, the finding of Study 2 revealed much broader issues about the scheme in terms of a lack of consistent and fair application of the rule. This experience clearly impacted the participants' wellbeing. Without a mixed methodological approach, it would not have been possible to draw such inferences about the studies' findings.

The survey findings presented in Study 1 were developed from a response rate 42%. While this is a comparatively better response rate than the typical yield of self-completion surveys amongst a prison population (Seena Fazel and Danesh, 2002), over half the population surveyed did not respond and their information was therefore not included in the data. It would appear that despite adopting the Tailored Design Method (Dillman, Smyth, and Christian, 2014) and paying attention to detail on the layout and presentation of the survey including clear and concise instruction this appeared to not enhance the response rate. While it was clear through the researcher engaging with women during the response period that this promoted nine women to want to engage with the survey who had previously thrown the survey away, there were many more women who simply did not want to take part in the research. From the brief conversations with some of these women while walking along the wings this was due to feeling that they had filled in so many surveys with little change occurring after. This would appear to be problematic in the research process, as with any study it does take time to analyse and present findings before any authorities can decipher whether to make any changes following recommendations by academics. There is also the

possibility that a number of women did not respond to the survey due to literacy or numeracy difficulties. During the process of walking around the wings the research did aid three women to complete the survey and it was reported that the gym orderlies helped a further three women. It is anticipated that a number of the women who did not respond to the survey could not do so due to numeracy or literacy difficulties and were not able or did not want to express these issues. It may also be that the process of delivering the surveys by posting them under women's cell doors was not an initially effective method of engaging with women to take part in the study, due to the high number of leaflets and surveys received in this way. If further resources were available it would have been beneficial to approach each woman regarding the study and then administer the questions face to face. This would have also facilitated accurate recording of women's BMI score, through measuring their height and weight, and would have overcome the potential inaccuracies of women self reporting this data.

During the development of the survey care was taken to ensure that the questions were easily read and responded to, and where possible they included questions used in pre-existing surveys that had been subject to external rigour. Despite employing the questions relating to physical activity from the Health Survey for England, during the analysis phase these results were difficult to interpret and analyse. There were a number of respondents who self reported very high rates of physical activity per week, which appeared to be related to their job role. It was decided that it was important to include physical activity that may be carried out through work as this was developed in the 2008 Health Survey for England (The Health and Social Care Information Centre, 2009) and this type of activity should not be overlooked. However, further follow up after the survey would have been prudent to qualify which types of activity the women were referring to when self reporting their total minutes of physical activity on an average day. Physical activity is also difficult to record due to energy expenditure needing to be taken into account. While every effort was taken to analyse the responses accurately, the self reported nature of this data means that the results must be interpreted with some caution.

The survey also captured consumption of fruit and vegetables as well as treat food and chips in order to understand whether women were able to eat healthy meals. It is

acknowledged that these are not the only factors that pertain to a healthy diet, but do act as an indicator of healthy eating habits and the availability of these types of food in the prison. As has been highlighted in Study 2 there are also a number of factors not included in the study that may impact mental wellbeing that were not recorded and therefore could not be controlled for. These include previously diagnosed mental health disorders, such as depression, anxiety or post-traumatic stress disorder (Green et al, 2005; Moloney and Moller, 2009), grief or loss (Maschi et al, 2015), prior history of trauma or suicidal behaviour (Messina and Grella, 2006) and the differing impact of imprisonment due to such histories, which can lead to further trauma or re-traumatisation (Slotboom et al, 2011). It is recommended that future studies employing a quantitative approach are needed to further understand their impact on mental wellbeing using the WEMWBS measure. Additionally, there are factors outside of a women's control, such as gaining access to the gym due to their IEP level or factors affecting the regime, such as staffing levels and security issues, which might result in the gyms closure and therefore decrease access to physical activity, but can also create frustration and feelings of low self-worth, which might also impact mental wellbeing.

As the first study of its kind to apply interpretative phenomenological analysis to study incarcerated women's experiences of health and wellbeing, the research has demonstrated the utility of the approach. Although prior research has suggested working with small sample sizes (Smith, Harre, and Van Langenhove, 1995; Smith and Osborn, 2003), and in particular up to eight interviews in PhD research (Smith et al., 2009), this research exemplifies analysis and presentation of findings of studies with more than this recommended number. While a large number of interviews were analysed, particularly in Study 3, the research did have time during the research process to fully immerse themselves in the data. It is acknowledged that this did take a longer period of time than perhaps other analytical approaches would have taken or required, however, this was an important decision made about the research. This allowed for the thesis to present a rich account of women's experiences of health and wellbeing in prison, which is grounded in their own accounts through the verbatim quotes included. Furthermore, as has already been mentioned in Chapter 3, the number of interview participants was led by the length of time the prison granted access to the research site for. Given that relatively little is known about women's experiences of

health and wellbeing and after gaining access, that as also discussed in Chapter 3 can be difficult to negotiate, it was decided that it was important to maximise the opportunity to gather as much rich data about the phenomena as possible.

One particular draw back of the recruitment method of the interview participants was that it relied on who the staff members of the housing block or work place decided was available. It is possible that the staff member did not make available women with more extreme views or women who they felt may not be comfortable with the research without even asking them. There were also environments within the prison, such as the PIPE unit, and places of work for women in prison that were not part of the programme of the research. Therefore, the data findings presented in this thesis relating to women's experiences of health and wellbeing are discrete to particular sites, such as the main housing block, and to particular work places, namely the gym, gardens and Clink horticulture programme. Overall, the data presented here cannot be considered representative of women in prison and, furthermore, the experiences of the women included in this research were not validated for their accuracy. The views of the women are their perceptions, and while the researcher has no reason to believe that they would be deliberately misleading or present false accounts, there has been no attempt to verify the views expressed by the women who took part in the research.

7.7 Summary of Recommendations

This section draws together the recommendations for policy and practice made across the three research studies in this thesis. It does so while considering the implications of the recommendation for fostering recovery by promoting choice, empowerment and creating feelings of self-worth (Drennan and Alred, 2012a). All the recommendations discussed, if implemented would have the potential to promote health and wellbeing in women's prisons.

Food

There should be increased provision of healthy foods in prison. There should be variety and sufficient supply of fruit and vegetables across the female estate, so that prisoners are able to eat five portions per day. Food items offered via the canteen sheets should be reviewed to incorporate healthy snacks, and these should be signposted to encourage women to purchase these items over biscuits, sweets and chocolates. Prisoners should be offered seconds where there are excess portions that would otherwise be thrown away. In addition, the cooking process of vegetable should be reviewed to prevent overcooking to enhance the quality of the vegetables served. The kitchen hygiene standards should be reviewed to ensure that all fresh produce is appropriately washed and fresh items that have passed their best should not be served. Increasing the provision of healthy food options would allow women to make more choices to enhance their health in prison. The knowledge that the healthy food ordered will be of a higher quality and without nutritional compromise will empower women to continue to chose healthy foods. They will also be empowered to make this decision, as it is free from the humiliation and demeaning treatment of overcooked vegetables or being refused section portions. This would foster women in prison to feel that they are people of worth, an aspect needed to promote recovery.

Staff should be aware that some women in prison feel especially vulnerable in the communal dining hall environment, and measures should be taken to ensure prisoner safety and disruption to potential violence in the space. This recommendation although specific, is much broader in asking staff to be conscious of women's experiences in custody and how women in some environments can feel intimidated and fearful. This experience would clearly impact a women's feeling of safety and security and managing the risk women perceive would allow women to have a more satisfying experience of eating. Recovery would be fostered through women perceiving that their feelings had been acted upon by staff and through them feeling empowered by this. They would then feel more comfortable to use the communal space and enjoy eating with others.

The facility of microwaves in prison for women to cook food on the wings should remain a feature of imprisonment. Where possible this should be extended across other establishments and access to cooking facilities in the form of a residential kitchens

should be provided. The ability to cook food on the wings was a desirable feature of the prison and in particular the autonomy this provided in creating meals and sharing the experience with others they chose to do so with. The narratives of the participants who were able to engage in this activity demonstrated the principles of recovery through the positive and meaningful experience this had for them as particularly pleasurable communal activity. This facilitated some control over what food they consumed and its taste, which was difficult to control in the food provided by the prison.

Physical Activity

Access to the gym should not be dictated by IEP status. Women on basic regime should be able to attend the gym as much as an individual on enhanced. The removal of choice to access the gym because of IEP status was a concern in fostering recovery in prison. The benefits of using the gym in prison have been extensively argued in this research and therefore restricting its use is detrimental to health and wellbeing and also recovery.

The approach of staff working in the gym should be reviewed to ensure that the environment offered is one of inclusion, approachability and safety. Staff should also develop their awareness of the challenges women in prison encounter when thinking about whether to go to the gym. This should include vigilance on the behaviours of women using the space, particularly attempts to intimidate. Creating a more welcoming environment for all women in the prison is one way of increasing women's confidence in using the gym. Another way of doing this would be to develop a gym buddy system where women who work in the gym offer to accompany other women to the gym should be explored, as this may motivate more women to engage in the gym in prison. The confidence and motivation to use the gym in prison would allow women to promote their health and wellbeing and manage their weight, which was revealed in this research to be a pertinent issue to women in prison.

Health and Wellbeing

Access to outside space is essential to foster mental wellbeing and the female estate should facilitate women to have greater contact with prison gardens. Existentially prisons should continue to invest in the aesthetics of their sites. The gardens in prison provide a space where women can take time to reflect and to think about their identity. It is also recommended that a review is held of the training and procedures relating to the IEP scheme, in order to embed a fair and consistent approach amongst staff across the prison estate. This is a particularly important issue relating to women's recovery and perpetuating an image that the issues faced by prisoners to promote their health and wellbeing are taken seriously.

The research studies have demonstrated the importance of activities to promote recovery and to alleviate feelings of boredom. The activities that prisoners can do vary from going to the gym to listening to the radio, doing crafts and puzzle activities, as well as reading. They can also engage in work roles. It is essential that across the female estate women are encouraged and facilitated to take part in these activities to help promote their health and wellbeing. The recommendations to prison practice called for in this research are aspects that will improve the dignity and treatment of women in prison.

7.8 Future research and directions

As already discussed in the research studies and in this discussion chapter, the most obvious and useful area in which to develop future research in this domain relate to a wider study of health and wellbeing in the female estate. This would allow for exploration of the healthy choices made by women remanded in custody, and closer comparison of the findings from Meek (2014) and Plugge et al. (2006) in relation to participation in exercise and healthy eating in prison. Given the differences in this study's findings in relation to engagement in physical activity and consuming five portions or fruit and vegetables per day when compared with prior research (Plugge et

al., 2006) there is a need to reevaluate the choices women can make in other establishments.

In this research the roles researched were limited to three: Clink trainee, gardens worker and gym orderly. There is a plethora of work roles to understand in relation to how health and wellbeing can be promoted through them. What this research has demonstrated is the utility of work in prison and the need for women to have the opportunity to undertake roles during their incarceration. In addition, the research has demonstrated the importance of considering how the environment can shape women's experiences in prison and their health and wellbeing. This research was conducted in one female prison and, therefore, to understand women's experiences further there is a need to replicate the methodology to research in other women's prisons.

A particularly pertinent finding in this research was women's experiences of managing their weight in prison. Given the difficulties the participants expressed, this area deserves discrete attention in terms of women's experiences of health and wellbeing in prison. In order to better understand how women in prison attempt to manage their weight or cope with weight gain, a further qualitative study is recommended. This should present case studies of five women through data collected via semi-structured interviews and a mood, dietary intake and physical activity diary to be recorded by the participant daily. This would also allow for better understanding of the physical activity and healthy eating women are able to undertake in prison to have some control over their weight.

CHAPTER 8: CONCLUSION

The findings presented within this thesis have contributed to the understanding of health and wellbeing of women in prison and the knowledge of the health enhancing decisions women can make during their incarceration. It has been shown that in order to understand the health and wellbeing of women in prison it was important to consider the environment and to take a mixed methodological approach to develop a rich narrative of women's experiences in custody. This study has drawn together complex topic areas of physical activity and food in prison, whilst also adopting recovery as the theoretical approach to guide the analysis of the qualitative component of the research. The research has illustrated that women in prison are able to make health enhancing decisions, but the environment and those within it are an important factor to consider. There are limitations to the choices women can make in prison which impact their ability to manage their health and wellbeing during their incarceration.

At the time of concluding the research the ten-year anniversary of the publication of Baroness Corston's (2007) report was marked. This led to agencies that hard worked on penal reform to reflect on what had changed and what had been improved to women's prisons in the ten years that had passed (Howard League for Penal Reform, 2016; Prison Reform Trust, 2017; Women in Prison, 2017). An overwhelming conclusion was there was still much more work to be done to improve the provision of services to better meet the needs of women in prison. Of particular concern was a decline in safety in prison due to lack of appropriately experienced staff, as well as reductions in staff numbers, increased levels of drug use and overcrowding (Beard, 2017).

Concerns raised over the unprecedented levels of violence and safety issues in prisons across England and Wales forced the government to recognise the issues and to set out

its plan to reform the penal estate (Ministry of Justice, 2016b, 2017). The White Paper *Prisons Safety and Reform* announced a new strategy for working with female offenders which would be outlined through a further report due in 2017 (Ministry of Justice, 2016b). At the time of concluding this thesis the report had not been published and perhaps was delayed due to the recent national election. However, the report published on 2016 did reveal proposals to build five new community prisons for women offenders, which would better facilitate preparing women for release and would allow women to be incarcerated closer to home. There is a pressing need for new custodial units so that women in prison are geographically closer to home. The closure of HMP Holloway, located in central London and the largest women's prison in Europe, meant that many women were now held further from home, which primarily causes family and friends difficulty in traveling to visits. The locality of HMP Holloway was one of its strengths reported by women who were incarcerated there (Robinson, 2013). In their report Gerry and Harris (2016) found that there had been very little change to the average distance women were held from their home. In addition they highlighted that there were still a notable proportion of women in prison being held on remand and there had been little change to reoffending rates, despite the twelve months supervision all women released from prison were receiving.

The apparent lack of progress by the criminal justice system to better meet the needs of women in prison, needs that were clearly outlined by Baroness Corston ten years prior, highlight the importance of this research. Without these fundamental changes it would appear that women in prison must take the opportunities that they have in the environment to promote their health and wellbeing. Although this research has called for policy changes to support healthy decisions in prison, the prospect of five new prisons does offer the prospect of some tangible change. The prison service is legally accountable to provide, amongst other aspects, space, light and fresh air (World Health Organization, 2013). This research has evidenced the importance of access to fresh air, daylight and outside space in prison for promoting health and wellbeing. The proposals for five new prisons should take account of these findings in the design of the prison. Except for maintaining the gardens, which usually would fall to prisoners to carry out, fresh air, daylight and access to outside space are free aspects that the environment offers to promote health. It is therefore essential that architectural design of new

women's prisons maximise the potential for daylight and fresh air while inside the buildings. Making this decision at the design phase would ensure that women's health can be promoted in prison, and would cost relatively little when compared with making the change at a later date. These changes would enable women in prison to foster their own recovery through having a more positive outlook, feeling motivated and to feel that they are people of worth, as the system charged with their care is making fundamental changes to facilitate their health promotion.

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APPENDICES

APPENDIX I SURVEY

Health & Wellbeing at HMP Send

SHARE YOUR VIEWS ON HEALTH & WELLBEING

AT HMP SEND

I am a PhD student at the University of London and I am interested in views on health and wellbeing in this prison.

WHAT YOU NEED TO KNOW

- You do not have to take part, but the information you give will be used to try and improve services at HMP Send.
- This survey is confidential and anonymous, which means will not use your name.
- The researcher, Anastasia Jablonska, and her supervisory team, Prof. Rosie Meek & Dr. Emily Glorney, will only see your answers on this form.

IF YOU WANT TO TAKE PART

- Please answer all questions and return your completed survey as soon as possible in the sealed envelope to any one of the post boxes located in the dinning hall, the gym, association rooms and by your wing office.
- If you have any questions please contact the gym orderlies, your wing staff or the gym staff who will be able to get in contact with the researcher Anastasia for you.
- If you need help filling out this form, please ask the gym orderlies. Alternatively, I would be happy to help you fill out this form so please contact

About You

How old are you?		
What is your ethnic group?	<input type="checkbox"/> White	<input type="checkbox"/> Asian or Asian British
	<input type="checkbox"/> Mixed	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Other ethnic group Please Specify
	
How long is your sentence?	<input type="checkbox"/> Years <input type="checkbox"/> Months	
How long have you been in Send?	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks	
What is your current IEP Status?	<input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Enhanced	
What job/ or jobs are you currently doing in this prison? <u>Please write opposite</u>	
How long have you been doing this or these jobs? <u>Please write opposite</u>	



Physical Activity

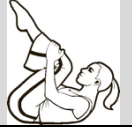


What do you do to stay active in prison? <u>Please tick all that apply</u>	<input type="checkbox"/> Gym <input type="checkbox"/> Gym classes <input type="checkbox"/> Walking around the wings <input type="checkbox"/> Active through work e.g. gardening	<input type="checkbox"/> Exercise in room or association room <input type="checkbox"/> Other- Please specify
In the past seven days how many times have you done these activities?	<input type="checkbox"/> Times	
On an average day how long does the amount of physical activity you do last?	<input type="checkbox"/> Hours <input type="checkbox"/> Minutes	

How much of this activity takes hard physical effort where you are breathing much harder than normal?		<input type="checkbox"/> Hours <input type="checkbox"/> Minutes
<p>What stops you from doing any or more exercise here?</p> <p><u>Please tick all that apply</u></p>	<input type="checkbox"/> I don't want to exercise more <input type="checkbox"/> No activities I want to do <input type="checkbox"/> I've never exercised before <input type="checkbox"/> I am not the exercising type <input type="checkbox"/> I wouldn't feel safe in the gym <input type="checkbox"/> Other- please specify	
<p>What would encourage you to be more active?</p> <p><u>Please tick all that apply</u></p>	<input type="checkbox"/> Being able to exercise with someone else <input type="checkbox"/> More gym sessions <input type="checkbox"/> A refresher of the induction <input type="checkbox"/> More classes <input type="checkbox"/> Better facilities <input type="checkbox"/> Other- What would you like to see offered?	
<p>What special events would you like the gym to put on bank holidays? For example Bingo</p>	
Are you aware of the exercise referral system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

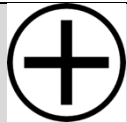


The Gym



Have you been to the gym (including any classes) in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No- Please move to the next section on health and wellbeing
How regularly have you used the gym in the past month?	<input type="checkbox"/> I haven't been to the gym <input type="checkbox"/> Less than once per week <input type="checkbox"/> Once per week <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 3-4 times a week <input type="checkbox"/> 5 or more times a week
On average how long are your gym sessions?	<input type="checkbox"/> Hours <input type="checkbox"/> Minutes
Please could you explain your answer?
Have you ever felt bullied or intimidated in the gym?	<input type="checkbox"/> No <input type="checkbox"/> Yes → Did you report it? <input type="checkbox"/> Yes <input type="checkbox"/> No
What encourages you to use the gym? <u>Please tick all that apply</u>	<input type="checkbox"/> Going with others <input type="checkbox"/> It's a way to get out of my room <input type="checkbox"/> It's a way to get out of work <input type="checkbox"/> It allows me to lose weight and tone up <input type="checkbox"/> It makes me feel good <input type="checkbox"/> It helps me sleep <input type="checkbox"/> It helps me to de-stress <input type="checkbox"/> I like the classes <input type="checkbox"/> Other- please specify below
What do you like about the gym? <u>Please write your response in the box opposite</u>

Would you like to go to the gym more often?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What do you think of the classes provided by the gym? <u>Please write your response in the box opposite</u>



Health and Wellbeing



Please tick the box that best describes your experience of each over the last **2 weeks**

I've been feeling optimistic about my future	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling useful	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling relaxed	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling interested in other people	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've had energy to spare	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been dealing with problems well	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been thinking clearly	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time

I've been feeling good about myself	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling close to other people	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling confident	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been able to make up my own mind about things	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling loved	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been interested in new things	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time
I've been feeling cheerful	<input type="checkbox"/> None of the time	<input type="checkbox"/> Rarely	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Often	<input type="checkbox"/> All of the time

What is your height? feet, inches meters, cm

What is your weight? stone, pounds kg, g

Given your age and height would you say that you are...?	<input type="checkbox"/> About the right weight <input type="checkbox"/> Too heavy <input type="checkbox"/> Too light <input type="checkbox"/> Not sure
--	--

At the present time are you trying to....?	<input type="checkbox"/> Lose weight <input type="checkbox"/> Gain weight <input type="checkbox"/> Not trying to change weight
--	--



Diet and Nutrition



How many cereal bowls full of salad did you eat yesterday?		<input type="checkbox"/> Cereal Bowls <input type="checkbox"/> None
How many tablespoons (<u>this is the same as 3 teaspoons</u>) full of pulses did you eat yesterday? E.g. beans, lentils		<input type="checkbox"/> Tablespoons <input type="checkbox"/> None
Not counting potatoes, how many tablespoons (<u>this is the same as 3 teaspoons</u>) full of vegetables did you eat yesterday?		<input type="checkbox"/> Tablespoons <input type="checkbox"/> None
Compared to the amount of vegetables, salad and pulses you would normally eat would you say that yesterday you ate.....?		<input type="checkbox"/> More than usual <input type="checkbox"/> The same as usual <input type="checkbox"/> Less than usual
Please write in the box opposite how many of each fruit you had yesterday.	<input type="checkbox"/> Apples <input type="checkbox"/> Bananas <input type="checkbox"/> Pear <input type="checkbox"/> Other	
	<input type="checkbox"/> Orange <input type="checkbox"/> Kiwi <input type="checkbox"/> Grapefruit 	
How many tablespoons (<u>this is the same as 3 teaspoons</u>) full of dried or tinned fruit did you have yesterday?		<input type="checkbox"/> Tablespoons <input type="checkbox"/> None
Compared to the amount of fruit you would normally eat would you say that yesterday you ate.....?		<input type="checkbox"/> More than usual <input type="checkbox"/> The same as usual <input type="checkbox"/> Less than usual
In the past month how often have you eaten biscuits, cakes, sweets or chocolate?	<input type="checkbox"/> Never <input type="checkbox"/> Less than once per week <input type="checkbox"/> 1- 3 days per week <input type="checkbox"/> 4-7 days per week	
In the past month how often have you eaten chips?	<input type="checkbox"/> Never <input type="checkbox"/> Less than once per week <input type="checkbox"/> 1- 3 days per week <input type="checkbox"/> 4-7 days per week	

<p>Do you think the food provided in this prison is healthy?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please explain your answer below</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>How important is it that the food you eat keeps you healthy?</p>	<p><input type="checkbox"/> Not important <input type="checkbox"/> Moderately important</p> <p><input type="checkbox"/> Slightly important <input type="checkbox"/> Very important</p>
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How could your health and wellbeing be improved at HMP Send?

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Thank you for completing this survey!

Please seal it in the envelope

PLEASE POST YOUR ENVOELOPE IN ANY ONE OF THE POST BOXES. THEY ARE LOCATED IN THE DINING HALL, THE GYM, ASSOCIATION ROOMS, AND BY YOUR WING OFFICE.

Prison staff will not open these envelopes, they will be returned to the researcher

APPENDIX II COVER SHEET FOR SURVEY ENVELOPE



SHARE YOUR VIEWS ON HEALTH & WELLBEING AT HMP SEND

I am a PhD student at the University of London and I am interested in views on health and wellbeing in this prison.

WHAT YOU NEED TO KNOW

- You do not have to take part, but the information you give will be used to try and improve services at HMP Send.
- This survey is confidential and anonymous, which means will not use your name.
- The researcher, Anastasia Jablonska, and her supervisory team, Prof. Rosie Meek & Dr. Emily Glorney, will only see your answers on this form.

IF YOU WANT TO TAKE PART

- More information on this is included on the front page of the survey inside.
- Please return your completed survey in the sealed envelope

APPENDIX III EXAMPLE INFORMATION SHEET AND CONSENT FORM

Information Sheet for Research Participants

Name of Study: Promoting Health and Wellbeing in Female Prison Establishments

The Research Team

Primary Researcher: Anastasia Jablonska

School of Law, Royal Holloway, University of London

Supervised by: Dr Rosie Meek & Dr Emily Glorney

School of Law, Royal Holloway, University of London

Purpose of the study:

This study is interested in exploring how you view your health and wellbeing, and your experiences of being in prison. The research conducted will form part of a larger project looking at ways to promote health and wellbeing in women's prisons. This project will form the basis for assessment of a research degree.

Why have I been asked to take part and what will happen if I do?

1. You have been asked to take part in this study as you are currently in this prison and you are not working in horticulture or in the gym.
2. Taking part is entirely voluntary. You are able to stop the interview or questionnaire at any point, and if you no longer wish to take part you can withdraw from the study, and do not need to provide a reason for doing so. If you choose to do this any data you have provided will be destroyed.
3. You can decide not to answer any question if you prefer not to.

4. The information collected will be confidential, only the research team will see your answers. Any personal details will remain anonymous; your name will not be used. Only the research team will have access to the information provided. All information will be stored securely, in locked offices and on secure password protected networks.

If you have any further questions you can contact the researcher Anastasia through Ruth Eardley in the Activities Office on E & F Wing.

During the study:

You will be invited to take part in a one-to-one interview about your experiences of being in this prison and your opinions on health and wellbeing.

The interview will last up to an hour. During the interview a recording device will be used to make an audio recording of the interview and the researcher will also take notes. The interview will then be transcribed and used for analysis during the research project. The audio recording will then be destroyed securely.

After this, you will be asked to complete a short questionnaire about your health and wellbeing. The survey will take up to twenty minutes to complete. The researcher will read the questions and you can choose the answer from the blank questionnaire given to you. Your anonymous answers will be used in the analysis of the research project.

Benefits of Taking Part

Taking part in the study will offer you to opportunity to discuss your thoughts and feelings about your experiences of being in prison and your views on health and wellbeing. The process is designed for you to reflect on any positive or negative experiences you have had, and if you have any recommendations for improvements the researcher would be interested to know about them.

Thank you for your time.

Consent Form

Study: Promoting Health and Wellbeing in Female Prison Establishments

Researcher: Anastasia Jablonska

Please circle your answer to each question below:

- | | | |
|---|-----|----|
| I have read the information sheet about the study | YES | NO |
| I have had the opportunity to ask questions | YES | NO |
| I have received satisfactory answers to the questions | YES | NO |
| I understand I can withdraw at any time | YES | NO |
| I agree to participate in this study | YES | NO |

Participant signature:

Date:

Researcher signature:

Date

APPENDIX IV EXAMPLE INTERVIEW SCHEDULE

Interview Schedule HMP Send – Study 2

I wanted to have a chat with you about living on the main block of the prison....

- In general, what is it like being in this prison on the main block?
 - How does it compare to other prisons?

The next set of questions relate to health; please could you tell me....

- Could you tell me about your experiences of health in prison?
- How would you describe wellbeing?
- Whilst you are here, how do you look after your own health and wellbeing?
- Have your experiences of health been different in the other prisons you have been to?

The next questions are on physical activity. I was interested to know...

- What are your experiences of physical activity in prison?
- Could you tell me about what the gym is like?
- What do you think are the benefits of physical activity in prison?
- Is there anything that stops you from going to the gym?
- What do you think are the benefits of physical activity in prison?

I was also interested to know about your food and nutrition in prison....

- Could you tell me about your experiences of food in prison?
- Do you buy any food from the prison canteen?
- Has your weight changed since you've come to prison?
 - What do you think has contributed to this weight loss/gain?

Finally, I wanted to ask you...

- How would you say prison impacted on your life?
- How are you being prepared for release?

Interview Schedule HMP Send – Study 3

I wanted to have a chat with you about the work you do here....

- Could you tell me about your experiences of your role in prison?
 - What do you enjoy?
 - What don't you enjoy?
- Have you done any work like this before, what about in other prisons?
- In general, what is it like being in this prison?
 - How does it compare to other prisons?

The next set of questions relate to health, please could you tell me....

- Could you tell me about your experiences of health in prison?
- How would you describe wellbeing?
- Whilst you are here, how do you look after your own health and wellbeing?
- Have your experiences of health been different in the other prisons you have been to?

The next questions are on physical activity. I was interested to know...

- What are your experiences of physical activity in prison?
- Could you tell me about what the gym is like?
- What do you think are the benefits of physical activity in prison?
- Is there anything that stops you from going to the gym?
- What do you think are the benefits of physical activity in prison?

I was also interested to know about your food and nutrition in prison....

- Could you tell me about your experiences of food in prison?
- Do you buy any food from the prison canteen?
- Has your weight changed since you've come to prison?
 - What do you think has contributed to this weight loss/gain?

Finally, I wanted to ask you...

- How would you say prison impacted on your life?
- How are you being prepared for release?