Wellbeing programmes in prisons in England and Wales: A mixed methods study

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Abstract

Purpose
In the last decade, there has been growing awareness of wellbeing and its importance, and an increase in the development of activities or programmes aimed at improving wellbeing. The purpose of this study was to investigate what wellbeing programmes were being offered to prisoners in England and Wales and what benefits and other outcomes were experienced.

Design
The study used a mixed methods exploratory design in two phases. Phase 1 was a questionnaire survey of all adult prisons in England and Wales, completed by prison staff. In Phase 2, a sample of survey respondents took part in in-depth interviews.

Findings
The programmes identified in Phase 1 included physical activities, creative arts, mindfulness, horticulture, reading, and animal assisted activities. Prison staff reported a range of universally positive outcomes shared by all programmes, including enthusiasm from prisoners, enjoyment of the activities, and being able to do something different from the usual prison routine. However, in Phase 2, interviewees rarely mentioned direct health and wellbeing benefits. The impetus for programmes was varied, and there was little reference to national policy on health and wellbeing; this reflected the ad hoc way in which programmes are developed, with a key role being played by the Wellbeing Officer, where these were funded.

Originality/Value
The literature on wellbeing programmes in prisons is limited and tends to focus on specific types of initiatives, often in a single prison. This study contributes by highlighting the range of activities across prisons and elucidating the perspectives of those involved in running such programmes.

Background
In the last decade, both in the United Kingdom and around the world, there has been growing recognition of the importance of wellbeing, and an increased focus on programmes or initiatives [1] that seek to reduce stress and improve wellbeing. Such programmes are likely to be particularly beneficial in custodial settings. It is well established that people in prison have much poorer physical, mental and social health than the population at large (Prison Reform Trust, 2019). A disproportionate number of people in prison are from socially disadvantaged backgrounds, and being in prison long-term is known to accelerate ageing by about 10 years, so that the health of a 50-year-old in prison is equivalent to that of a 60-year-old in the wider community (Hayes et al., 2012). Furthermore, there are disproportionately high rates of suicide and self-harm amongst both male and female prisoners in England and Wales (Ministry of Justice 2020). There is therefore a strong
argument that wellbeing programmes can be beneficial both for individuals in prison and for Her Majesty’s Prisons and Probation Service (HMPPS), as they have the potential to impact positively on the rates of suicides and self-harm and contribute to safer custody for all. Indeed, HMPPS’s Business Plan 2018-2019 (HMPPS, 2018) makes clear that issues related to wellbeing are a priority, both by improving partnership working to better meet the needs of prisoners with complex mental health needs and by connecting prisons more strongly to local communities, enabling local community organisations to develop wellbeing programmes for people in prison.

Academics have been debating the concept of wellbeing for decades (e.g. Ryff, 1989). Dodge et al. (2012) contend that previous research has focused on dimensions and descriptions of wellbeing rather than definitions. They propose a definition of wellbeing as: ‘the balance point between an individual’s resource pool and the challenges faced [...] In essence, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge’ (p.230). We adopted this approach to defining wellbeing, as it develops the more dynamic ideas of positive functioning and flourishing (Keyes, 2002; Seligman, 2012), and enabled us to investigate both the hedonic and eudaimonic aspects of wellbeing. A key insight, that the definition of Dodge et al (2012) uses, is that wellbeing is a form of dynamic equilibrium between the resources – psychological, social and physical – that people can draw upon and the life events or challenges they face. In operationalising this definition for our study, we were careful to focus on the range of different resources that prisoners could bring to bear that would include skills and abilities, relationships, and mood and confidence. We thus distinguished wellbeing from the challenges that might perturb it and the actions and activities that might result from an improvement in prisoners’ resources. At the same time, we were aware that many of the dimensions used to measure the resources that give rise to wellbeing are severely limited in a prison setting, for example, autonomy, environmental mastery, and realisation of potential. Thus, when designing the questionnaire, although we made some suggestions as to the resources that prisoners might use to balance the challenges they might meet, we also left it open for respondents to suggest other resources they had detected, and indeed, challenges they thought prisoners had to deal with or had overcome. We chose not to share our definition of wellbeing with study respondents, but instead assumed a level of shared understanding of the concept and left it open to respondents to interpret it as they wished.

Prisons in England and Wales, and internationally, have implemented a variety of wellbeing programmes, although it is likely that these are under-reported in the academic and grey literature. Activities such as yoga, nature-based programmes – primarily animal-based therapy but also horticulture (Moeller et al., 2018) – and creative arts programmes are designed to improve the wellbeing of prisoners. However, our searches revealed a very limited body of literature, both in terms of prison location and initiative type. A small number of studies report on programmes in one or more English and Welsh prisons, including yoga (Bilderbeck et al., 2015), horticulture (Baybutt et al., 2018; Farrier & Kedwards, 2015) and shared reading (Billington et al., 2016). Two systematic reviews/meta analyses included programmes in UK prisons, but focussed only on the effects of peer-based programmes on mental health (South et al., 2014) and on yoga/meditation (Auty et al., 2017). Although digital health and mental health interventions are now available, for
example through mobile devices delivering interactive interventions for depression and anxiety, we found no evidence that these have been trialled in custodial settings.

Research from the UK and elsewhere, such as Australia (Heard et al., 2013) and the US (Toews et al., 2018) suggests that such programmes can be effective in improving wellbeing. Nevertheless, the systematic reviews cited above report the quality of research as poor in many cases. It is often difficult to establish how many prisons were approached, and therefore information about response rates is lacking. Existing research has tended to focus on single programme types, and in some cases may have studied only one prison, although again this can be unclear. In general, therefore, there appears to have been no systematic attempt to document which prisons are currently offering wellbeing programmes, the nature of these programmes and their perceived effectiveness. This study was developed to address this gap in knowledge regarding prisons in England and Wales, although we anticipate that the findings will be relevant to prisons in the rest of the UK and internationally.

**Aims**

The primary aim of this study was to examine the use of programmes within English and Welsh prisons to enhance the wellbeing of prisoners. The research also aimed to identify the programmes offered by these prisons, whether prison staff believe they had an impact on the wellbeing of prisoners, and why.

The research questions were:

- What programmes are offered in English and Welsh prisons that are designed to enhance prisoner wellbeing?
- Do staff think these have been effective?
- How did prisoners demonstrate improved wellbeing?
- Why were specific benefits anticipated?
- In the light of these experiences, are prisons likely to introduce further wellbeing programmes or programmes?

**Methods**

The study adopted a sequential mixed methods approach and used a cross-sectional design to explore the nature and effectiveness of current wellbeing programmes in prisons in England and Wales, as reported by prison staff. Data were collected between September 2019 and March 2020.

*Phase 1: Survey*

*Data collection*

A questionnaire designed by the research team was distributed by post to all 101 adult prisons in England and Wales; the envelopes were addressed to the safer custody team and directed towards prison staff involved in prisoner wellbeing programmes. Survey packs included written information about the study, the Prisoner Wellbeing Survey questionnaire and a contact sheet for respondents to complete if they would be willing to take part in an interview in Phase 2. The questionnaire asked for details of up to three wellbeing programmes offered in the last 12 months in the prison. Respondents were asked to
describe, for each programme, the anticipated benefits, the impacts on prisoners’ wellbeing and any other positive or negative effects they felt each had had. A further question asked them, for each programme they had mentioned, to assign a score from 1 to 7 to indicate how much a list of nine outcomes had improved (1 = significantly worsened to 7 = significantly improved). These outcomes were: i) ability to deal with problems, ii) relationships and interactions with others, iii) mood and outlook, e.g. cheerfulness and optimism, iv) self-esteem, v) confidence. vi) feeling stressed, vii) physical fitness, viii) programme-specific skills and learning, and ix) social status or standing with other prisoners, officers or visitors. These reflected the range of measures used in studies of prisoner wellbeing. These include: improvements in happiness and calmness (Billington et al, 2016; Toews et al, 2018); skills development (Baybutt et al, 2018; Heard et al, 2013; Leonardi et al, 2017); decreases in stress, negative affect and aggression, and improved mood (Bilderbeck et al, 2015; Deng et al, 2019; Leonardi et al, 2017; Yang et al, 2018); improved social relations and prisoner behaviour (Auty et al, 2017; Baybutt et al, 2018; Farrier & Kedwards, 2015) and positive changes in motivation, self-efficacy, life satisfaction and self-esteem (Deng et al, 2019; Yang et al, 2018). Reminder letters were sent after two weeks to all non-responders to maximise the response rate.

Data analysis
Survey data were entered into a spreadsheet and subjected to statistical analysis using SPSS (by DM). Free text responses were analysed using thematic analysis (by DM and GRG). A grounded approach was used to identify thematic groups for the classification of responses towards the following variables: activity type, anticipated benefits, actual benefits, and other benefits. These themes were discussed with and approved by the wider research team. Next, two researchers independently analysed the responses and coded them using the thematic categories. Any disputes between the researchers were discussed and settled with a third researcher.

Phase 2: Telephone interviews

Data collection
In Phase 2, qualitative data were collected by telephone interviews (undertaken by NK, CL LH and VG). Prison staff who had completed the survey and indicated willingness to take part in a telephone interview were contacted by telephone or e-mail. Of these, eight confirmed their willingness to take part. Unfortunately, the final two scheduled interviews could not be carried out because of the COVID-19 lockdown and the extra demands this created on prison staff’s time.

Data Analysis
The telephone interviews were analysed using the Template Analysis (TeA) style of thematic analysis (Brooks et al., 2015; King, 2012). This is a form of generic thematic analysis that balances flexibility and structure. It involves the iterative development of a coding template by applying successive versions to samples of data, revising and re-applying until a final template is produced. The data set as a whole is then coded to the final template. TeA allows for the use of tentative a priori themes that may be drawn from the literature and/or from real-world concerns shaping the analysis, such as evaluation criteria.
In our analysis, we started with seven a priori themes, drawn from the literature and preliminary analysis of the survey responses. These were: *Impacts on prisoner wellbeing, Wider impacts on prisoners, Impacts on prison staff, Motives for setting up schemes, Institutional support, National policy context,* and *Public and media perceptions.* Three members of the team (NK, VB, VG) independently coded two of the transcripts and then critically compared coding to produce an initial template. The process was then repeated on further transcripts until a final template, with nine top-level themes, was agreed and used to recode the entire set of interviews. The top two coding levels of the final template are shown in Figure 1, along with the third level of subthemes for ‘Type of impact’.

**Ethical considerations**

Ethical approval for the research was obtained from the University of Huddersfield Research Ethics Committee and the HMPPS National Research Committee (NRC) prior to commencement. In Phase 1, consent was assumed if the participant completed and returned the survey. In Phase 2, all potential participants who sent the research team their contact details were sent an information sheet and consent form, and they completed and returned the consent form before taking part in an interview.

**Findings**

Thirteen surveys were completed and returned in Phase 1 (12.8% response rate), and six respondents took part in telephone interviews in Phase 2. The characteristics of the sample for both phases of the study are shown in Table 1.

**Phase 1 Findings**

All responding prisons mentioned at least one wellbeing programme (33 in total) and these were categorised into eight different groups: Physical activities (8, including running, yoga, ‘morning bootcamp’); creative arts (8, including arts and crafts sessions, art courses, art therapy and music courses); mindfulness sessions (4); advice and help (2); horticulture (3, including team gardening and horticulture classes); reading (3); animal assisted activities (AAA) (3, including dog therapy and tending chickens) and other (2, including ‘good vibrations’ and fidget spinner activities). Responses about the anticipated and actual benefits of the programmes were categorised into eight different groups (see Table 2) and the responses to other benefits were categorised into five groups following thematic analysis of free-text data.

**Table 2 here**

The anticipated and actual benefits of the different activity types are presented Table 3. In relation to the anticipated benefits, health benefits (33.3% of the programmes) were cited most frequently, followed by skill development (30.3%) and emotional awareness (27.3%).
Physical activities appeared to have a diverse range of anticipated benefits in addition to maintaining health. Creative arts were primarily used for skill development and enjoyment or distraction. As one would expect, mindfulness programmes were predominantly used to promote emotional awareness and positive mental wellbeing. Horticultural programmes were expected to produce multiple benefits and, alongside physical activity, were the only programmes where a sense of achievement among prisoners was an anticipated benefit. Reading programmes were primarily thought to benefit skill development. All animal assisted programmes were expected to improve mental wellbeing.

When asked to describe the actual observed benefits relating to prisoner wellbeing, respondents indicated a diverse range of positive effects that did not always reflect those anticipated. In almost no cases were anticipated wellbeing benefits exactly matched by those observed, and on 23 occasions (of the 48 times different benefits were mentioned across the 33 wellbeing programmes) the anticipated benefits were not subsequently observed. On the same number of occasions (23 out of 48) benefits were observed that were not anticipated. Table 3 therefore presents no clear picture that observed benefits matched those anticipated.

(Table 3 here)

Respondents were asked to report other (non-wellbeing) benefits of each programme; however, five of these responses were related to wellbeing and the majority of these (four) had already been reported as an ‘observed benefit’ of the programme. One response identified a wellbeing benefit that had not been reported as an ‘observed benefit’ and thus was subsequently moved into the ‘observed benefits’ column. The remaining ‘other’ benefits (see Table 2) related to promoting prisoner engagement with the community and with programmes (n=9), reduction in transgressions (n=4), personal development (n=4), enjoyment/distraction (n=2) and quieter periods (n=1). Although some of the aforementioned qualities overlap with wellbeing, it is important to note that they were not acknowledged as wellbeing attributes by respondents.

Respondents were also asked to score each programme in relation to different aspects of wellbeing improvement (see Table 4). The data suggest that all programmes had perceived positive effects on some form of wellbeing and none of the programmes had any perceived adverse effects on prisoner wellbeing (scores <4). The type of programme perceived as most beneficial appears to be horticulture.

(Table 4 here)

Phase 2 findings

Six telephone interviews were conducted with prison staff (see Table 1); the mean length of interview was 40 minutes (range: 12-80 minutes). Interviews took place from September 2019 to February 2020. As well as shedding light on the observed benefits of the programmes, these data also exposed some of the issues that underpinned the running of the wellbeing programmes. We will present the qualitative findings in relation to four broad
areas: setting up and developing programmes, the perceived impact of programmes, evaluating programmes, and the wider criminal justice context.

Setting up and developing programmes

The most commonly mentioned impetus for setting up new programmes was in response to ideas from the prisoners themselves; sometimes this was just one individual, but more commonly it was a group with a shared interest or enthusiasm. For example, the interview from Prison 8 refers to a group of especially keen prisoners who are often instrumental in initiating and running new programmes:

There’s the top 5 to 10 percent that are actively engaged in organising events, that might be members of our prisoner council, which self-organises, represents the prisoner group to me, they might be peer supporters or in key positions around the prison. And we do rely here an awful lot on the men to do an awful lot for us.

Four interviewees gave examples of instances where the impetus for new programmes came from staff and two referred similarly to Governors. The reasons given for setting up new programmes, other than the enthusiasm of prisoners or staff, were quite disparate and included responses to specific concerns (such as self-harm and violent behaviour), the wish to widen access to particular activities, or in two instances in response to relevant research evidence.

In terms of the factors that influenced the success or otherwise of wellbeing programmes, there was extensive discussion of institutional support and barriers. The overall ethos of the prison towards health and wellbeing was mentioned frequently, especially in terms of support from Governors and senior leaders:

I wouldn’t have been able to do it without, erm, you know, the Governor and the Head of Education, they’ve both been really good. Erm, and I have had ones that are a load of flannel and nonsense. (Prison 3)

I think back in the day, if you go back five, nearly ten years ago, it was all about lock and key type thing and, um, providing a programme - an accredited programme to deal with their offending behaviour. And that was about it really, now with these types of interventions and this type of work coming into the prison, I think it is valued massively now at [prison name]. (Prison 12)

Funding and resource issues were referred to by all the interviewees, as might be expected; these included issues of physical space, the suitability of the prison environment for specific activities, and the availability of staff with the right skills, as well as the purely financial costs. In four of the six interviews, the question of the sustainability of programmes was highlighted; while it might be relatively easy to start a new initiative, keeping it going in the longer term could be more of a challenge. The interviewee from Prison 3 said:

So the biggest issue for me is trying to get the activities that I’m doing embedded properly, not just as bolt on extras.
While security issues relating to proposed new programmes were referred to by most of the interviewees, they were rarely portrayed as insurmountable barriers.

Four of the six interviewees emphasised a collaborative approach to developing and running programmes and reported an involvement of local agencies or organisations. Several talked about the nature of health and wellbeing leadership; specifically, they described the scope of their role and their background prior to current role. There were comments from three of the six interviewees about programmes “evolving” over time; this was mostly presented as an organic process, rather than anything more planned:

...then we set up a range of interventions within that department, um, which now has grown sort of across the establishment. (Prison 12).

It was notable, though that there was relatively little discussion of how programmes ended, with only brief mentions of this by two of the interviewees.

The perceived impact of programmes

While wellbeing impacts were reported extensively, direct effects on the health of prisoners were not mentioned very often, and primarily by just two interviewees. (By this we refer to such things as improvements to physical and mental health, withdrawal from substance use, becoming calmer or more relaxed and sleeping better.) Interviewees were more likely to focus on emotional impacts such as prisoners responding positively to programmes, their obvious enthusiasm for them, the relief they provide from prison routine and a general positivity. Prisoners’ self-development stood out as being impacted by the programmes in all prisons except one. In particular, taking ownership of their lives and developing a sense of self-worth and pride were emphasised by all interviewees except one. For example:

And I’ve always been surprised sometimes when you get some men who had often quite difficult backgrounds or childhoods that have struggled with education, and actually give them something practical to do. Whether it’s learning a practical skill, or art or pottery, we in the past have run a radio production course. They really engage with that because they actually enjoy doing it. And if you can get them into something that they enjoy doing, and they’re positive about, again, you’re more likely to reinforce that with their re-settlement journey. (Prison 8)

Interviewees also noticed the impact of the initiatives on prisoner relationships, particularly in terms of developing friendships and good working relationships with other prisoners, and in some instances with staff too. Talking about a prison fun-run, the interviewee from Prison 1 said:

Again it is about equality between staff and offenders, you know, everybody takes part, um, obviously there is still a, um, hierarchy, but you know, it helps with communication, um, it helps with building that community spirit, um, it’s a whole, um, site event so everybody gets involved in it, um, a bit like a village fete, so yeah it works quite well.
Other types of wellbeing benefit that were not directly related to individual health were highlighted quite often, with five of six interviewees describing such things as impacts on prisoner behaviour, sense of community in the prison and encouragement to try further new activities.

Some interviewees reported benefits to staff as well as prisoners (such as job satisfaction and the ability to engage in and benefit from the programmes themselves), and this was especially the case for one of the prisons. However, in general, there was little discussion of the impact of programmes on prison staff.

**Evaluation of programmes**

There was little evidence of the use of any kind of formal or systematic evaluation of wellbeing programmes. Where there was any reference to evaluation, it was often of an informal rather than a formal nature, and discussion of the issue was usually only in response to an interviewer’s direct question. The enthusiasm of prisoners for programmes and anecdotal accounts of positive impacts were seen as evidence of success:

> No, we have done no formal evaluations, but you know it is hugely recognisable that when, um, we have got certain prisoners that we, you know, who if we wanted to we could do some sort of evaluation, but it is easily identifiable; that one, for example, he doesn’t self-harm or misbehave at all when he is on the boot camp, at all you know, so good, we have got another one or two that normally they are in trouble, you know, quite um, give a lot of back chat to staff, but when they go back to the unit they just don’t do it anymore. (Prison 12).

Interviewees suggested it was difficult to judge the benefits of particular programmes because prisoners might have been involved in several different programmes. They also referred to finding a degree of variation between prisoners in terms of what the benefit of a particular programme was, and this made it hard to assess the overall impact.

**The wider criminal justice context**

Only two interviewees mentioned the national policy context relating to health and wellbeing priorities in prisons, and then only very briefly. This is despite the fact that there were plenty of examples of programmes that were relevant to issues such as substance use and mental health. There were more references to collaboration and information-sharing between prisons, but the programmes themselves were very much discussed in terms of the local needs, demands and constraints within the interviewees’ own establishments.

Three of the interviewees talked about public perceptions of wellbeing programmes, especially through the media. For example, the interviewee from Prison 7 said:

> Everything is public purse money so when we’re purchasing things that deliver things in a prison, so we have to take that into account, and it’s also, we often have the Sun or the Daily Mail [...] you know, if the papers got hold of it, how would they think of what we’re doing in the prison?
They recognised that in some cases external publicity (good or bad) could significantly influence the future of a programme. It was notable that the interviewee from Prison 8 discussed this issue far more often and in more detail than the others:

*So we are always mindful of we operate them in a very political environment with a lot of public focus on us.*

This reflected both his role as a Governor and some issues of pertinence to an Open Prison in particular.

**Discussion**

As has been found in other studies of prison wellbeing programmes, there is a wide range of positive changes in prisoners that fall within the construct of ‘wellbeing’. This picture is supported by the results in our exploratory study from the perspectives of prison staff. The programmes they oversaw were reported to have a positive effect on health and wellbeing and to improve mental health. ‘Wellbeing’, in relation to the programmes discussed, appeared to be perceived in common sense terms as activities meant to occupy, educate or entertain, which promote positivity and improve self-regard. The definition of wellbeing proposed by Dodge et al (2012), which goes beyond the simple listing of dimensions, could potentially be drawn upon in future research by focusing attention on the extent to which programmes enable prisoners to develop the emotional, psychological and social resources to cope with the challenges of prison life and to prepare for life after imprisonment.

Table 4 suggests that no programmes in our survey were perceived to have had negative effects, with horticulture programmes perhaps seen to have the most positive effects and mindfulness and reading programmes the least positive effects on wellbeing. However, although interview respondents did mention other benefits such as prisoner self-development, prisoners taking ownership of their lives and developing a sense of self-worth, and improved prisoner relationships, and also overwhelmingly talked about how prisoners were enthusiastic and enjoyed and engaged with the programmes, they did not see these as components of improved health and wellbeing. This perhaps reflects the fact that there was little formal evaluation of the impact, benefits or effectiveness of the programmes. As reported in the interviews, assessment of impact was usually informal and impressionistic but did find many general benefits. For example, respondents reported that the engagement with the programme also led to more engagement with other aspects of prison life. Compared with the bulk of existing literature on such programmes however, there was relatively little mention in the interviews of the impact on mental health or skills acquisition, although these issues were mentioned in the survey responses.

Despite the clearly positive benefits to wellbeing programmes, our interviews particularly revealed the rather ad hoc manner in which programmes were established and developed. We found little evidence of a systematic choice of programmes. They often resulted from an idea on the part of the prison officers or governor or from suggestions by prisoners, rather than from an identified need, such as improving mental health or reducing self-harm. Often Wellbeing Officers had a general idea that they might do some good, or programmes
resulted from enthusiastic staff or management. Senior management support was important too, as was relationships with outside organisations. There was little reference by interviewees to successful programmes at other prisons or to any literature about wellbeing programmes, nor to specific problems that needed addressing, and there was little mention of the general policy context (with the exception of one prison governor interviewed). Although the HMPPS Business Plan (2018) identifies priorities that can be viewed as related to wellbeing (such as improving living conditions and improving responses to prisoners with complex needs including mental health difficulties and substance use), there are no priorities explicitly focused on wellbeing. Our research indicates that the initiation of wellbeing programmes is ad hoc and only takes place in prisons that have managed to find funding to support a Wellbeing Officer and/or have the resources (such as space or staff) to support new programmes. This may go some way to explaining the finding in the survey phase of a relatively poor relationship between the anticipated benefits of programmes and those actually observed. Without a systematic review of the evaluations of similar programmes it would be hard to accurately predict the expected benefits.

Perhaps one consequence of the lack of formal evaluations was that our research found little consideration of how programmes might be continued, modified or improved. Interviewees made no mention of any process of development of programmes nor of any discontinued programmes (e.g. because of lack of resources, poor results or lack of enthusiasm by prisoners).

Since the COVID-19 pandemic in early 2020 the prison system in England and Wales has been subject to a severely restrictive regime. This has reduced the time spent out of cells to about 30 minutes a day, suspended prison transfers, and new arrivals are quarantined for 14 days (Prison Reform Trust, 2020). There has been a suspension of jury trials and delays to court hearings and so the time spent on remand for many prisoners has increased. Remand is a period in which offenders are especially vulnerable and often ruminate about legal outcomes and become distressed, uncertain and anxious about their future (Freeman & Seymour, 2010). Adult social visits have been temporarily suspended but family and friends can make video calls to people in prisons using a mobile phone or tablet. However, this is not available in all prisons and a prisoner is only allowed one 30-minute video call a month (Prison Reform Trust, 2020). With all of these new restrictions, many recreational and occupational prison programmes have been halted. Alternative activities are scarce in prisons, where access to equipment and the internet is restricted. Increased time spent in cells (up to 23 hours per day) and scarcity of programmes will certainly have had an impact on the wellbeing, both mentally and physically, of prisoners.

Limitations of the study
Major limitations of this study are the low response rate in the survey and the small number of interviews conducted. However, the degree to which our findings from the survey agree with those of other studies suggests that our findings are probably reliable. The small number of interviews in the qualitative phase of the study is not necessarily a drawback, as its purpose was to build upon the picture established by the survey phase and raise further issues. Nevertheless, our conclusions have to remain tentative. In fact, we suspect that the low response rate reflects the small number of prisons where there is a Wellbeing Officer,
and of course this reflects our finding about the key role such staff play in establishing wellbeing programmes.

Our study also did not establish some key data. The first is that we have no direct data on what prisoners thought about the programmes or what they found the benefits were. We know, or at least we were told by our prison officer respondents, that the prisoners were enthusiastic and experienced some positive changes, but it could be revealing to ask prisoners directly what they thought about the programmes. Second, although we got data from one women’s prison this was insufficient for us to draw any conclusions about gender differences in the impact or development of wellbeing programmes. Third, we have nothing about the impact of programmes on the feelings and experiences of other prison staff.

**Recommendations**

Since our findings are based on research with prisons in England and Wales, our recommendations relate principally to these. However, to the extent that at least some of the issues pertinent to wellbeing initiatives will be relevant to prisons in the rest of the UK and internationally, we argue that they merit broader consideration.

**Recommendations for policy and practice**

There is a need for systematic and thorough evaluation of wellbeing programmes to ensure they are both worthwhile (i.e. having noteworthy and significant benefits) and cost effective. This would enable a robust case for funding/continued funding for successful programmes to be made, enabling them to be further embedded into the work of the prison. Along with establishing desired wellbeing outcomes, evaluations need to link programmes with data about self-harm, violence, recidivism, and drug taking. COVID-19 provides prisons with an opportunity to explore and evaluate strategies for new and novel wellbeing programmes that respond to the restrictions introduced, such as exercise in cells, mindfulness and novel wellbeing applications via digital methods, the latter of which may have particular relevance in custodial settings.

**Recommendations for research**

Future research should seek to explore what wellbeing means to people in prison and how their experience of prison might be improved through wellbeing programmes. It would be valuable to explore how wellbeing is defined and interpreted within the criminal justice system and how this compares with academic understandings of the concept. Studies are also needed to investigate gender differences in prisoners’ views of programmes. Evaluation research would help prisons establish how to evaluate the impact of their programmes effectively and efficiently.

**Conclusion**

The evidence of this study and many other similar studies of wellbeing programmes in English and Welsh prisons is that they work, at least in improving prisoners’ wellbeing. There is some suggestion from our study that horticulture programmes may be particularly effective, but this must be treated with caution given the sample size and the nature of the data. We have been unable to undertake any cost benefit analysis of programmes. Notwithstanding differences in the structure and delivery of prison services elsewhere, it
seems likely (and in line with the limited research evidence) that wellbeing programmes in prisons internationally will be similarly successful but also lack systematic evaluation.

Moreover, our findings suggest programmes may not target particular needs, but rather all programmes tend to produce general benefits. Nevertheless, we have strong evidence that the process of selecting programmes and developing them tends to be ad hoc, and poorly supported by reference to the published literature, previous evaluations, or experience of programmes at other prisons. We therefore believe there is a need for well-constructed evaluations of wellbeing programmes to be undertaken in collaboration with the Wellbeing Officers who are running them, and for the results of these evaluations to be made easily available to all prisons in England and Wales.

Endnote
1. The research and policy literature refers to these as interventions, programmes, initiatives and activities. The term ‘programmes’ is used throughout this paper to refer to them.

References


Leonardi, R.J., Buchanan-Smith, H.M., McIvor, G. & Vick, S.-J. (2017). “You think you’re helping them, but they’re helping you too”. Experiences of Scottish male young offenders participating in a dog training program. *International Journal of Environmental Research and Public Health* 14(8); 945.


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Figure 1

Figure 1: Coding Template (top levels)

1. Impacts on prisoner health and wellbeing
   1.1 Type of impact
      1.1.1 Direct health impacts
      1.1.2 Positive responses to programmes
      1.1.3 Relationship impacts
      1.1.4 Prisoners’ self-development
      1.1.5 Wider wellbeing impacts
   1.2 Timing of impact
   1.3 Who can benefit?

2. Impact on prison staff
   2.1 Sense of satisfaction
   2.2 Emotional connection with prisoners
   2.3 Staff can engage in / benefit from activities
   2.4 Governor shown in a good light
   2.5 Staff personal development

3. Impetus for setting up schemes
   3.1 Governor's enthusiasm
   3.2 Local contacts and agencies
   3.3 Prisoners’ ideas
   3.4 Staff’s ideas
   3.5 Response to a specific problem in prison
   3.6 Transferring ideas from previous job/role
   3.7 Desire to widen access
   3.8 Responding to research evidence base

4. Institutional support and barriers
   4.1 Ethos of prison towards health and wellbeing
   4.2 Funding and resources
   4.3 Security issues
   4.4 Staff attitudes
   4.5 Collaborative approach (internal and/or external)
   4.6. Means of communication
   4.7 Prisoner attitudes to initiatives
   4.8 Type of prison

5. Public and media perceptions
   5.1 Positive public perception of prisoners’ achievements.
   5.2 Positive coverage of prisoners’ achievements in local media
   5.3 Prisons aware of politics and being in the public eye
   5.4 Negative public perceptions of interventions

6. Nature of health and wellbeing leadership
   6.1 Autonomy and discretion of role
   6.2 Funding security of role
   6.3 Personal working style
   6.4 Personal characteristics
   6.5 New role
   6.6 Role facilitates collaboration
   6.7 Scope of role
   6.8 Background prior to current role

7. Development of initiatives
   7.1 Evolution
   7.2 Accumulation of small things
7.3 Initiative(s) inherited from previous HWB leader
7.4 Regularly adding new initiatives
7.5 Developments led by prisoner responses/views
7.6 Discontinuation of initiatives
7.7 Attributions for success/failure of initiatives
7.8 Lack of plans for future initiatives

8. Evaluation issues
8.1 Nature of evaluation/assessment
8.2 Difficulties in establishing cause and effect
8.3 Research evidence base removes/reduces need for evaluation
8.4 Including evaluation in pitch for new initiative

9. National policy context
9.1 Funding support for health and wellbeing roles
9.2 Limited understanding of...
### Table 1: Characteristics of the study sample

<table>
<thead>
<tr>
<th>Prison</th>
<th>Male / Female</th>
<th>Security category</th>
<th>Wellbeing programmes noted on survey</th>
<th>Interview completed?</th>
<th>Interview number</th>
<th>Role of survey completer</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>C</td>
<td>Fun run, Yoga, Arts and crafts</td>
<td>Yes</td>
<td>1</td>
<td>Head of Healthcare</td>
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<tr>
<td>2</td>
<td>M</td>
<td>C</td>
<td>Art</td>
<td>No</td>
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<td>Treatment Manager for Interventions</td>
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<tr>
<td>3</td>
<td>M</td>
<td>B</td>
<td>Dog therapy, Self-help workbooks, mindfulness relaxation</td>
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<td>Wellbeing Co-ordinator</td>
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<tr>
<td>4</td>
<td>M</td>
<td>D</td>
<td>Park run, Mindfulness session, Fidget spinner activities</td>
<td>No</td>
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<td>Head of Equalities</td>
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<td>5</td>
<td>M</td>
<td>C</td>
<td>Yoga, Art therapy</td>
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<tr>
<td>6</td>
<td>M</td>
<td>C</td>
<td>Wellbeing day, Horticulture, Creative arts courses</td>
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<td>Head of Reducing Reoffending</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>C</td>
<td>Yoga, Chicken run, Choir/song writing course</td>
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<td>Head of Reducing Reoffending</td>
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<tr>
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<td>M</td>
<td>D</td>
<td>Reading groups, Art, Horticulture classes</td>
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<td>4</td>
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<td>M</td>
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<td>Mindfulness sessions, Book clubs</td>
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<td>Good vibrations, Yoga</td>
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<td>Pat dogs, Early morning boot camp</td>
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<td>A</td>
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Table 2: Thematic groups for anticipated and observed wellbeing benefits

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<tr>
<th>EA</th>
<th>SA</th>
<th>ED</th>
<th>H</th>
<th>SD</th>
<th>So</th>
<th>R</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional awareness/gains</td>
<td>Sense of achievement</td>
<td>Enjoyment/ distraction</td>
<td>Health improvement (mental &amp; physical)</td>
<td>Skill development</td>
<td>Socialisation</td>
<td>Reduction in self-harm</td>
<td>Other (morale, environmental awareness, socialisation and care)</td>
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</table>

Table 3: Anticipated and observed benefits of different programme types

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<th>Programme</th>
<th>n</th>
<th>EA</th>
<th>SA</th>
<th>ED</th>
<th>H</th>
<th>SD</th>
<th>So</th>
<th>R</th>
<th>O</th>
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<td>1 (12.5%)</td>
<td>1 (12.5%)</td>
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</tr>
</tbody>
</table>

Key to observed benefits

EA | Emotional awareness/gains
SA | Sense of achievement
ED | Enjoyment/ distraction
H  | Health improvement (mental & physical)
SD | Skill development
So | Socialisation
R  | Reduction in self-harm
O  | Other (morale, environmental awareness, socialisation and care)

Table 4: Median (Range) values for Wellbeing scores

<table>
<thead>
<tr>
<th>Programme</th>
<th>Problems</th>
<th>Relationships</th>
<th>Mood</th>
<th>Self esteem</th>
<th>Confidence</th>
<th>Stress</th>
<th>Fitness</th>
<th>Skills</th>
<th>Social</th>
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<tbody>
<tr>
<td>Physical activity</td>
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<td>5(4-7)</td>
<td>6(5-7)</td>
<td>6(4-6)</td>
<td>6(4-6)</td>
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<td>6(5-7)</td>
<td>6(5-7)</td>
<td>6(5-7)</td>
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</tr>
</tbody>
</table>

* = because of missing data there was only one case in the group

Key: 4 = neither improved/made worse, 5 = slightly improved, 6 = Improved, 7 = significantly improved