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Citation:

Woodall, J and South, J and Dixey, R and de Viggiani, N and Penson, W (2015) Expert views of peer-based interventions for prisoner health. *International journal of prisoner health*, 11 (2). 87 - 97. ISSN 1744-9200 DOI: <https://doi.org/10.1108/IJPH-10-2014-0039>

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Document Version:

Article (Accepted Version)

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Date of Acceptance: 24th February 2015

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## **Expert views of peer-based interventions for prisoner health**

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## Expert views of peer-based interventions for prisoner health

### Abstract

**Purpose:** Formalised support services for prisoners that rely on peer methods of delivery show promising health and social outcomes but there is also conjecture that negative effects, both at an individual and organisational level, can occur.

**Design/methodology/approach:** Individuals with recognised professional expertise from various sectors (including ex-prisoners) were invited to contribute to an expert symposium to share their perceptions of the positive and negative effects of peer interventions in prison. Discussions and debate were audio recorded with the consent of all delegates and verbatim transcripts were analysed using Framework Analysis.

**Findings:** According to the participants, peer interventions in the prison setting created both positive and negative impacts. It was clear from the evidence gathered that peer interventions in prisons can impact positively on health outcomes, but these effects were perceived to be more well-defined for peer deliverers. The notion that peer deliverers can be subjected to 'burnout' suggests that supervisory processes for peer workers need to be considered carefully in order to avoid the intervention from being counter-productive. Organizationally, one of the salient issues was the adverse effects that peer interventions cause to the security of the prison.

**Originality/value:** To our knowledge, this is the first time an expert symposium has been conducted to specifically examine peer interventions in prison and to consider the effects, both positive and negative, of such schemes.

**Key words:** Prison, peer intervention, expert symposium.

**Article classification:** Research paper.

## Introduction

The notion that prisoners mutually support each other as part of daily interactions within the custodial setting has been known for many years and noted in socio-historical accounts of imprisonment ([Snow and Biggar, 2006](#), [Schinkel and Whyte, 2012](#), [Sykes, 1958](#), [Woodall, 2010](#)). In recent times, formal peer interventions have also become an integral feature of prison life ([Edgar et al., 2011](#)) based on the underpinning assumption that peer interventions are both effective and cost-effective at addressing prisoners' health and social need ([Devilly et al., 2005](#)).

The term 'peer intervention' covers a multitude of approaches, ranging from peer education, mentoring, peer support, peer counselling, peer training. There is considerable heterogeneity in the range of peer-based interventions in the prison setting, in terms of both the health issues addressed, the mode of delivery and the pragmatic requirements for prison administration ([South et al., 2014](#)). A typology of the variations in peer intervention modes has been developed by South et al. (2014) and in essence shows that while each approach has individual nuances, the premise is the same – programmes delivered by prisoners for prisoners ([Devilly et al., 2005](#)). There is evidence of peer interventions operating across prisons globally, ranging from HIV/AIDS programmes in Mozambique and Siberia ([Vaz et al., 1996](#), [Dolan et al., 2004](#)) to peer-led emotional support schemes in Israeli prisons ([Chen, 2006](#)). However, recent systematic reviews have shown that most published accounts of peer interventions come from prison systems in the UK, US, Canada and Australia ([Wright et al., 2011](#), [South et al., 2014](#)).

Despite the global prominence of peer support programmes in prisons there is little quantitative evidence of clinical effectiveness ([South et al., 2014](#)). More methodologically robust research is needed to determine fully whether peer interventions in prison are effective, as concluded by a recent systematic review published in this journal ([Wright et al., 2011](#)). Empirical evidence does exist, however, that demonstrates positive impacts of peer-based programmes on certain health outcomes, including: prisoners' knowledge of HIV ([Collica, 2002](#), [Scott et al., 2004](#), [Bryan et al., 2006](#), [Ross et al., 2006](#)) and uptake of HIV testing ([Zack et al., 2013](#)); knowledge of sexually transmitted infections ([Sifunda et al., 2008](#)); beliefs, intentions and reported increases in condom use ([Magura et al., 1994](#), [Grinstead et al., 1999](#), [Bryan et al., 2006](#)); and increased inclination to practice safer drug using behaviours ([Collica, 2002](#)). Moreover, some have argued that peer schemes have been instrumental in reducing suicide and self-harm in prisons ([Snow and Biggar, 2006](#), [Samaritans, 2012](#)).

One emergent theme in the literature suggests that peers are able to offer a greater sense of empathy than trained staff. In effect trained prison peers offer expertise "by experience" ([Durcan and Cees Zwemstra, 2014, p.93](#)). For example, a study by Foster showed that prisoners reported that they preferred confiding in peer-deliverers, rather than staff, because they were less likely to be judged for the things they said:

*"A lot of people do find it easier to talk to another con rather than an officer... and I think me personally my own experiences, it's the white shirt and the tie, the key, the whistle, it's just that power thing, isn't it? It's hard.....if I talk to the officer then that officer is going to go back to the office and sit and joke about what I've told him and use my, what I've said to him as a weakness and you've got all that with officers as well."* ([Foster, 2011, p.30](#))

It is assumed that because prison peer workers have greater and more consistent access to the prison population (in comparison to health professionals) and are familiar with regimes, they have increased opportunity for informal interaction and able to offer more immediate health education or support ([Ehrmann, 2002](#), [Munoz-Plaza et al., 2005](#), [Snow and Biggar, 2006](#)). Moreover, peer deliverers are often viewed by other prisoners as credible sources

([Woodall, 2007](#)), unique in their abilities to influence health behaviours and practices ([Turner and Shepherd, 1999](#)).

Despite positive effects, reports suggest that peer interventions in prison can create adverse impacts at both the individual (prisoner) level and at the organisation (prison establishment) level. Studies, for instance, have described either possible opportunities or actual instances where prisoners in peer delivery roles could or had abused their position of trust ([Blanchette and Eljdupovic-Guzina, 1998](#), [Boyce et al., 2009a](#), [Brooker and Sirdifield, 2007](#), [Delveaux and Blanchette, 2000](#), [Edgar et al., 2011](#), [Syed and Blanchette, 2000a](#), [Syed and Blanchette, 2000b](#), [Hall and Gabor, 2004](#)). The distribution of contraband, such as drugs, tobacco and mobile telephones, has been reported as a result of the enhanced freedom and access given to peer deliverers around the institution ([Boyce et al., 2009a](#), [Edgar et al., 2011](#), [Hall and Gabor, 2004](#), [Syed and Blanchette, 2000a](#)). For individuals acting in peer delivery roles, there are also reports that individuals can face 'burnout' and mental exhaustion as a result of the demands placed on their time by other prisoners ([Richman, 2004](#)). Discussions relating to suicidal intentions and other distressing topics can also be particularly burdensome for peer deliverers to manage, especially if the training and support provided for the role is not comprehensive ([Dhaliwal and Harrower, 2009](#), [Richman, 2004](#)).

Given the growing importance of peer based approaches in prisons and the prominence of programmes like the Listener scheme in England and Wales (see Perrin and Blagden ([2014](#)) for further details about the scheme), there is a shortage of evidence on their actual effectiveness and whether the reported positive outcomes outweigh the possible negative effects ([Wright et al., 2011](#)). Indeed, Snow ([2002](#)) has challenged the academic community to provide more robust examination of this intervention model in prison settings. This paper aims to contribute to this research gap through reporting qualitative findings from an expert symposium, which was part of a wider systematic review to determine the effectiveness and cost-effectiveness of peer interventions in prison. The purpose of the paper is to identify the positive and negative impacts of peer-based interventions for prisoners, the Prison Service, the NHS and the wider criminal justice system using expert evidence from key individuals. To our understanding this is the first time that individuals with this level of expertise have been brought together to discuss this area of prison policy and practice.

## **Methodology**

Evidence hierarchies recognise the value of professional and expert knowledge to generate information for decision-making purposes ([Green et al., 2015](#)). Expert information is utilised in a diverse range of disciplines where accessing more 'traditional' types of empirical data may be insufficient or too challenging ([Caley et al., 2014](#)). Expert knowledge is defined as "substantive information on a particular topic that is not widely known by others" ([Martin et al., 2012, p.30](#)). Petticrew and Roberts ([2003](#)) suggests that expert knowledge can be particularly useful in understanding the process and mechanisms of implementing an intervention and hence used here to understand peer interventions in prison. While experts are regarded as proving credible sources of information, the use of experts to inform decision-making processes is contentious and has been challenged. One prevailing argument is that expert judgment may be veiled with bias or expert opinion may be self-serving ([Martin et al., 2012](#)).

Expert knowledge can be ascertained in several ways and common group approaches include expert panels and Delphi methods ([Martin et al., 2012](#)). Expert hearings or symposia are approaches designed to facilitate the process of deliberation on an issue or series of issues ([South et al., 2010](#)) and were used in this study to stimulate dialogue and to gather expert evidence on peer-based approaches in prison settings. Rather than a traditional focus group discussion, the process of deliberation provides a mutual dialogue between researchers and delegates that involves considering different points of view and

coming to a reasoned decision ([Abelson et al., 2003](#)). To our knowledge, this was the first time that experts had been brought together specifically to discuss whether and how peer-based approaches can contribute to improving health within prisons and YOIs in England and Wales.

The paucity of literature on the application of expert hearings as a research method, in terms of optimum format and structure, sampling strategy, methods of data gathering, analysis and evaluation, has been noted previously ([South et al., 2010](#)). There is however useful literature on deliberative methods which helped to inform our methodology ([Abelson et al., 2003](#)). The overall purpose of inviting experts was to gather opinion on whether and how peer interventions work within prisons and the possible negative impacts that may be caused by their deployment in prison systems. The evidence heard at the symposium was also used to supplement data obtained from the systematic review of research studies conducted as part of this study. All aspects of the study had the appropriate ethical and governance approvals.

### **Sampling strategy**

While the criteria for 'expertise' have been debated elsewhere ([Shanteau et al., 2002](#)) and will not be rehearsed here, judgements about what constitutes an expert is critical to the practice of eliciting expert knowledge ([Caley et al., 2014](#)). For this study, the process of sampling experts to contribute to the symposium comprised two stages. The first was making direct contact with individuals with known expertise in policy, practice and/or academic experience concerning peer interventions in prison. A sample of possible experts was drawn up through the contacts made through the systematic review of literature (part of the wider study), professional contacts and through individuals identified by the project steering and advisory group. This approach followed what Patton ([2002](#)) describes as 'critical case sampling', where critical cases are selected as they offer particularly important insight or knowledge on the issue being studied. Experts were targeted from different fields including prison health services, the National Offender Management Service, academic and third sector organisations. It was acknowledged that individuals may not be expert in all aspects of the topic ([Caley et al., 2014](#)), but a wide sample of individuals from organisations were selected to ensure a representation of relevant expertise (see Table 1).

Table 1. Organisations represented at the expert symposium

Beat Bullying	Prison Reform Trust
Bradford District Care Trust	Royal College of Nursing
CLINKS	Samaritans
Healthcare Improvement Scotland	Scottish Prison Service
Her Majesty's Inspectorate of Prison	Shannon Trust
HM Prison Service	Spectrum Community Health CIC
Jigsaw Visitors' Centre, HMP Leeds	The Princes Trust
Keele University	The University of Central Lancashire
Leeds Community Healthcare NHS Trust	University of Glamorgan
Leeds Metropolitan University	University of Greenwich
Leeds University	University of London
London South Bank University	University of Southampton

NHS Hampshire	University of Stirling
NHS South of England	University of the West of England
NOMS	University of Wolverhampton
Oxleas NHS Foundation Trust	University of York
Peninsula Medical School	User Voice
Practical Care Project CIC	WHO

The second phase of the sampling strategy consisted of inviting experts via email networks, websites and through organisations. Those who responded were asked to express their interest in participating and to complete a proforma indicating their particular interest, perceived expertise and role. The final sample was drawn up in consultation with the research team and steering group with the aim of purposively selecting individuals who could provide rich insight into peer based interventions in prisons. The invited experts represented a variety of organisations and, in total, 58 delegates (including 16 members of the research team and partners) were present at the expert symposium.

### **Process**

During the symposium, four keynote presentations were used to stimulate discussion and dialogue amongst the invited experts. Keynote presenters were drawn from the fields of academia, the NHS and the Prison Service which broadly reflected the fields of invited experts (further details of the speakers and the content of the keynotes can be found on the project website: XXXXX). Between each presentation, experts were divided into three separate discussion groups, the composition of which was considered to ensure representation of individuals with various background experiences. The groups were facilitated by members of the research team and participants were encouraged to discuss specific issues, drawing on expert opinion and experience, relating to two key questions:

1. What factors affect whether and how well peer-based interventions work within prison settings?
2. What are the positive and negative impacts of peer-based interventions for prisoners, the Prison Service, the NHS and NOMS?

The focus of this particular paper is on the findings related to question 2, with findings related to question 1 published elsewhere (*citation removed for blinding purposes*).

The discussion groups were audio recorded with the consent of all delegates. Individuals were assured that they would not be identified directly and that no direct quotations would be used in the presentation of emerging themes. This does have implications for presenting and validating our analysis (through the traditional presentation of verbatim quotations), but was important to allow experts the opportunity to discuss concerns openly. Each discussion group had a note taker who acted as a silent observer, noting contributions made by participants and clarifications made by the facilitator. Steering group members were also present at the discussions in a purely observational capacity. This allowed a number of people to be involved in the analysis and ensured inter-rater reliability. Indeed, after the symposium a shared blog was developed between those members of the research team present at the event. This allowed individuals to share reflective and reflexive comments on the process of facilitating an expert symposium and the subsequent analysis.

### **Data analysis**

The verbatim transcripts of the discussion groups, along with the accompanying notes, were analysed using Framework Analysis, which was considered an appropriate method given the applied nature of the study and the emphasis on policy and practice ([Ritchie et al., 2003](#)).



The term 'framework' relates to the central part of the analytical process, that is, the development of a framework or matrix. Concepts and themes in the data are then summarised and charted in the matrix. The matrix was constructed using five main thematic categories and several subthemes. All of the data were charted and the final matrix and themes were agreed by members of the research team. A narrative account summarising the themes was produced and this was checked for authenticity by symposium facilitators and note takers.

## **Findings**

According to the participants, peer interventions in the prison setting created both positive and negative impacts on an individual (i.e. peer deliverer and recipient) and organisational level. These impacts will be reported here.

### ***Positive effects at an individual level***

Experts were unanimous in their judgement that peer delivered programmes do make positive contributions to improved health outcomes, both for the peer deliverer and recipient. Dependant on the intervention, the health outcomes for recipients would vary, but experts emphasised that mental health outcomes may be more pronounced for peer deliverers than recipients. Experts suggested that increased levels of confidence, self-esteem and self-worth were often observed in peer deliverers as a result of their participation in peer-led interventions in prison. Some participants suggested that the sum of these positive mental health outcomes coupled with the trust bestowed upon them by the Prison Service, led to peer deliverers feeling more empowered with a greater sense of control over their time in the institution. Several experts claimed that this would all have positive effects post-release and would reduce recidivism and increase the likelihood of successful community reintegration.

It was hypothesised that the skills gained through undertaking these roles in prison would translate, in many cases, to employment and educational opportunities in the community. One participant from a health service background, for example, described the prison Health Trainer model which has been used throughout England. The premise of this model is training prisoners to support individuals to make healthy lifestyle choices. Given that this peer intervention model is operationalized both inside prison and in the community it potentially offers the opportunity for prisoners to transfer the training and skills acquired in the prison into the community on their release. Furthermore, others claimed that the training for peer roles in prison sometimes included the opportunity to gain accredited qualifications, like NVQs (National Vocational Qualifications), which could be used post-release. Although many experts supported the hypothesis that skills gained in prison led to better post-release outcomes, the challenges faced by prisoners on release back into the community were agreed to be multifactorial, with successful reintegration not only dependant on skills gained through peer roles whilst in prison but contingent on other key variables, like family support.

### ***Positive effects at an organisational level***

The growing prison population was widely acknowledged by experts at the symposium and the increased demand placed on prison staff to respond to the needs of this group was discussed. Although prisoners trained as peer workers was not seen as a 'silver-bullet', it was suggested that peer workers could be seen as part of a wider prison cadre. Specifically, it was suggested that peer workers can, and are, utilised to absorb queries and issues that would otherwise be directed at prison staff. Peers are often deployed to provide basic information or practical support to newly sentenced prisoners or to signpost individuals to services. It was claimed that this enables prison and healthcare staff to use their time more effectively in the workplace and to focus on more specialised duties.

Several experts argued that well-co-ordinated peer interventions can create other positive organisational effects and many suggested improvements in prisons' atmosphere, culture

and ethos as a consequence of embedding peer schemes. By providing prisoners with responsibility as peer deliverers, experts claimed that there is potential for a more positive atmosphere on the wings. While participants often discussed this change in atmosphere as being intangible and difficult to measure, some experts cited local examples of instances whereby less violence and disruption had been apparent after the introduction of peer-based programmes. Following on from this, experts discussed the need for prison researchers to be more savvy and to design evaluation tools to demonstrate the effectiveness of peer interventions at the organisational level. A framework to guide such evaluation would be beneficial, but as yet has not been developed.

While there was general agreement that peer interventions in prison were not cost free (it was suggested that effective peer-based schemes require dedicated resources, including staff time, to support the delivery of the service), participants assumed that peer interventions could provide cost savings to the NHS and the Prison Service through improved health outcomes for prisoners and the potential for peers to absorb some of the duties that prison staff would otherwise have to manage.

### ***Negative effects at an individual level***

Several experts portrayed a less-optimistic view of peer interventions in prison and argued that there were many unintended, mostly negative, effects. Responding to the discourse that peer interventions raised self-esteem and self-worth for peer workers and can potentially offer opportunities for future employment opportunities, it was suggested that these feelings may rapidly diminish on release and that ex-prisoners often feel a sense of helplessness when attempting to reintegrate into the community – a point also reaffirmed by those ex-prisoners in attendance. The participants noted that peer interventions may, in fact, be 'setting individuals up to fail' as it was likely that employment opportunities post-release for those with convictions may be limited despite valuable experience or qualifications gained in peer roles.

Participants also raised concerns that peer workers could potentially be exploited within the prison, perhaps being asked to fulfil too many roles or duties outside of their expertise. It was suggested that, in some prisons, peers are used inappropriately and required to perform tasks outside of their competency or to replace paid staff. Moreover, others commented that highly skilled peer workers would often be asked to perform multiple roles leading to burnout and stress. Participants recommended that clear job descriptions were needed and clear boundaries laid out for peer workers to avoid exploitation and burnout.

### ***Negative effects at an organisational level***

The potential security threats posed by peer interventions were consistently mentioned at the symposium. It was noted how peer interventions could potentially jeopardise security imperatives and the safe running of the institution, especially if peer workers abused their power and responsibility within the setting. Examples were given of Listeners and other peer workers distributing contraband within the prison – participants suggested that peer workers' greater freedom of movement made them ideal 'runners' for drugs and other substances. In these reportedly rare instances, participants suggested that prisoners who did breach the institution's trust must be removed from the intervention so that the service is not discredited.

Prison staff resistance to peer interventions was also regarded as a negative organisational effect. Participants noted how some staff found the notion of allowing prisoners greater levels of freedom in the prison difficult to comprehend and the antithesis of prison values and principles. Some prison staff could find the power shift produced by allowing prisoners more autonomy problematic.

Furthermore, there was genuine concern from experts that trained prison peer workers were being used as a managerial strategy to replace the roles of paid staff. This particular

concern was reported to be heightened in recent times as a consequence of prisons having reduced staffing budgets. This perception was suggested to be one of the primary reasons for staff resistance to such schemes and experts suggested that some staff perceived that there was an attempt to justify staff redundancies by demonstrating that peers can replace paid staff.

## Discussion

This paper set out to present expert evidence on the positive and negative impacts of peer-based interventions for prisoners, the Prison Service, the NHS and the wider criminal justice system. Until now, the positive and negative factors of peer interventions in prison have not been fully discussed in the academic literature and where they have the methodological quality of the studies have been challenged ([Snow, 2002](#), [South et al., 2014](#)). Instead, much of what is known is based largely on conjecture or anecdote. To our knowledge, this is the first time an expert symposium has been executed to specifically examine peer interventions in prison and to consider the effects, both positive and negative, of such schemes.

The use of expert evidence to understand practice is controversial and there are concerns about relying solely on this form of evidence for decision-making ([Martin et al., 2012](#)). Part of the concern not only is based on what experts say, which may potentially be bias or self-serving, but on the methodology used to elicit opinion and perspective which to date is relatively underdeveloped ([Abelson et al., 2003](#)). The expert symposium used in this research offered a unique insight into the application of peer interventions in prison settings. Those experts participating (three of whom were ex-prisoners) were able to illuminate the realities of using peer approaches – something that is difficult for those ‘outside’ of the prison or criminal justice field to appreciate ([Bosworth et al., 2005](#)). Moreover, the experts provided contextual detail to peer interventions in prison. This was particularly valuable as this ‘thick description’ is often omitted from published accounts.

It was clear from the evidence gathered from the expert symposium that peer interventions in prison settings can impact positively on health outcomes, but these effects were perceived to be more well-defined for peer deliverers than recipients. Participants emphasized particular improvements in mental health indicators, which seems to resonate with prior empirical work ([Blanchette and Eljdupovic-Guzina, 1998](#), [Boothby, 2011](#), [Correctional Service of Canada, 2009](#), [Delveaux and Blanchette, 2000](#), [Syed and Blanchette, 2000b](#)). The Listener scheme in prisons in England and Wales, has a body of evidence which shows individual health gains for those trained as Listeners or befrienders. In several studies, trained prisoners reported that they were ‘giving something back’, doing something constructive with their time in prison and being of benefit to the system, which consequently had an effect on mental health indicators, such as self-esteem, self-worth and confidence ([Dhaliwal and Harrower, 2009](#), [Hall and Gabor, 2004](#), [Levenson and Farrant, 2002](#), [Edgar et al., 2011](#)). However, the report of peers facing burnout and experiencing stress as a result of their peer role was disconcerting, suggesting that recruitment, training and supervisory processes for peer workers need to be considered carefully in order to avoid the intervention from being counter-productive to these mental health outcomes.

The expert symposium emphasised the need for longitudinal research and robust evaluation to measure the post-release outcomes to determine what peer workers in prison do after their release ([Sirdifield, 2006](#)). There was no consensus generated as to whether peer interventions in prison do have lasting-effects for peer deliverers beyond their time in the institution. Experts were largely split with some advocating the value that peer roles had on prisoners’ future resettlement and how employment opportunities may be increased as a result of developing key skills. Others were far less convinced and argued that the situation post-release for many prisoners may be complex and difficult with any positive effects generated quickly dispersing in the community. Indeed, recent evidence suggests that

offenders in the community do have unique health needs, including the impact of housing and accommodations problems; finances; the 'easy' availability of accessing drugs and alcohol; lack of access to health services; and stress and mental health issues associated with 'being on probation' ([Plugge et al., 2014](#)). Overall, experts were more able to comment on the benefits for peer deliverers and surprisingly were less likely to discuss the impact on peer recipients.

Organizationally, peer interventions were suggested to create both positive and negative effects, but one of the salient issues to emerge from the delegates was the adverse effects that peer interventions cause to the security of the prison. In some cases, delegates discussed actual instances where security infringements had occurred and in other cases delegates described possible situations that may arise. These concerns do seem warranted as in one study of peer advisors there were reported instances of prisoners being sacked as a result of security breaches. These included positive drugs tests, unauthorised movement around the prison and having possession of a mobile phone. ([Boyce et al., 2009b](#)). Edgar et al. ([2011](#)), however, apply the concept of constructive risk management to peer interventions in prison, arguing that the risks in reality are minor and that the positive gains overwhelm the negative.

Despite the reported organizational risks, the positive impact on the institutional culture and ethos as a result of peer interventions being delivered within prison settings was reported. This finding seems to be supported in some of the wider literature ([Blanchette and Eljdupovic-Guzina, 1998](#), [Edgar et al., 2011](#), [Syed and Blanchette, 2000b](#), [Wright and Bronstein, 2007a](#), [Wright and Bronstein, 2007b](#)) whereby it has been suggested that peer interventions result in a more caring and humane atmosphere within the prison; can reduce volatility and can create more cohesion between staff and prisoners. To date, however, there seems little quantitative evidence to validate these largely anecdotal claims. There is a need to understand more fully what participants mean when they say that peer interventions create a 'better' culture or ethos. Furthermore, reference was made to the way that prisoners in peer delivery roles can divert demand from paid staff and potentially allows staff time to be deployed elsewhere to conduct other duties. Clearly, peer workers can be considered a viable complementary 'workforce' for the Prison Service, but they cannot be seen as a replacement for professionally trained prison officers or healthcare workers. This point is critical, given the recent trends in reducing staff numbers in several institutions by up to 50% ([The Howard League for Penal Reform, 2014](#)).

## **Conclusions and implications**

This paper makes a valuable contribution in bringing together expert evidence on the positive and negative effects of peer interventions in prison settings. To the authors' knowledge, this is the first time a purposively selected range of experts have been gathered specifically to discuss these issues. This is relatively surprising, given the increased prominence of such schemes in prisons not only in England and Wales, but across the globe. The methodological literature and approach for gathering expert evidence is relatively scant; however, its strength is that it provides a perspective on peer interventions from those with expertise in practice, policy and academic fields. We cannot claim to have assembled all 'experts' on this topic and so the findings must be considered with this in mind. That said, a sample broadly reflecting the main agencies of those concerned with peer interventions in addressing prisoner health attended.

While bringing experts together was practically challenging, we would encourage others to consider this methodology as a way to gather views from prominent figures in the field. The use of expert evidence seems to be more developed in disciplines within the ecological sciences and yet there is a clear opportunity for applying this approach in the offender health field. Although some experts were unable to participate in the symposium, the sampling

framework employed ensured that a variety of individuals from varying backgrounds was heard. Gaining this variability of perspectives was useful so that a full and rounded perspective of peer interventions in the prison context was heard. Deploying skilled researchers comfortable with the use of deliberative methods, also ensured that all expert views were heard in a fair way, but allowing opportunity for critical debate. One significant expert group unable to attend our symposium were current serving prisoners themselves – this is a clear study limitation, but was not possible on this occasion because of ethical and security reasons. Although we ascertained the views of the ex-prisoner community at the symposium, through organized voluntary and community sector agencies, future attempts to replicate this methodology should strive to bring prisoners to the discussion. This may have also provided richer description on the effects at an individual level as current prisoners would have been better equipped to explore this. Nonetheless, this study, which formed part of a wider systematic review, did undertake 'listening exercises' in five prisons to share emerging findings and to gain a 'reality check' on the information gathered from current serving male and female prisoners.

Our findings suggest that peer-based interventions may be particularly effective at maintaining or improving the health and wellbeing in the prison population, particularly for peer-deliverers, but research is required to validate the claims from the participants in this study. Indeed, the whole experience has highlighted major research gaps in understanding of the role, effectiveness and value of peer interventions within the criminal justice sector. Routine evaluation and monitoring of these interventions must be prioritized to demonstrate the effectiveness of such programmes and, more importantly, to share learning and good practice. Moreover, cluster-randomized trials to compare health outcomes of prisoners in institutions with and without peer programmes would be of significant benefit to current understanding.

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