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CONFERENCE PROCEEDINGS

Peers in Prison Settings (PiPS) Expert Symposium

Wednesday 23 May 2012

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Institute for
Health & Wellbeing

The Institute for Health and Wellbeing at Leeds Metropolitan University hosted an Expert Symposium in May 2012 which brought together delegates with relevant expertise in offender health and prison management.

The symposium was one of the first of its kind to gather expert opinion on whether and how peer–based approaches can contribute to improving health within prisons and young offender institutions (YOIs) in England and Wales.

These conference proceedings provide a summary of the keynote presentations and the major themes emerging from the roundtable discussions with delegates.

1. Introduction

Prison health is an important issue and more needs to be known about the effectiveness and cost-effectiveness of interventions to improve the physical and mental health in prisons and Young Offender Institutions (YOIs). The Expert Symposium was part of the Peers in Prison Settings (PiPS) study and brought together individuals with relevant expertise in offender health or prison management with interests in peer-based approaches in prison settings. The purpose of the symposium was to gather expert opinion on whether and how peer interventions work within prisons, with the evidence heard at the symposium supplementing data obtained from the systematic review of research studies also being conducted as part of this study. Expert opinion and experience were shared by delegates representing a variety of organisations including the National Offender Management Service (NOMS), NHS, Clinks, User Voice, The Shannon Trust as well as individuals from academic institutions.

2. Key note presentations

During the symposium, four keynote lectures were delivered with the aim of stimulating discussion and dialogue amongst the delegates around the key theme concerning the use and effectiveness of peers in prison to maintain and improve health.

DR NAT WRIGHT
Keynote speaker

Dr Nat Wright delivered the opening keynote of the event. Nat introduced the current evidence base for peer support in prisons, highlighting specific studies which demonstrate how peers in prison can be used effectively to reduce HIV risk. Gaps in current understanding were also identified and attention was drawn to the lack of evidence demonstrating the clinical significance of peer interventions. Whilst Nat highlighted the potential for peers to improve the uptake of services and drew upon the current model in place at HMP Leeds, he balanced this perspective by suggesting some limitations of using peers within the prison context. Security concerns were an obvious restriction within this environment, for example. The presentation concluded by cautioning against using peer support workers in tokenistic ways and to consider how a true alliance between health professionals and prisoners could be made to address the health needs of this group.

Professor Rod Morgan, after welcoming the study and the focus on peer support in prison, gave a strategic overview on the current state of play in the prison system and the potential and challenges for peer interventions. He began by exploring the notion of a 'peer' and how this concept is defined and then went on to question whether prison staff, who often spend longer in prison than prisoners themselves, could conceivably be regarded as peers. Rod outlined what he saw as the 'woeful failure' of incarceration and how, despite the good intentions of prison staff, incarceration exacerbates re-offending. Notwithstanding this, his presentation emphasised the social duty to make the experience of incarceration as productive as possible and the need to engage prisoners with respect and trust, as otherwise the likelihood of interventions succeeding may be diminished and may well be counterproductive. Rod highlighted the 'meagre' evidence base for peer mentoring, but argued that the greatest effects of such approaches may be seen more in the mentors than the mentees. His presentation concluded by emphasising that the prison population is the highest ever seen and that peer mentoring is taking place in the most unpromising of settings. Rod surmised that if prison numbers fall it is possible that peer interventions may in fact flourish in this environment, but the future of the criminal justice system is, and will remain, uncertain in the immediate future.

Richard Nicholls and **Clara Clint** gave a joint keynote presentation outlining the work of Clinks and The Prince's Trust. Richard highlighted the forthcoming Clinks good practice guide for volunteering and peer mentoring and presented some key learning points for setting up and implementing peer interventions in prison. This included the importance of partnership working with senior figures in the prison and the significance of recruitment, training and support processes for peer mentors. Richard also discussed the concept of

risk in running peer interventions in prison. While risk cannot be completely eradicated, projects should ensure appropriate risk management strategies to minimise and manage this. Clara Clint presented the work of The Prince's Trust, specifically the 'Leaving Prison Mentoring' programme. This programme enables ex-prisoners to support young people through the transition from prison to community and includes mentors supporting prisoners six months before and after release, including meeting at the gate. Clara outlined the training and support mechanisms offered to the mentors and reported on the successes of the scheme and the expansion of the project across the UK. Lessons learned and areas of good practice were shared with delegates.

Carolyn Lund, Deputy Governor of HMP Leeds, gave the final keynote of the symposium and provided an operational and prison management perspective on peer schemes in custodial settings. Carolyn drew on specific examples and successes from HMP Leeds but also drew upon her experiences of working in other institutions (HMP Wakefield). Carolyn described some of the specific challenges of implementing peer interventions and commented upon the nature of HMP Leeds as a local prison with a high prisoner turnover. Various innovative peer based schemes currently run in HMP Leeds were highlighted including: Prisoner Information Desk (PID) workers, Recovery Champions, Listeners, Resettlement Champions, Shannon Trust Reading Plan (Toe-by-Toe) mentors etc. The joint working between peer workers and staff within HMP Leeds was discussed and the potential peer workers have for freeing up prison staff and also healthcare workers' time. Carolyn ended her presentation by discussing the transfer of power that occurs within a peer-led programme and how this is appropriately managed and monitored.

PROFESSOR ROD MORGAN
Keynote speaker

CLARA CLINT
Keynote speaker

RICHARD NICHOLLS
Keynote speaker

CAROLYN LUND
Keynote speaker

3. Roundtable discussions

The purpose of the roundtable sessions was to stimulate discussion between delegates and to gather expert opinion on peer-based approaches. Whilst the roundtable discussions ranged over several areas of interest to the study, the intention was to deliberate over two key questions:

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

From the roundtable discussions, a number of key themes emerged which are summarised below.

3.1 Nature and types of peer interventions

The Expert Symposium highlighted a variety of ways of involving prisoners (and ex-prisoners) in peer interventions and delegates discussed a plethora of peer schemes that they had either directly or indirectly experienced. Whilst the aim of the discussion was not to specifically uncover the breadth of interventions currently in operation, Box 1 highlights some of those schemes mentioned during the symposium. Some of these clearly related to addressing health issues; others were more broadly concerned with reducing the likelihood of re-offending.

Delegates highlighted the distinctions between different peer models currently in operation. The nuances between 'peer support' (seen as a 'passive' intervention, i.e. listening) and 'peer mentoring' (regarded as an active role, i.e. advising, educating) was outlined by the delegates and cautions were raised about using such terms interchangeably.

Box 1: The range of peer interventions in prison

- Prison Listeners
- Health Trainers
- Shannon Trust Reading Plan (Toe-by-Toe)
- St. Giles Trust – Peer Advice Project
- Health Care Representatives – supporting prisoners to access health services and to improve service delivery
- Ex-offenders supporting prisoners 'through the gate'
- Prisoner Information Desk (PID) workers
- Prisoner Council Representatives
- Recovery Champions
- Resettlement champions

3.2 What is a 'peer'?

Delegates commented on the notion of 'peerness' in the prison context and the attributes required to be seen as a peer to someone else in this setting. A shared understanding and some form of commonality in terms of language, culture and experience was necessary, but there was a consensus amongst delegates that not all prisoners could be considered peers by virtue of sharing the same prison environment. For example, the high number of foreign national prisoners in some institutions means that language barriers exist which can inhibit peer relationships from forming. In addition, prisoner hierarchy and offence status (e.g. sexual offender and non-sexual offender) was discussed as an important feature of prison life which prevents some prisoners from being regarded as a peer to others. Indeed, the segregation of certain prisoners (e.g. Vulnerable Prisoner Units) restricts peer relationships and has implications for the design of peer interventions.

3.3 Factors affecting whether and how well peer interventions work

Delegates were asked to share their knowledge in determining the factors that affect whether and how well peer interventions work in prison settings. The following salient issues emerged from the discussions.

Environment and context

Many experts spoke about the prison environment as a major factor in the success or otherwise of peer interventions. The need for interventions to be flexible to contextual factors and the specific environment of the prison was critical to success. The variability of prison establishments in terms of governance (public versus private prisons), function (remand, training, YOI etc.) and security (category A, B, C, D etc.) was consistently mentioned and the need for peer interventions to fit accordingly within those contexts was made clear. Prisoner 'turnover' was raised as a particular issue for remand prisons and those institutions serving the courts and the difficulties these institutions face in retaining trained peer workers. Such contextual issues can affect the continuity of service provided, but delegates suggested that this may be mediated by placing 'holds' on prisoners thus enabling peer workers to stay in post for longer. YOIs were also discussed as a specific environment that was not always conducive to peer-based models of delivery. Delegates noted how young offenders may not always be emotionally ready to mentor others and may lack the required attributes, like maturity and experience, for being successful in this role.

Prisoner pathway

The timing of peer-based interventions was identified as a critical consideration. Both 'first night' interventions using peer support and interventions that were delivered towards the end of a prisoner's sentence (i.e. resettlement programmes) could be particularly effective.

Recruitment, training and support

Effective recruitment, training and support processes were seen as a prerequisite for successful peer interventions in prison settings. Key issues and pointers for good practice raised by delegates are highlighted in Box 2.

Box 2: Good practice guidance in relation to recruitment, training and support processes for peer interventions in prison

- Recruitment and selection processes should enable a diverse representation of peer mentors.
- Training programmes need to be tailored to the environmental context of the prison. Lengthy training programmes are not best placed in prisons with high turnovers, but may be appropriate in longer stay prisons.
- Training programmes will reflect the specific aims of the peer intervention, however, where possible, training should be standardised to cover the core training needs of peer workers (e.g. listening skills, empathy, understanding boundaries etc.) and prisoners completing the training programme should be awarded with a recognised qualification to support post-release employment opportunities.
- Formal mechanisms should be put in place to support peer workers. This may consist of the following:
  - Regular support sessions for peer workers – these should be supervised by a member of staff responsible for the intervention as a whole and should, where appropriate, be documented;
  - Opportunities should be made available for immediate de-briefing and support of peer workers where necessary, especially if a prisoner has shared potentially distressing information;
  - Schedule times where peer workers come together as a community to share experiences and knowledge was encouraged by some delegates.
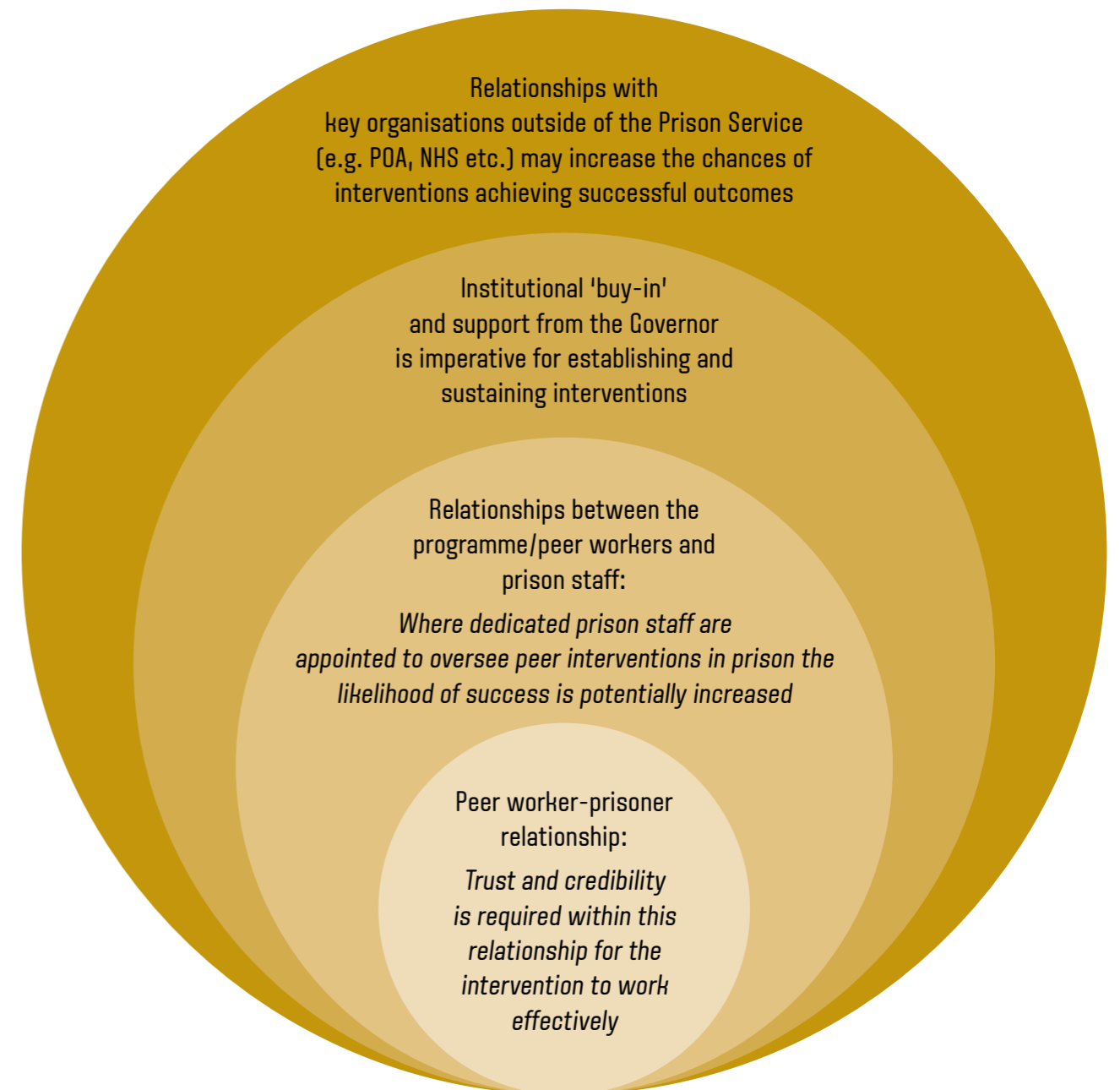
Relationships

There was an overwhelming sense that there has been a culture shift in the Prison Service in recent times and that this shift has been conducive to embedding innovative approaches to offender management. Delegates suggested that relationships at various levels both within and outside of the prison were critical for effective peer interventions. These relationships are summarised below and represented diagrammatically in Figure 1.

1. Effective relationships are needed between peer workers and prisoners – those in positions as peer workers must be seen as credible and trustworthy by other prisoners if the intervention is to work.

2. The importance of relationships between peer workers and prison staff (uniformed and non-uniformed workers) is critical. Prison staff can make an intervention run smoothly by assisting with unlocking and escorting prisoners and generally managing the logistics of the intervention on the wing. Where dedicated prison staff are appointed to oversee interventions, the likelihood of success is increased.

3. Institutional 'buy-in' and support from the Governor in the prison is a major factor in whether peer interventions work. The importance of progressive management teams inside the prison is needed for interventions to establish and flourish within the

establishment. Delegates suggested that interventions would be unsustainable and would struggle to have any level of success without this support.

4. Where relationships were established with key organisations, like the Prison Officers Association (POA) and NHS, interventions are more likely to prosper.

Figure 1: The importance of relationships for the sustainability and success of peer interventions in prison

Relationships with key organisations outside of the Prison Service (e.g. POA, NHS etc.) may increase the chances of interventions achieving successful outcomes

Institutional 'buy-in' and support from the Governor is imperative for establishing and sustaining interventions

Relationships between the programme/peer workers and prison staff:

Where dedicated prison staff are appointed to oversee peer interventions in prison the likelihood of success is potentially increased

Peer worker-prisoner relationship:

Trust and credibility is required within this relationship for the intervention to work effectively

3.4 What are the positive and negative impacts of peer-based interventions?

The positive and negative impacts of peer interventions for prisoners, the Prison Service, and the NHS were discussed by delegates within the roundtable discussions. There was a strong consensus that peer interventions in the prison setting made a positive contribution not only to the individuals concerned (i.e. mentor and mentee), but also to the overall culture and ethos of the prison. Box 3 summarises the positive aspects that were reported and Box 4 the negative aspects of peer interventions in prison settings.

Box 3: Positive impacts of peer interventions

- **Increased confidence, self-esteem and self-worth**

  Delegates reported that many peer workers and recipients experience positive mental health outcomes through participation in peer-based interventions.

- **An additional resource**

  Peer workers can often absorb queries and issues that would otherwise be directed at prison staff. This potentially enables staff to use their time more effectively in the workplace.

- **Improved prison culture**

  Providing prisoners with responsibility as mentors potentially allows for a more positive atmosphere on the wings, including less violence and disruption.

- **Empowerment of prisoners**

  Peer interventions often take an assets-based approach (i.e. identifying and utilising the strengths of individuals) rather than a deficit-based approach (i.e. focusing on prisoners' problems). This can lead to prisoners feeling more empowered and responsible.

- **Post-release opportunities**

  Peer interventions can lead to opportunities for career development when peer mentors realise they are good at something.

Box 4: Negative impacts of peer interventions

- **Setting prisoners up to fail**

  There was a view from some delegates that peer interventions in prison can potentially increase self-esteem and self-worth for peer workers and can provide a sense of hope for future employment opportunities, but these feelings can quickly diminish on release and prisoners may feel a sense of helplessness.

- **Possible prison staff resistance**

  Peer workers are often given more freedom and responsibility within the prison. This power shift can be a problematic notion for some prison staff.

- **Security threats**

  Peer interventions can potentially jeopardise the safe running of the institution if peer workers abuse their power and responsibility.

- **Perceived to replace the role of paid staff**

  Delegates suggested that prison staff can feel threatened by peer interventions when it is perceived as a strategy to replace staff.

- **Exploitation**

  Delegates 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.

- **Tokenistic engagement of peers**

  The potential for prisoners to be used in programmes in tokenistic ways without fully being engaged or consulted in the process.

- **Jealousy between prisoners**

  Given that peer workers often are given additional responsibility, this can create resentment amongst prisoners.

3.5. The financial costs of peer based interventions in prison

There was general agreement that peer interventions in prison were not cost free. Several delegates suggested that effective peer-based schemes often have dedicated resources, including staff time, to support the delivery of the service. Even without dedicated staff with this remit, staffing implications of unlocking and escorting prisoners still remain. There was, however, a sense 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.

3.6. The complexity of evaluation and the nature of 'evidence'

Delegates noted the need for more sophisticated evaluation mechanisms to demonstrate the effectiveness of peer interventions. There were calls for qualitative research and non-experimental evaluation designs to be considered as appropriate evidence of success. Moreover, the lack of research that had listened to the prisoner 'voice' was noted.

4. Conclusions

The overriding consensus from the Expert Symposium was that peer interventions in prison provided positive opportunities for improving health and contributed to other important outcomes, like improved prison culture. In the plenary session, the following points were agreed amongst delegates:

- All prisons operate differently according to their function and security level. Peer interventions need to be sensitive to these contextual factors.

- Positive relationships with prison Governors and other staff working within the prison are vital if interventions are to be sustainable.

- Not all prisoners should be considered as peers by virtue of sharing the same prison environment.

- Peer interventions provide an additional service to support prisoners, and they are not a replacement for professionally trained prison officers or healthcare workers.

- Evaluating the contribution that peer interventions make to health, re-offending and the culture of an institution can be difficult and more sophisticated ways of capturing these outcomes are needed.

5. Delegate list

The following individuals attended the Expert Symposium:

Name & Organisation	Name & Organisation
Nurjahan Ali Arobi Bradford District Care Trust	**Rosie Meek** University of Southampton
Anne-Marie Bagnall* Leeds Metropolitan University	**Eddie Merry** User Voice
Michelle Baybutt UCLAN	**Ben Mitchell*** Leeds Metropolitan University
Brian Bell University of Wolverhampton	**Rod Morgan** Professor Emeritus of Criminal Justice at the University of Bristol and Visiting Professor at the Universities of Cardiff and the LSE.
Christine Butt Leeds Community Healthcare NHS Trust	**Richard Nicholls** CLINKS
Clara Clint The Princes Trust	**Ann Norman** Royal College of Nursing
Anne Cowman HMP Leeds	**Susie O'Hagan** Shannon Trust
Nick de Viggiani* University of the West of England	**Bill Penson*** Leeds Metropolitan University
Rachael Dixey* Leeds Metropolitan University	**Gary Raine*** Leeds Metropolitan University
Kimmett Edgar Prison Reform Trust	**Emma Richards** University of Southampton
Lynn Emslie NHS South of England	**Gerry Richardson**** University of York
Lorna Felix Shannon Trust	**Jo Scott** Practical Care Project CIC
John Foster University of Greenwich	**Elizabeth Scowcroft** Samaritans
Maureen Fraser Practical Care Project CIC	**Anastacia Selby** HMP/YOI Thorn Cross
Laura Graham n/a	**John Sephton** NOMS
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Paul Hayton WHO/UCLAN	**Jane South*** Leeds Metropolitan University
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Beverly Leigh Prison Service	Elizabeth Tysoe HMIP
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