

Peer Social Support Training in UK Prisons: 'The Need and the Potential'.

Glossary of terms:

For the purposes of this article the term 'peer social support' will refer to practical and emotional support for vulnerable groups with social care needs within UK prisons. For example these might include, older prisoners, prisoners with physical, sensory, learning disabilities, infirmity or chronic illnesses as well as those with mental health or end of life needs.

'Peer support worker' will mean a prisoner who is formally or informally employed in a peer social support role within a prison. 'Their activities will include low-level help and support, such as befriending, fetching meals and helping other prisoners to tidy their cells', (Stewart, 2011).

'Health care' will be regarded as the 'services rendered by members of the health professions for the benefit of the patient', (Farlex, 2012).

The term 'older prisoner' will encompass prisoners in receipt of social support from peer support workers.

Background

Several factors combine to justify the need to pilot and evaluate peer support training in UK prisons. For example, we know that there is an increasingly ageing prison population (House of Commons Justice Committee, 2014, Maschi et al, 2012), which has increased the need for both health and social care within prisons (O'Hara et al, 2015), and that the provision of

social care is noticeably very limited (Williams, 2012, Hayes et al, 2013).

It is known that a wide range of peer support schemes and interventions are undertaken in UK prison settings (Fletcher and Batty, 2012, South et al, 2014, Bagnall et al, 2015, Her Majesty's Inspectorate of Prisons HMIP, 2016), and that specific prisoner support roles are carried out in a range of informal and formal ways, (Stewart, 2011, Loeb, 2013). It is known that schemes focusing on developing prisoner peer workers are well developed in the United States of America (USA), particularly in relation to the escalating cost of caring for prisoners with dementia (Belluck, 2012) and prisoners nearing the end of their life (Stone et al, 2011).

It is also known that there are several benefits to the development of such a role, for example, to the individuals concerned (Toch, 2000, Cloyes et al, 2013, Collica, 2013), and for the host organization (Stewart, 2011, Cowman and Walsh, 2012). It is known that there are presently schemes underway to train peer support workers nationally and internationally (Moll, 2013). These processes are developing in an ad hoc fashion leading to a degree of variability of practices across the prison estate and are generally under researched and reported (Stewart and Edmond, 2016).

There have been recent changes to health and social care policies affecting all UK citizens; these include greater access to choices and drives to establish culturally appropriate care (Department of Health, 2012). Historically, health care in prisons received criticism while under the auspices of the Home Office (Ramsbotham, 1996), leading to commissioning responsibility being handed to the National Health Service (NHS) in 2004 (Cowman and Walsh, 2012). More recently the Care Act (2014) provided instructions to local authorities in relation to the delivery of social care in prisons and subsequently Her Majesty's Prison Service (HMPS) issued three Prison Service Instructions (PSIs) in response (PSI's 15 / 16 / 17 /

2015) with the intention of guiding practice in this area. It is therefore felt that there is both the need and the potential to develop a formally recognized, and resourced peer support worker role.

This article summarizes the implementation and evaluation of a relatively small, collaborative training pilot that was designed to test how best to support the role of the peer support worker. The pilot aims to make recommendations on the suitability of future peer care training and research, developing the groundwork for a larger study. The pilot was conducted in a UK prison between November 2015 and May 2016. Peer support training is a recommendation of the PSI 17/2015 and HMIP (2016).

This study aims to:

- Provide training for two cohorts of peer support workers using inductively developed training templates.
- To compare and evaluate the training templates in order to elicit the most appropriate programme of training and method of delivery.
- To develop a local and sustainable model of peer support worker training, by supporting and evaluating a 'train the trainers' model of delivery.
- Scope the feasibility and training needs for a peer hospice worker.
- Make recommendations on future research in this field.

It is hoped that the study will generate new knowledge in this field and disseminate the findings in the form of further peer reviewed journal articles and conference presentations.

Potential benefits of peer support training

- To support the provision of higher quality, lower cost social support.
- To provide greater levels of choice and the provision of culturally responsive peer support (HMIP, 2016).
- To increase relational factors between staff and prisoners and an increased sense of community within the establishment (Stewart, 2011).
- To develop the social capital of the participants through education and meaningful activity (Cowman and Walsh, 2013, Loeb et al, 2013, Collica, 2013).
- Support for the dignity agenda, compliance with the Carers Act (2014) and PSI 17/2015.
- To equip the peer support workers with transferable skills that may assist with resettlement and crime desistance on release (Hirschi 1969, Toch 2012, Collica 2013).
- To help off set the effects of institutionalization and to improve adaptational processes for both the support workers and those in receipt of support.
- To enhance and embed the role of the prison peer support worker.

Methodological approach

A literature review was conducted in 2015 (Stewart and Edmond, 2016), using the PICO Population Intervention Comparator Outcome (PICO) formulation, (Sacket et al, 1997). This helped to set the contextual background for the work and provide guidance as to which forms of training might be most successful in this unique environment.

An action research framework was used to support the development and delivery of the project plan and training delivery (Coghlan and Brannick, 2010). The training was conducted

in two distinct cycles with reflections on the first cycle informing the next. Data have also been generated via recorded and transcribed interviews. Six prisoners working in peer support roles, three aspiring peer support workers and two members of staff were interviewed after the training.

The materials were subjected to coding and thematic analysis (Seal, 2016). The longer-term plan is to use practice theory, social learning theories and Cultural, History, Activity Theory to provide a critical lenses to analysis of the data. A critical realist position has been adopted to frame the ontological and epistemological perspectives.

Ethics

Prisoners (and older prisoners more specifically) are considered to be one of the most vulnerable populations. Therefore careful consideration has been given to a range of ethical factors surrounding the collection, storage and dissemination of data. As such, the NOMS research ethics research panel approved a written research application to conduct the study. Furthermore a Tier 1 University of Brighton research ethics application was also submitted and approved. Local permission was attained to conduct the training and research and to bring recording equipment into the prison.

All participants involved with the training and evaluation were clearly informed that some written material would be generated but that all names, identities and locations will be anonymized in the subsequent reports, articles and academic work. The researchers are responsible for the security of the written and recorded comments that are being stored securely. The participants were informed that their attendance was on a voluntary basis and that participation would be taken as consent for involvement in the study. The ethical

parameters were repeated at the start of each training session and prior to data collection.

Participants

A convenience sampling strategy was adopted in light of the number of peer support workers awaiting training. In cycle 1, the participants were all from one wing of the prison. Although untrained, they all worked as peer support roles and had a good understanding of their duties and were well known to each other. Some of the support workers had been in the role for up to four years; two of the peer workers said they'd been informal carers in the community. The evidence of the evaluation shows that the group provided informal support for one another and were able to learn from each other. For example, the group was able to induct and support new members into their group.

This example outlines the benefits of consistent team building and working and is felt to be an area of good practice in terms of potential learning and safeguarding for both the peer support workers themselves and the older prisoners. This community-orientated way of working and developing epitomizes Lave and Wenger (1991) paradigm of social learning.

In cycle 2, the group were more disparate, coming from three separate wings where in some cases their roles were less defined. Three of the participants had heard about the training and wanted to train to become peer support workers. There was generally more disruption to cycle 2 in terms of inconsistent attendance and disruptions within the environment. The ages of the peer support workers under training ranged between 28 and 70 years.

A total of five staff were involved directly in the pilot. These included a visiting facilitator, a nurse manager, an adult nurse and two prison officers. The balance of staffing was

deliberately planned in this way to provide a jointly shared, multi-disciplinary approach to the issue of providing adult peer support.

The content and format of the training

Several planning meetings were arranged prior to the commencement of the training. On the advice of the Governor a consultation meeting was arranged with a group of existing peer support workers to confirm the contents of the first cycle of training.

Cycle 1

Table 1: Training template used in cycle 1.

All of the training in cycle 1 was delivered by the visiting facilitator, observed by the nurse manager and a prison officer. In cycle 1, the delivery followed a debate / discussion style of facilitation, deliberately creating space between their usual practice for reflection and discussion. In line with the principles of action research, several key points emerged from the review of the field notes and from reflecting on the main points of learning, these contributed to the changes in the format and the content of the training in cycle 2.

The overwhelming response of the participants (staff and prisoners) involved in cycle 1 was that the training was a positive intervention; it was felt to be relevant and effective in supporting their roles. This is in keeping with several international papers on peer support training in adult male and female prisons (Stewart 2011, Collica 2013, Loeb et al 2013). This could be said to be unsurprising in the light of very little previous training.

The majority of the participants in cycle 1 suggested that more training was needed to support their role further; therefore one more session was added to extend the existing training template.

One of the main points to emerge was that some of the group expected more practical content. It was decided to experiment by adding suggested skills sessions on 'moving and positioning' and 'hand hygiene'. It was also decided to change format from five separate afternoons to three full days.

Cycle 2

*Sessions delivered by local staff.

Table 2: Adapted training template used in cycle 2.

A more skills focused approach was taken to the content of cycle 2. In line with the feedback from group 1, more information was added on the care of people with dementia to the 'care for older adults' session. The material and delivery was equally well received by the second group of participants.

A feature of the evaluation was that the trainees were impartial in relation to the differences in the format of the training. The staff involved in the pilot felt that spreading shorter sessions over several weeks would permit trainees to apply and reflect on their learning. Future delivery formats are a matter for local decision making however, it is noticeable that within this study, that the costs have been reduced by condensing the number of training days. Notably, three days training plus supervised work experience is broadly in line with civilian social care training.

Sustainability of the training

A key aim of the training was to develop a sustainable 'train the trainers' model of training at the prison. Cycle 1 was delivered in full by the visiting facilitator and treated as an opportunity for observation by the local staff. Although the participants didn't feel confident delivering all of the learning material in cycle 2, some individual sessions were selected for delivery by local staff, (as indicated in table 2 above).

It is felt that the nursing staff have the confidence and competence to deliver further sessions on 'Communication in Care' and 'Working With Loss'. It was suggested that the officers were capable of delivering the 'Course Introduction' and 'The Principles of Peer Support' as these sessions relate to NOMS policies. If a Local Authority Occupational Therapist could deliver the session on 'Moving and Positioning', then it does appear to indicate that some significant steps have been taken towards a local, self-supporting delivery model. It was felt that a prison officer, such as the Disability Liaison Officer (DLO), would be well placed to provide an anchor for future training.

Results

Training was provided to two groups of trainees over a five-month period; two potential trainers from differing professional disciplines were present through out the cycles. In total both training cycles provided training for 8 existing peer support workers; 3 prisoners wanting to become support workers and ad hoc sessions for a further 3 peer support workers who attended between 1 and 3 sessions but did not complete the training. The

staff participating as trainers believed that they had moved towards a self-sufficient, train the trainers model of delivery.

Specific sessions on 'communication in care', 'building resilience', 'working with loss' and 'reflective practice' contributed towards the possibility of a peer hospice worker.

Much information emerged on the complexities and dilemma's that the peer support workers faced in their day to day work, for example, the ambivalence that their roles created, examples of the dissonance between their interpretation of rules and actualities of their practice and their motivations for becoming and remaining a peer support worker.

Frustrations and concerns were expressed by both the trainees and staff in relation to the shortcomings of the environment, such as the design of buildings (such as steps and narrow cell entrances), the lack of equipment (for example, orthopedic chairs, hand cleansers) and other material conditions in which their practice is carried out. All of the participants felt that their status could have been enhanced by being identified with their role more clearly, and the idea of job descriptions and 'peer support worker' tee-shirts was put forward.

The grey area between tasks listed in policies and their actual practice was perhaps the most common theme but tensions between discourses of security and care and questions in relation to the boundaries between health and social care cropped up consistently within the training and feature in the data. Case studies have been developed from the participant's descriptions and reflections on their everyday encounters and these could serve as a learning tool for future training.

All of the trainees felt the training increased their insight into their role. It was a noticeable feature of the interviews that some incorporated the language of reflective practice in their answers. Generally those working in peer support roles enjoyed their work, citing high levels of job satisfaction, higher levels of responsibility and better relationships with staff. It was felt that the role helped to off-set the affects of prisonization and institutionalization by presenting them with fresh challenges on a daily basis on a wide range of practical and interpersonal issues.

Several but not all of the peer support workers under training made reference to the social good attached to their work, stating they felt the work helped them to 'put something back' implying a sense of atonement. This is reminiscent of Eglash's (1977) notion of 'creative restitution' or 'making up for one's wrong-doing by working to help others'. They did not experience their role as stigmatized or to be associated with feminine notions of care giving as had been assumed by the researcher, given the extremes of male identity described in prison environments (Yewkes, 2013).

Risks

- There is a risk that once handed over to local staff the level of knowledge and expertise in pedagogical matters could be diluted.
- Peer programmes have been identified as challenging the power dynamics in prisons (Cowman and Walsh, 2012, Collica 2013) although there appears to be no immediate evidence for such processes at this site.
- Sensitive standards, such as confidentiality, need to be patrolled and supervising staff will need to remain vigilant for the risk of exploitation.

- Local staff will need to remember that the support workers are ‘not substitutes for professionals, but complimentary’ (Devilley et al, 2005. p. 237), to the Local Authority and institutional staff, a point reinforced by the HMIP report, 2016.

Weaknesses of the study and future research

The views of the older prisoners, or people in receipt of peer support are noticeably absent within this report. It is recommended that a larger study could make use of ethno-methodological strategies, such as shadowing and observation to incorporate their lived experience of enhanced peer support.

Future research might also capture some statistical data from, for example, from pre and post ‘attitudes to care’ questionnaires or self esteem inventories, and adopted a mixed methods approach to the evaluation. It may yet be possible to return elicit the participant’s views on what has changed for them in their approach to their responsibilities since undertaking the training.

Recommendations

The recommendations are based on the comments, views and experiences of the participants and researcher in both action research cycles.

Operational recommendation:

- Owing to the at times stressful nature of peer support, it is a recommendation that greater numbers of support workers are recruited and trained, in order to provide respite to the existing workforce and to build some reserve into the system.

- Develop the profile and identity of the peer support workers by providing job descriptions and by supplying peer support worker tee-shirts.
- The development of written shared support plans for older prisoners in need of peer support.
- To consider the identification of a suitably designated internal member of staff to hold and oversee the training.
- The appointment of a civilian member of staff to work between the prison, health care services and Local Authority services.
- To consider investment in environmental conditions and equipment, such as orthopedic chairs and a designated space for older prisoners.

Recommendations for future peer support training

- To support the peer support workers with regular training and to continually evaluate the quality and appropriateness of the training.
- Provide regular refresher sessions for support workers that have worked in the role for lengthy periods of time.
- The content developed for cycle 2 was felt to be more in line with their roles and responsibilities, therefore, use template 2 as a model for future training.
- Provide support for the peer workers with regular supervision meetings making use of reflective frameworks. These should be facilitated by a member of staff with a working knowledge of the remit of the support workers and of reflective supervisory processes.
- To enhance the profile of the training by providing protected training time for both staff and support workers and to provide a suitable, uninterrupted training environment.

- For new workers to shadow an experienced peer support worker for a minimum period of two weeks.
- To develop the written training materials in the form of 'Peer Support Workbook' and a 'Trainers Resource Book'.
- To make use of an experienced support worker to assist with recruitment and training.

Recommendation to support the development of prisoner hospice worker

- There was enough evidence in favor of supporting the development of a 'Peer Hospice worker'.

In conclusion, this paper has summarized the main elements and findings of a peer support worker training intervention in one UK prison. In keeping with other international studies, the training appears to provide a range of positive outcomes. A training template has been recommended as a model for good practice; it is possible this may be suitable for prisons with a similar function. An evidence base for peer support work in UK prisons is emerging and recommendations for future investigations into the experiences of those in receipt of care have been made.

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Peer support worker training: tables

Table 1

Day One	Day Two	Day Three	Day Four	Day five
Course Introduction	Further introductions	Dealing with vulnerability	Building resilience	Care for older adults
Principles of Care	Communication in Care	Learning from what we do	Disability awareness	Working with Loss

Table 2

Day One	Day Two	Day Three
Course Introduction	Communication in Care	*Hand Hygiene
Principles of Care	*Building Resilience	*Learning from what we do
Care for Older Adults		Moving and positioning Working with Loss