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# Prisoners' feedback on a formally set-up peer mentoring scheme in a prison in South East England

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## Introduction

For almost two decades there has been a drive in the UK to provide those in prison with a mental health service which is equivalent to that provided to the general population.<sup>1</sup> The Bradley Report published in 2009<sup>2</sup> reviewed the needs of prisoners with mental health problems in the UK and made recommendations, which included the provision of a range of mental health interventions and a comprehensive mental health service within each establishment. For equivalence to be achieved, the report identified that services needed to provide comprehensive psychological and emotional support for prisoners with depression, anxiety and a range of other personal difficulties. Therefore, some prisons are expanding their use of peer mentors to provide face-to-face emotional support, facilitate engagement in therapeutic activities, and broker appropriate access to services for vulnerable prisoners. These initiatives have been implemented alongside prison based mental health and psychological services.<sup>3,4</sup>

As it stands, there is no established research base demonstrating the impact of peer health education.<sup>5</sup>

Furthermore, it is surprising, or maybe not, that most research into peer support in prisons looks at the benefits for those providing the support rather than those receiving it.<sup>6</sup> The benefits for peer mentors providing emotional support to prisoners include increased self-enhancement and the feeling of 'giving something back'. In short, those providing peer support undergo a process of transformation.<sup>7</sup> In summary, the research base mainly considers the impact of those providing peer mentoring, rather than those receiving it and the barriers within prison establishment to implementing such schemes.

Further challenges lie within the organisational set up. For example, the hierarchical, confidential and boundaried approach in secure health care settings can prevent schemes from being implemented or even initiated.<sup>8</sup> There is often a reluctance in giving prisoners a role, which is traditionally reviewed as a professional statutory responsibility.<sup>9</sup> If the peer mentor remains in prison, they cannot provide continuity of contact after release.<sup>10</sup> Peer mentors have expressed the view that they are not taken seriously and regarded with suspicion by management.<sup>11</sup> There can be boundary issues within prisoner relationships, dependence on certain individuals, confidentiality and not

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3. Portillo S, Goldberg V, and Taxman F (2017) Mental Health Peer Navigators: Working with Criminal Justice– Involved Populations. *The Prison Journal* Vol. 97(3) 318–341
4. Rousseau D, Long N, Jackson E and Jurgenen J (2019) Empowering Through Embodied Awareness: Evaluation of a Peer-Facilitated Trauma-Informed Mindfulness Curriculum in a Woman's Prison. *The Prison Journal* Vol. 99(4S) 14S–37S
5. Harty M, Jarrett M, Thornicroft G and Shaw J (2012) Unmet needs of male prisoners under the care of prison mental health services. *Journal of Forensic Psychiatry and Psychology* Vol 23 No 3 285–296
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11. South J, Woodall J, Kinsella K and Bagnall A (2016) A qualitative synthesis of the positive and negative impacts related to delivery of peer-based health interventions in prison settings. *Health Services Research* (2016) 16:525

demonstrating weakness to other prisoners.<sup>12</sup> Other studies describe staff resistance based on security concerns.<sup>13</sup> There have also been concerns that being in a position of trust made peer support members a target of other prisoners for being in league with the staff who are viewed as authority figures. In this respect, careful consideration needs to be given to recruitment, organisational support, funding, training and evaluation of any peer mentoring schemes' effectiveness as well as to the protection of the peer support worker.<sup>14</sup>

The contribution of this article is its focus on the experiences of the prisoners receiving peer support by fellow residents rather than the views of the peer mentors. It examines the perceptions of the prisoners, who have utilised the peer mentoring scheme to cope with emotional, family and mental health problems.

### **The Emotion and Well-being scheme (EWB — scheme)**

A prison in South-East England established a peer mentoring scheme to complement its existing mental health provision. It is a Category B Training Prison, holding up to 1050 men who are serving 4 years or more, or should have at least 18 months left to serve. It is further a main centre prison for those in the first stage or second stage of their life sentence. These stages indicate the level of security required to detain the prisoner. The first and second stages would involve being in a category B training prison, before moving to a resettlement establishment to prepare for release in the third stage of working towards release.<sup>15</sup>

This prison utilises the prison Assessment Care Custody and Teamwork scheme. Prisoners who are deemed to be at risk of self-harm are assessed and provided with a comprehensive support plan called a *Care Map*. The *In-reach team* provides secondary mental health services within the prison, equivalent to a community mental health team.<sup>16</sup> It consists of one psychiatrist, one team manager, two mental health nurses and two mental health practitioners. They have

primary and secondary caseloads. They assess all those referred to them, including self-referrals. The prisoners they work with on an ongoing basis will be those with serious mental illness and associated difficulties. This mirrors the practice of Community Mental Health Teams. The workers of the in-reach team became aware that a lot of prisoners were not receiving a service, as they did not meet the criteria to be accepted onto the in-reach case load, such as a diagnosis of serious mental illness.

The EWB scheme was established in May 2015 and continues to run. It was initiated by the prison staff with modest resources and using existing facilities. The existing working relationships between departments within the prison and with external services helps facilitate the referral of prisoners to the scheme, and from the scheme to other support services.

## **Prisoners who are deemed to be at risk of self-harm are assessed and provided with a comprehensive support plan called a Care Map.**

### **Recruitment and training of peer mentors:**

Staff from the mental health and counselling service selected the prisoners to be trained as peer mentors to provide emotional support to fellow prisoners, who are experiencing emotional distress. Three full-time paid mentors, and six unpaid mentors, all serving prisoners, were recruited. Only the mentors who chose to work

full time were paid, the part time mentors were voluntary. Recruitment criteria included: being on enhanced level of the incentives and earned privileges scheme, having at least 2 years left of sentence and working towards mentoring course.

Such prisoners were deemed trustworthy and were given extra privileges and jobs entailing greater freedom of movement within the establishment. They were also not deemed a security risk to others. The final stage of selection involved an interview. Peer mentors are supervised by two prison counselling staff, who oversee the quality of service provided. Bi-weekly supervision meetings took place, which also address updates on training, discussion around any difficulties, sharing information and forward planning. New peer

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12. South J, Bagnall A, and Woodall J, (2017) Developing a Typology for Peer Education and Peer Support Delivered by Prisoners. *Journal of Correctional Health Care*, Vol. 23(2) 214-229
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  14. Schinkel M and Whyte B (2012) Routes Out of Prison Using Life Coaches to Assist Resettlement. *The Howard Journal* Vol 51 No 4. September pp. 359-371
  15. PSO 4700 indeterminate sentence manual (justice.gov.uk)
  16. Forrester A, Exworthy T, Olumoroti O, Sessay M, Parrot J, Spenser S and Whyte S (2013) Variations in prison mental health services. *International Journal of Law and Psychiatry*. 36 326-332

mentors start by working alongside more experienced mentors. Prison mental health staff serve as advisors, where challenging matters are escalated and discussed further.

Once recruited, the prisoner working as peer mentor undertook the following courses:

- ❑ National Certificate in Further Education level 2 Award in Mentoring
- ❑ Level 2 Award in Introduction to counselling skills
- ❑ Self-help course in Cognitive Behavioural Therapy (CBT) for low mood and depression
- ❑ Anger Management
- ❑ Facing up to conflict
- ❑ Mood management course
- ❑ Understanding Personality disorder course
- ❑ Shannon Trust mentoring

Peer mentors regularly work over 25 hours a week. The peer mentors undertake one-to-one support work for over 300 men as well as having a dedicated area in the prison for 42 prisoners who receive intensive support. A prisoner is assigned a mentor who will see them for every session, subject to their availability. They run several psycho educational courses based on self-help information, including anger management, CBT, low mood and depression and facing up to conflict. These are awareness courses and do not enable the mentors to act as therapists but give them an overview of the links between thoughts and feelings and the appropriate communication skills to use. The latter group also receive more options such as taking part in therapeutic groups making art, music and creative writing.

### Obtaining Prisoners' feedback

A paper-based questionnaire was distributed to 300 participants who had used the EWB scheme and 228 of those questionnaires were returned (76 per cent uptake). The questionnaire contained demographic data, regarding age and length of sentence. There were a series of closed questions regarding the participants' frequency of contact with the EWB mentors and around the perceived impact of the scheme on their

self-harming behaviour. The questionnaire included three open questions asking participants to comment on how the scheme had helped with thoughts of suicide, self-harm and any other comments. The majority of participants (90 per cent) had problems with self-harm and/or suicide. Those who did not (10 per cent) answer the any other comments section questions, commenting on coping skills and support accessing prison activities. The last three questions are the focus of this article and from which we report their experiences.

Both quantitative and qualitative data analysis was used. Descriptive statistical analysis was used mainly for the demographics. Demographic data was tabulated using software from the Excel spreadsheet provided by the researchers, who carried out the evaluation (initial blinded for review). These spreadsheets collated information from the questionnaires. The responses to open ended questions were analysed using thematic analysis (Braun and Clarke 2006)<sup>17</sup>. Two researchers independently reviewed the free text comments for the last three questions. Researcher (blinded for review) developed initial codes, which researcher (blinded for review) reviewed and extended. After discussion the researchers (blinded for review) agreed on six codes and developed two themes to describe the participants experiences of the scheme.

Results on the closed questions eliciting either a yes or no answer or pre-determined value will be reported on in a different paper

### Demographic data

The majority of participants were prisoners in the 26-30 years age group (23.5 per cent), followed by 31-35-year olds (21.5 per cent). The majority of respondents were serving 11-20 years (31.5 per cent) followed by those serving 5-10 years (26.5 per cent). Those with an established pattern of offending are most likely to be in their mid-twenties to mid-thirties at the start of their first long sentence<sup>18</sup>. This is representative of the overall population in a training prison. The majority of respondents were not serving IPP (Imprisonment for Public Protection) sentences (77.5 per cent). IPP sentencing was introduced in 2005 in the

The peer mentors undertake one-to-one support work for over 300 men as well as having a dedicated area in the prison for 42 prisoners who receive intensive support.

17. Braun V and Clarke V (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101,

18. Owen N and Cooper C (2013) *The Start of a Criminal Career: Does the Type of Debut Offence Predict Future Offending? Research Report 77* The Home Office

UK to ensure that offenders who had committed violent and/or sexual offences remain in prison for as long as they were assessed to be a danger to the public<sup>19</sup>. The majority of referrals to the EWB Scheme came from the peer mentors themselves meeting vulnerable prisoners and suggesting them joining the scheme (39.5 per cent). Within the questionnaire participants were asked to comment on whether they had issues with self-harm and/or suicide. Only 10 per cent said they did not have issues with either. They were also asked to comment on the length of time they had been using the scheme and their frequency of contact. The majority of participants, 76 per cent, had been in contact with the scheme for over a month, 11 per cent had been in contact for two to three weeks and 13 per cent within the last week. The majority of respondents, 49 per cent, had weekly contact, 29.5 per cent had daily contact, 14.5 per cent had monthly contact and the remaining 7 per cent has less frequent contact.

### The Prisoners' experiences

The questionnaire asked two open questions 'How have the mentors helped you with your self-harming behaviour?' and 'How have the mentors helped you

with your thoughts of suicide?'. The answers given by the respondents did not specifically differentiate between suicidal thoughts and self-harm behaviour nor did the questions ask about specific triggers and context. The further comments box was frequently used to emphasise key points from previous answers and to add grateful comments about the EWB scheme.

Therefore, all comments were considered together, and the following two themes were identified:

- ❑ Perceived value of receiving peer mentor support
- ❑ Peer mentor support initiating personal action (towards a healthier life)

The themes are presented in turn. A degree of overlap needs to be noted between codes and themes (see table below). For example, 'developing coping skills' is an aspect which initially falls into the theme of the value of receiving peer support, but once coping skills are internalised by the prisoner, it can be a means to take control in their life, thus implying action by the prisoner which could include, for example, re-kindling social contacts.

| <b>Theme 1: Perceived value of receiving peer mentor support</b> | <b>Theme 2: Peer mentor support initiating personal action (towards a healthier life)</b> |
|--|---|
| Value of peer support  | Support with mental health problems and substance misuse                                  |
| Developing coping skills   | Promoting social and family engagement  |
| Improved self-worth, positive attitude and outlook               |   |
| Inspiration and role modelling by mentor                         |   |

#### Theme 1: Perceived value of receiving peer mentor support

##### Value of peer support

The following comments demonstrate the importance of peer mentors being perceived as non-judgemental as a consequence of them also having the lived experience of imprisonment. Since the peer mentors physically came to the prisoners, the vulnerable prisoners found them available, approachable and genuine.

*Dave: 'My mentor first introduced himself to me in May when I first arrived on G-wing. Since then I have pushed him away at least four times while being very abusive. Despite this he remained calm and professional, even*

*making time to talk to me when I wasn't at my best and being off. After each outburst he comes and talks to me where I say I'm sorry. He says he doesn't take it personally and I believe this, he is a very genuine person and he has done far more for me than anyone else I've met. He is always there when I need him and he will always tell me straight, even if I don't want to hear it*

*Sami: 'Being able to talk to someone that does not judge you. When they say they 'understand how you feel' they mean it, they've been through it. That's the difference that makes it help.'*

*Adam: 'They have first-hand experience of what it is like so can help and relate to it'*

19. Beard J (2019) *Briefing Paper 6086: Sentences of Imprisonment for Public Protection*. House of Commons

Prisoners appreciated being visited by the peer mentors, which gave them the opportunity to talk and be listened to. This appears to have made them feel more secure with their situation and feel part of 'something'.

*Ryan: 'Mr 'Q' comes to see me every day to see what I am up to and asks me if things are ok with me and do, I feel good about myself.'*

*Ryan 'Knowing someone cares and someone is letting you know they care is more than enough for anyone'*

The approachability of the peer mentors and their genuine wish to support also seemed to help vulnerable prisoners in preparing to speak with staff or other health care professionals.

*Ian: 'They are easier to talk to than staff, it helps build up confidence to speak to professionals'*

### **Developing coping skills**

Part of developing coping skills is the ability to recognise ones emotional and mental state. Vulnerable prisoners reported that through meetings with their peer mentor, they were able to develop an awareness of their emotional well-being.

*Ashley: 'The frustrations that were ruling my life are still there, but they helped me learn to manage them better. I no longer feel helpless and lost. My mentor has been able to help guide me through my issues.'*

The respondents reported how the scheme helped them to cope with being in prison, understanding their triggers for mood changes and negative thoughts, and finding alternatives to suicidal thoughts and self-harm.

*Noel: 'Since working with my EWB mentor I have noticed my mood doesn't get down so much but when it does it is good to know that I can talk to 'Q' at any time and he helps me see things in a positive perspective.'*

*Anil: 'Chatting about my issues with the mentors helped me to look at problems in a different way and now I do not self-harm. Really changed my life, I thank them all for this.'*

*When feeling or thinking about suicide they will talk it through why I feel like that and help me do other things, so I don't go through with my thoughts'*

The peer mentors were perceived to have guided their mentees to take up activities that supported their emotional well-being, attending education, art therapy and using the gym.

*Mel: 'Good to do courses then be able to use the gym as an outlet/coping skill'*

At the same time prisoners were aware that funding was limited to support the development of coping skills through therapy.

*Ted: 'More art therapy type stuff would be really good, but I know they don't get funding so it's hard'*

### **Improved self-worth, positive attitude and outlook**

The EWB scheme appears to achieve improved self-worth, positive attitude and outlook with their participating prisoners. Several of the respondents made comments about feeling better about themselves and more positive about the future.

*Wayne: 'I think the EWB guys are a very positive idea, I feel like a new man after months of mayhem and I really felt like 'going off on one'. But EWB have made me look at things in a more positive way. I have a very poor prison history but in the 8 months I've been seeing my mentor I feel that I've come a long way from where I was before. He has helped me through my nan's sudden death, my relationship breakdown, my appeal failure, bullying, addiction etc. He has helped me to stop and think before acting negatively through impulsive behaviour. Thank you'*

### **Inspiration and role modelling by mentor**

The peer mentors of the EWB scheme were seen as role models with regards to the way their shared experiences and how they interacted.

*Cyril: 'The time D has given me has made me feel better about myself, I am now writing to my family after shutting everyone out for over a year as I felt they'd be better off without me. He has a very unique way of talking and some makes life seem so simple and easy even if in prison. He is a fantastic role model I love'*

*how he sees himself as a man in prison rather than a prisoner, that one statement made me stop and think.'*

Their work seemed to also inspire some to become peer mentors themselves.

*Des: 'I've met a few of the mentors and they are great role models always making time for me. I've also seen how they are with others and they really are a great team.'*

*Cyril: 'They are role models; they have been in the same place as some of us and got through it and are doing amazing. I would love to be an EWB mentor one day and help people too'*

## **Theme 2: Peer mentor support initiating personal action (towards a healthier life)**

### **Support with mental health problems and substance misuse**

The majority of the participants clearly expressed the benefits of having a supportive peer checking on them. They felt they could speak to peer mentors more easily and were encouraged to seek further help with self-harm or substance abuse when negative thoughts persisted.

*Nathan: 'They [EWB mentors] are giving me support to give up drugs. Also, the mentors are easy to approach and talk to, especially as they are prisoners'*

*Errol: 'I have been seeing the EWB mentors for over six months, they come down and ask me if I am ok. I don't even have to ask to see them at times as they just come to see if everything is ok. Their support has stopped me from cutting up and helped when I'm depressed or just needed a chat.'*

*John: 'Helped me give up drugs, which were massive in my mental health and self-harm*

*since having the help to give up drugs I haven't thought about self-harm'*

*Rick: I was suicidal when I got down here [the vulnerable prisoners wing] and now I am*

*stronger. My mentor comes down regularly to play chess and cards with us, he is a god send.*

Some of the participants compared the EWB scheme to other prison support services they had used previously. Their perceptions suggest that they found the EWB scheme more beneficial, which appeared to be due to the proactiveness of the peer mentors and their approachability even at night time.

*Les: It's really useful to have people to talk to who don't just listen like the Listeners, EWB mentors can actually help you get things done and move forward.*

*Barry: Done more for me than drug programmes have, helped negotiate when I had debts to pay which could have resulted in my being badly assaulted or killed*

### **Promoting social and family engagement**

The EWB mentors were also perceived to help prisoners with isolation, by promoting engagement with social activities.

*Darren: 'They've helped me socialise with others which I didn't do before'*

The increased social contact by the prisoner with other prisoners also seemed to improve relationships with their families and sense of being a parent.

*Lance: 'As I am on a duty of care regime due to the conflict in this prison and fear of violence, I am doing 23 1/2 hours bang up daily with 30minutes for showers/cooking/phone calls. EWB came to see me weekly and sit with me listening to me. They are, also very kindly provided me with art card making materials so I can have meaningful contact with my daughter. Thank you'*

### **Discussion: What we have learnt from the prisoners about the value of the scheme?**

Previous research suggests that emotional support alleviates stress and isolation, which is a major factor in coping with prison life.<sup>20</sup> The respondents described the benefits of engaging with people who had lived experience and so understood how they were feeling. They reported that they did not feel judged by the mentors and found them easier to approach than staff.

20. South J, Woodall J, Kinsella K and Bagnall A (2016) A qualitative synthesis of the positive and negative impacts related to delivery of peer-based health interventions in prison settings. *Health Services Research* (2016) 16:525

Peer mentoring for prisoners is a dynamic social process which has benefits for the recipients.<sup>21</sup> However, there is no consensus on what life experiences are necessary and how exactly this helps.<sup>22</sup> It may be the personal characteristics and resilience of the mentor, or that they are perceived as a good role model because they have lived experience, is what is important here.<sup>23</sup>

The experiences reported in this study suggests that the mentor plays a vital role in helping people to access other services within the prison, by bridging the gap between staff and prisoners, and encouraging prisoner engagement with services which can help them.<sup>24</sup> Prisoners are a group who typically experience multiple health and social problems simultaneously, and therefore may need to access multiple support services within the prison.<sup>25</sup> These services are often separate from each other and prisoners may find it challenging to decide which to access and prioritise. The peer mentors' ability to engage and their local knowledge seems to enable them to support prisoners to navigate the system.

Respondents cited examples of developing their awareness of factors which may trigger problematic responses, such as aggression or self-harm, and how they have developed alternative coping strategies, such as through distraction, activity or speaking to someone.

The responses further indicate that prisoners may view the peer mentors as role models for personal development. Some seemed to have recognised they may have held self-limiting beliefs, and that helping others in the future may further increase their sense of

self-worth.<sup>26</sup> The existing research suggests that those who become peer mentors develop positive attributes such as emotional development, personal responsibility, increased self-esteem and a sense of purpose.<sup>27</sup> A number of participant responses in this study suggest that they share this perception of the benefits for them in wanting to help others in this way.

Positive social relationships with mentors help build self-efficacy and reinforce adaptive behaviours.<sup>28</sup> This in turn has a positive impact on integration and health and well-being.<sup>29</sup> The value of peer support interventions appears to be that they connect with vulnerable isolated groups and have meaningful social influence.<sup>30</sup> This in turn can extend to a reinvestment in family relationships and parenting.<sup>31</sup>

## Limitations

The written answers were pragmatic and did not elaborate on the emotional and psychological dynamics of the relationship between prisoner and mentor. The researchers felt that this may be due to the limited emotional language and literacy of the client group. The researchers also felt that a questionnaire would be less challenging than face to face interviews for this reason. The use of a simple questionnaire may have enabled the good

response rate and required simple responses which were not emotionally and personally challenging. The limitation of using questionnaires compared to interviews is the lack of opportunity to explore the statements further and consider a more in-depth

The peer mentors' ability to engage and their local knowledge seems to enable them to support prisoners to navigate the system.

21. Nixon S (2020) 'Giving back and getting on with my life': Peer mentoring, desistance and recovery of ex-offenders. *Probation Journal*. Vol 67. Issue 1 Accessed online <https://doi.org/10.1177/0264550519900249>
22. Clark C, Barrett B, Frei A and Christy A (2016) What Makes a Peer a Peer? *Psychiatric Rehabilitation Journal* Vol. 39, No. 1, 74 –76
23. Bagnall A, South J, Hulme C, Woodall J, Vinall-Collier K, Raine G, Kinsella K, Dixey R, Harris L and Wright N (2015) A systematic review of the effectiveness and cost effectiveness of peer education and peer support in prisons. *BMC Public Health* 15:290
24. South J, Bagnall A, Hulme C, Woodall J, Longo R, Dixey R, Kinsella K, Raine G, Vinall-Collier K and Wright J (2014) A systematic review of the effectiveness and cost-effectiveness of peer-based interventions to maintain and improve offender health in prison settings. *Health Service and Delivery Research*. Vol 2 Issue 35 DOI: 10.3310/hsdr02350
25. Forrester A, Exworthy T, Olumroti O, Sessay M, Parrot J, Spenser S and Whyte S (2013) Variations in prison mental health services. *International Journal of Law and Psychiatry*. 36 326-332
26. Perrin C, Blagden N, Winder B, and Dillon G (2017) "It's Sort of Reaffirmed to Me That I'm Not a Monster, I'm Not a Terrible Person": Sex Offenders' Movements Toward Desistance via Peer-Support Roles in Prison. *Sexual Abuse: A Journal of Research and Treatment* 1 –22
27. Bagnall A, South J, Hulme C, Woodall J, Vinall-Collier K, Raine G, Kinsella K, Dixey R, Harris L and Wright N (2015) A systematic review of the effectiveness and cost effectiveness of peer education and peer support in prisons. *BMC Public Health* 15:290
28. South J, Bagnall A, and Woodall J, (2017) Developing a Typology for Peer Education and Peer Support Delivered by Prisoners. *Journal of Correctional Health Care*, Vol. 23(2) 214-229
29. South J, Woodall J, Kinsella K and Bagnall A (2016) A qualitative synthesis of the positive and negative impacts related to delivery of peer-based health interventions in prison settings. *Health Services Research* (2016) 16:525
30. Bagnall A, South J, Hulme C, Woodall J, Vinall-Collier K, Raine G, Kinsella K, Dixey R, Harris L and Wright N (2015) A systematic review of the effectiveness and cost effectiveness of peer education and peer support in prisons. *BMC Public Health* 15:290
31. South J, Woodall J, Kinsella K and Bagnall A (2016) A qualitative synthesis of the positive and negative impacts related to delivery of peer-based health interventions in prison settings. *Health Services Research* (2016) 16:525

exploration of the mentor and prisoner relationship. Three of the respondents commented on the lack of activity on the prison wing where they were located, but there were no negative comments about the Peer Support scheme

The scheme was a new initiative plus the prisoners were asked for their opinions and experiences, not something they are usually asked to do. Their responses may have been influenced by feeling 'important' and this have made them more positive than they would have been about an established service or in another context. This could be an example of the novelty effect.<sup>32</sup> Perhaps only those who had a positive experience and continued to use the scheme chose to respond.

### **Further Research**

However, further research is needed to explore the quality of the renewed social engagements. The prisoners' ability to interact with greater insight may be at odds with the prison culture and may not be reciprocated by their family or external contacts. This

new found insight could lead to a greater sense of isolation and emotional distress. The authors are Jconsidering rerunning the evaluation, to determine if there are any significant differences, once the scheme has become more established and is no longer new or novel. It may also be useful to include questions about the impact of the scheme on a variety of factors, such as family engagement, coping with prison life and preparing for release, rather than just self-harm and suicide.

### **Conclusion**

Prisoners report an overwhelming positive experience of the formalised EWB scheme. Since it is the first time this group of vulnerable prisoners received this support in the prison it is not surprising the feedback is positive and the scheme made a difference. More research is needed to establish whether this formalised scheme continues to be so positively received with prisoner and peer mentors maturing with the EWB scheme.

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32. Gravetter F and Fernanzo L (2017) *Research Methods for the Behavioural Sciences*. Cengage 10