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Participatory Action Research in the Development and Delivery of Self-Harm Awareness Sessions in Prison: Involving Service Users in Staff Development

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Introduction

The issue of self-harm is of great public concern² and subsequently much researched. Self-harm in prisons is an equally relevant topic of examination given the rates of self-harm in custody, especially amongst women in prison³. This substantial body of literature has forwarded theories of the functions of and risk factors for self-harm^{4,5} interventions and methods of 'managing' self-harm⁶, the attitudes of healthcare staff to self-harm⁷ and how such attitudes impact upon treatment in a prison setting⁸.

Despite the wealth of research in this area and the existence of highly regarded community support services for self-harm such as the Bristol Crisis Service for Women, 42nd Street and the National Self-harm network to name a few, there has been scant publication of participatory action research (PAR) in the area of self-harm (with the notable exception of McElroy and Sheppard⁹). The use of PAR is also, to our knowledge, an unprecedented methodology in prison based research. The prison service has a history of service user involvement through the use of prison councils, wing representatives and the Listening scheme. However this largely represents consultation

with prisoners¹⁰ whilst the Sainsbury Centre for Mental Health¹¹ highlighted the dearth of service user involvement in prison research, indicating the service user involvement in prisons remains in its 'infancy' (p.14).

This article describes the development of a staff awareness training session about self-harm using a PAR approach. The training session represents just one initiative falling out of a 3-year study aimed at providing improved outcomes for women who self-harm in prison and a reduction in the number of incidents of self-harm across the jail. The study is located in a single women's prison in England and is a joint venture between the local offender health commissioners, a local university and the prison. For the purpose of the study self-harm is defined as: *a non-fatal act, regardless of the act's nature, that was completed in the knowledge that the act would be harmful*^{12,13}.

Using PAR Methodology

PAR is a cyclical process involving research, action, observation and critical reflection¹⁴ by all interested stakeholders¹⁵. The emphasis of PAR is to use research to produce action towards change rather than solely creating knowledge. In the case of the present study

1. Sian Boyd is a pseudonym.
2. SANE, (2008) Understanding Self-Harm. Available at: <http://www.sane.org.uk/Research/SelfHarmIntro> Last accessed 12th May 2011.
3. Corston, J. (2007) The Corston Report. Ministry of Justice. London: HMSO.
4. Gratz, K. L. (2003). Risk factors for and functions of deliberate self-harm: An empirical and conceptual review. *Clinical Psychology & Social Practice*, 10, 192-205.
5. Chapman, A. L., Gratz, K.L., & Brown, M.Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy*, 44, 371-394.
6. Hawton, K., Townsend, E., Arensman, E., Gunnell, D., Hazell, P., House, A., van Heeringen, K. (1999). Psychosocial and pharmacological treatments for deliberate self harm. *Cochrane Database of Systematic Reviews*, 4.
7. Pembroke L (Ed.). (1994) *Self-harm: Perspectives from personal experience*. London: Survivors Speak Out.
8. Kenning, C., Cooper, J., Short, V., Shaw, J., Abel, K., & Chew-Graham, C., (2010) Prison staff and women prisoner's views on self-harm; their implications for service delivery and development: A qualitative study. *Criminal Behaviour and Mental Health*, 20 (4).
9. McElroy, A., & Sheppard, G. (1999) The assessment and management of self-harm patients in an accident and emergency department: An action research approach. *Journal of Clinical Nursing*, 8, 66-72.
10. Rose, D. (2003) Collaborative research between users and professionals: Peaks and pitfalls. *Psychiatric Bulletin*. 27, 404-406.
11. Sainsbury Centre for Mental Health (2008). A review of Service User Involvement in Prison Mental Health Research (p.14).
12. Hawton, K., & Van Heeringen, K. (2000). *The International Handbook of Suicide and Attempted Suicide*. Chichester: Wiley.
13. Morgan, H. G. (1979) *Death Wishes: Assessment and Management of Deliberate Self-Harm*. Chichester: Wiley.
14. O'Brien, R. (1998) An Overview of the Methodological Approach of Action Research. Available at <http://www.web.net/%7Erobrien/papers/arfinal.doc> last accessed 12th April 2011.
15. Wadsworth, Y. (1998) What is Participatory Action Research? *Action Research International*, Paper 2.

identified stakeholders were the women in prison who chose to undertake the research and become involved in the development of the staff awareness package, the local university, the Prison service and the Offender Health Commissioners.

The initial phase of research involving completion of questionnaires, process mapping and interviews with staff and prisoners identified a need for additional staff training¹⁶. More detailed analysis of these findings identified that the skills gap was not related to staff's understanding of the functions or antecedents of self-harm or the prisons procedures for the management of self-harm (ibid). This suggested that the requests for additional training related to a, perhaps unfounded, lack of confidence in dealing with women in crisis or who have used self-harm and a need to identify useful strategies to use in such situations. Given this it was clear that the opportunity to hear from 'experts by experience'¹⁷ as to what women who have used self-harm find useful in managing their self-harm and what constitutes helpful responses would be beneficial to staff.

An initial focus group (six women who had participated in the research) brainstormed key messages to convey in the training. The group decided to call the training package *At Arm's Length* and identified three key messages they felt were important to put across:

1. The importance of a firm but fair approach.
2. The value of non-judgemental listening in managing self-harm.
3. How empathy can help women in distress.

Three of the women agreed to help develop the package but one was subsequently transferred to another prison. This resulted in a team of three, two women and the second author, who together spent several hours over a number of meetings developing the awareness package.

The prison's Senior Management Team agreed to a pilot training session. The length of the session was limited to 30 minutes due to the time constraints and limited resources available to prison staff. It was felt that

even though the session would be short the key messages that the women participants wanted to convey could be. Residential managers and the prison's security department were involved in the identification of suitable women to co-deliver the session and this was also discussed with Offender Supervisors and other key workers. At the start of each session it was stressed that the package had been written in collaboration with a number of women, who would remain anonymous.

To date the awareness sessions have been delivered to 104 members of prison staff. The sessions are co-delivered with the second author and Sian a woman in prison who agreed to deliver the session. At the end of

each session Sian is de-briefed to discuss her experience of the session, offer support if necessary, and to identify opportunities to develop the content of the package further.

Reflections on the session

Gregor and Smith¹⁸ highlight the need for reflection and review of the potential emotional impact of service user involvement in social work training. This is arguably even more important in the prison environment because of the inherent power relationships between 'prisoners' and 'staff', along with the further relationship issues where a

prisoner may be perceived as 'teaching staff' is also a further consideration. It seemed to the authors that it was important that Sian shared her experience of her involvement in the delivery of the session. Whilst Moores, Fish and Duperouzel¹⁹ reflected the experiences of a service user involved in a similar project and feminist ethnographies of women in prison in the United States have been published²⁰ we believe this is the first account of a woman's experience of being involved in such a project whilst in custody.

This is what Sian wanted to convey:

Sian's reflection

My name is Sian and I am 29 years of age. I have one older sister and two younger

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16. Ward, J., & Bailey, D. (2011) Improving outcomes for women who self-injure using an action research approach in prison. In Press.
17. Bailey, D. (2011) Interdisciplinary Working in Mental Health. London: Palgrave Macmillan.
18. Gregor, C., & Smith, H. (2009) I'm not a performing monkey: Reflections on the emotional experience of developing a collaborative training initiative between service users and lecturer. *Journal of Social Work Practice*, 23 (1), 21 – 34.
19. Moores, P., Fish, R., & Duperouzel, H. (2011) 'I can try and do my little bit' – training staff about self-injury. *Journal of Learning Disabilities and Offending Behaviour*, 2 (1), 4-7.
20. Richie, B. E. (2004) Feminist Ethnographies of Women in Prison. *Feminist Studies*. 30, (2) 438 – 451.

brothers. My parents split up when I was young and I lived with my mum until I was about 7 years of age. A little while after my mother and father had split up my mum met a new partner who subsequently sexually abused me and all my siblings. Eventually the abuse came to light and we all went to live with my father. The abuse case came to court and my abuser was given 9 years imprisonment. My mother stuck by her partner and we never had any contact with her for the rest of our childhoods. I met my children's dad when I was fifteen and at that time he was 20 years older than me. I had two children with him, my first being at 17 years old and the second when I was Eighteen. I found being a young mum hard and on top of that my partner became very violent. I turned to drugs and eventually lost custody of my children to social services. My children have now been adopted, and for the past 7 years I have had no contact other than 'letter box' contact twice a year.

Before coming to prison I was committing crime on a daily basis in order to fuel my drug addiction to Heroin and Crack Cocaine. I was arrested for Robbery in 2005 and received an indeterminate sentence for public protection (IPP) with a tariff of at least 2½ years to serve until I could be considered for parole. To date I have served 5 years 3 months and am due to 'sit' my parole in 2 days. I have struggled throughout my life and sentence with regards to my mental health and have had issues surrounding the loss of my father in 2007. I had a bad drug habit for the first 2½ years of my sentence. My drug use certainly contributed to the many 'breakdowns' that I have had. When first coming to prison I did not have a good rapport with most of the staff, but as I have grown up and come to terms with my sentence and the death of my father I have become more willing to work with staff.

I have been diagnosed with a number of mental health problems, the most recent being a personality disorder. I have in the past

suffered auditory hallucinations, paranoia, threat and social anxiety, emotional dysregulation and obsessive compulsive disorder (OCD). I have also been told that I have traits of Post Traumatic Stress Disorder. I am quite an intelligent person and I have an exceptional insight into my own mental health problems, but it has only been since working with the 'At Arm's Length' project that I actually accepted I had self-harmed a lot more than I was ever willing to admit i.e. obsessive washing. Accepting that OCD has nearly always been a form of self-harm has made me accept that I will need help for years to come

instead of putting it down to being 'just a little stressed'. It has been a relief to admit to myself that I am a self-harmer in regards to my OCD as I don't beat myself up about it as much as I used to.

I have always been able to have a good relationship with other prisoners, this is mainly due to the fact that I have been in prison many times before and have a reputation as being a firm but fair person. I also have the ability to empathise with other ladies in prison as there is not much I haven't been through myself. People interest me and I will always give

someone a chance. I have better relationships with people when I am in prison and I am not focussed on drugs all of the time. When I used to be out of prison I had no time for anyone, all that interested me was taking drugs.

I have been resuscitated a couple of times after tying ligatures but I don't 'cut up'. I have self-harmed through limiting my food intake and washing obsessively. I have had a lot of experience of being around others that self-harm and believe that I have a good understanding of the reasons why they do it. Even though I have been in prison a long time I still find it hard to deal with. The way staff deal with self-harm, in my opinion, is quite good. You do get staff that aren't helpful but then you get staff that will always go out of their way to try to help and understand. You get good and bad in all areas of life and prison is no different.

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I didn't know anything about the 'At Arm's Length' project until I found out that my name had been put forward as someone who had the ability to deliver PowerPoint presentations. Once I was introduced to James, the research associate, I had a look over the material and decided that it was something I would like to be involved with. I did have reservations about my ability to deliver presentations to staff, not because I didn't think I was capable, I just doubted myself being able to put aside the irrational assumptions I was thinking in regards to staff opinion of me. But I decided to stick it out regardless. I felt that, as a prisoner, I had somewhat of a responsibility towards the girls who had worked with James to make the project, as they had put so much work in to it and in a way I felt like I was representing them. There were times when, mostly due to nerves, I didn't want to turn up but I did, and I am glad that I was so determined as I have gained so much confidence from it. My self-esteem and confidence have grown since getting involved with the 'At Arm's Length' and I have greater understanding of self-harm. The most important thing to me though is that I feel like the presentations are making a difference.

The response from staff has been a lot different than what I expected it to be. When we first started to roll out the presentations I thought that most staff would be sitting there thinking it was wrong for a prisoner to be telling them about anything, let alone self-harm which they deal with first hand on a daily basis. I assumed they would be looking at me with the opinion I had no right to tell them anything as I was a prisoner. How wrong I was! The staff listen to what I have to say and it appears they appreciate the insight in to self-harm they get being as they get it from an prisoner's point of view. This is also reflected in the questions I get

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asked after almost each presentation and the comments that are written on the feedback forms. In my opinion I feel that the staff are different towards me as it seems they now feel they can approach me and me things without them worrying whether or not they are going to offend me.

I think that the awareness sessions have made a big difference and have given the staff a better understanding of self-harm in general. I believe the officers now feel that what they are doing is right which makes making them more confident in dealing with and helping self-harmers. Most importantly I believe it has gone a long way in addressing the prisoner-officer divide and as a prisoner it has been overwhelming the support and the positivity shown towards me. The staff's eagerness to engage and learn more, not just about self-harm but other subjects such as drugs, domestic violence etc. The staff are also utilising the packs²¹ and I have seen them using them with confidence. The activity boxes²², in my opinion, in the past have been viewed as nothing more than a waste of time, whereas the packs are being used as a legitimate tool that can help not only the women help themselves, but also help the staff help the women. I don't think that there is a prison in this country that wouldn't benefit from the same kind of awareness programmes.

Staff's reflections

Evaluation of the awareness sessions is, as discussed, an integral aspect of the PAR methodology and service users are arguably not the only 'experts by experience'. Staff delivering frontline services also have expertise that can be sought in order to inform evaluation/critical reflection and utilised in the development of initiatives. For these reasons staff attending the awareness sessions are asked to complete an evaluation form. These focus upon three

21. The 'packs' are care planning action packs designed with the aim of empowering women to develop their own care plans and consider what actions they can take, and what they can ask of others, to help maintain mental wellbeing.
22. Activity boxes contain activities for distraction such as puzzles, colouring sheets etc.

key areas i) how useful attendees found the session and what they practically gained from attending ii) what could be developed to better meet staff's training needs and iii) whether there are other areas staff would benefit from service user led awareness sessions. Responses were anonymous and attendees were encouraged to identify areas of development.

To date the sessions have been delivered to 104 members of staff and 99 evaluation forms have been completed representing a 95 per cent response rate. The authors independently review the evaluation forms to identify themes in each of the three areas outlined above. These independent reviews were then discussed and key themes identified:

i) Usefulness and practical relevance:

Attendees are asked to rate the usefulness of the session on a scale of 1-4, a score of 1 representing 'not at all useful' and a score of 4 reflecting 'very useful'. The mean score over the 99 responses was 3.7 (range 2-4) with a modal average of 4.

When asked about the most useful aspects of the session the vast majority of responses indicated that this was the opportunity to listen to a prisoner's perspective on the use of self-harm.

'Sian's perspective was really useful and informative'

'Hearing Sian's point of view as that is often overlooked when dealing with incidents'

'The perspective of a person who has self-harmed and knows what she's talking about'

'...It's especially helpful to hear what women 'themselves' feel is beneficial rather than what we as staff assume is helpful.'

Attendees were also asked to identify any practical implications they could take from the session. Responses included recognising the importance of using non-judgemental listening skills and of trying to make time to do this.

'Be more aware, listen more'

'Spend more time listening, not judging and using humour!'

'Listen more to prisoners'

There was also a suggestion that staff felt more confident in working with women who use self-harm or at least less fearful of exacerbating the distress.

'Listen more, talk more, don't be afraid to talk in case of saying something wrong.'

'Be less wary of talking about self-harm with women'

'Trust your instincts'

ii) Developments to the session

Constructive feedback received reflected the overall positive response received with attendees suggesting that the sessions could have been longer and delivered more detail:

'Length could be longer'

'Maybe Sian could give more of her insight of self-harming, because it is about their experiences'

'More women to talk about their stories.'

'More women involved (prisoners).'

'Including the views and experiences of more service users.'

iii) Future Service User Involvement

Participants were also asked whether there were additional areas in which they felt they would benefit from awareness raising sessions that are developed through service user involvement.

64 (62 per cent) of participants responded 'yes'. Beneficial areas for future awareness sessions included substance use, violence and bullying, mental health problems, sentence planning and reasons for re-offending. One participant commented that:

'This should be done all the time; the women have the knowledge and the realism of the experience'

Discussion

Despite PAR being an underused methodology in the prison system it is clear that staff value initiatives such as awareness sessions written and delivered by those with first hand experience of the subject matter. The use of the method involves close working partnerships with the both the participants and the prison management and this necessarily involves compromise and communication. This was reflected in initial concerns around 'staff'-'prisoner' relationships and how this dynamic may impact upon the women

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involved in the project and those that attend the sessions. These concerns were shared by Sian, senior prison managers and the project team alike. The feedback from all those involved however suggests that, whilst such factors need to be considered and monitored, careful planning can overcome such concerns. This may also be assisted by the openness of prison staff to learn and develop their knowledge. The evaluations suggest that, on the whole, prison staff do not claim an expert knowledge on self-harm, despite undoubtedly being very experienced in this field, and as such value learning from the expertise of experience that service user involvement brings. One mutual benefit of the sessions appears to be an increase in confidence. For Sian this is in her ability to deliver training and speak in public and for staff an increased confidence in their ability. It is apparent that, to date, both those attending the sessions and those delivering them reflect that the experience is positive and beneficial.

It is also evident that the sessions are delivering the key messages intended by those who developed the package. Thirty minutes is very brief and given more time more depth and more of the women's stories could be included. However time and resource constraints along with other mandatory training requirements within the prison do not allow for longer at this point in time. A further limitation of the project is that, to date, around only one third of the staff in the prison have received the session and it is acknowledged that this may skew the current evaluation. As the sessions continue to be

delivered to more staff it may be expected that more negative evaluations or constructive criticism is received. Feedback will continue to be monitored and the package reviewed as a part of the PAR cycle²³. The author's feel however that the awareness session and its method of development is a positive first step in the advance of service user involvement in prison staff development and addressing the Sainsbury Centre's criticisms²⁴ of around the use of PAR in prison research.

On-going evaluation of the sessions' impact as well as the impact of other initiatives in the prison will explore staff attitude and women's experience of care as well as rates of self-harm across the prison and associated costs.

Conclusions

From Sian's and the staff's experience of the sessions there are three key conclusions to be drawn:

1. PAR in the prison setting is possible.
2. The use of PAR in the development of such awareness sessions can be useful for both those developing and delivering the package as well as those receiving it.
3. Prison staff can see the value of service user involvement in other areas of prison life and appear to welcome the use of the method.

Given these we suggest that the continued and developed use of PAR in prisons can ensure research is relevant and practically beneficial for the participants, the wider prison population and the prison staff alike.

23. O'Brien, R. (1998) *An Overview of the Methodological Approach of Action Research*. Available at <http://www.web.net/%7Erobrien/papers/arfinal.doc> last accessed 12th April 2011.

24. Ibid.