

PRISON SERVICE JOURNAL

May 2011 No 195



Focus on Disability

Evaluating Peer Social Care Training in Prisons

Warren Stewart is a senior lecturer at the London South Bank University'. He worked in prison health care for ten years as a Registered Mental Nurse, a nurse manager, then as a practice educator in the London region. He is currently involved in workforce and vocational training projects at LSBU.

Background

This article describes a small scale training evaluation, which aims to inform decision making on the provision of basic social care training for prisoners. The aim of the training is to provide specific groups of prisoners with some basic skills to improve their ability to provide peer support to other prisoners with low-level care needs. The training is designed to augment formal care services and to enhance the role of prisoner-carers.

Managing prisoners requiring social care is set to become a greater problem as demography shows a trend towards increasing numbers of older prisoners. This is due to the increase in the prison population and changes to sentencing policy. Although the project was originally funded with the care of older prisoners as its focus, it is realised that the training will have a wider utility for other vulnerable prisoners, such as those with learning disabilities, mental health problems and prisoners with physical and sensory disabilities.

For the purpose of this article, the term 'prisoner-carer' will refer to a prisoner who is informally employed in a social care role within a prison. Their activities include low-level help and support, such as befriending, fetching meals and helping other prisoners to tidy their cells. The term 'older prisoner' refers to any prisoner aged over 55¹, and 'social care' refers to 'helping people through practical support to live ordinary lives'².

The training offered is viewed as a change intervention, aiming to increase the level and quality of care for specific groups within their respective prisons. The costs include the initial financial outlay of providing the training and the time taken to supervise trainees. Benefits include greater access to care, access to advocacy, cost and resource savings and improved

relationships between stakeholders. It is anticipated that the outcomes of the pilot will contribute towards new knowledge in the field and inform decision making on allocation of resources in this area.

The motivation for the training pilot has come from a number of sources:

- There appears to be a gap in service provision in many prisons³.
- Such a scheme has been recommended by HM Inspector of Prisons⁴.
- There is a growing consensus that it could be a valid intervention⁵.
- Many prisons already employ informal prisoner-carers. Training would therefore support the carers' role and should contribute to higher standards⁶.

As such it has become an objective of the Older Prisoners Action Group, which reports to the Primary and Social Care Sub-programme Board, based at Offender Health, Department of Health, (2009).

Two models of training have been piloted, the second having been developed on the basis of the experience of implementing model 1.

Model 1 comprises an NVQ level 2 in Health and Social Care. It consists of six initial training days then approximately six months of portfolio development. This pilot is being supported by key staff at HMP Shepton Mallet and delivered by experienced trainers from St Giles Trust. A small group of four prisoners are progressing with this training.

Model 2 consists of an unaccredited, informal, three day training course. This has been delivered at HMP Manchester and HMP Lewes. Two cohorts of eight prisoners have participated so far. Rather than comparing one intervention against the other, the intention is to evaluate their suitability for their respective establishments.

-
1. A Pathway to care for older prisoners: a toolkit for good practice, London, DH, (2007).
 2. Cowen R et al, (2010). Unpublished report for the Older Prisoners Action Group.
 3. Cowan R (2010), as above.
 4. 'No problems — old and quiet': Older prisoners in England and Wales. A thematic review by HM Chief Inspector of Prisons, (2005), p.52.
 5. Moore, A, Unlocking care: improving the health of prisoners. Health Service Journal, June 2007.6. Prison Reform Trust briefing paper. Doing Time: the experiences and needs of older people in prison, (2008).
 6. Prison Reform Trust briefing paper. Doing Time: the experiences and needs of older people in prison, (2008).

An outline of each training programme

Model 1 NVQ Units	Model 2 Two hour workshops
Six study days, followed by six months' portfolio development	Delivered in three separate training sessions
Communication	An introduction to care work
Supporting health and safety	Communication in care
Developing knowledge and practice	Values and attitudes
Protection and promoting well-being	Disability awareness
Helping to plan care	Engaging with vulnerable adults
Supporting individuals in their daily living	Promoting health in older years
	Mental health and wellbeing

It should be acknowledged that, in the vast majority of cases, trained prisoners will not be able to gain employment in this sector on release from prison on the basis of their training in prison. This is due to Independent Safeguarding Authority regulations and Criminal Records Bureau screening. However, successful trainees will be able to demonstrate to future employers that they have used their time in prison usefully and (in the case of those completing Model 1 training) that they are able to learn to a nationally recognised standard of training.

There are several risks associated with the training, as was exposed in preliminary work within other prisons. These include: potential conflict with PSI 50/2008 (a Prison Service Instruction that relates to acceptable activities in prisons), changes to the Independent Safeguarding Authority employment policy, low numbers of applicants, and movement of prisoners around the estate. While these risks remain under consideration, the prisoners under training are participating in a way that is constructive for them, their establishments and the development of the training.

Literature search and appraisal of relevant literature

Searches were conducted along two broad themes. Firstly, to search for any publications on similar training interventions in UK prisons, and secondly to review published evaluations of prison based, vocational training.

The first step for both was to search the university library catalogue for books, journals and other material, such as conference proceedings. This was followed by a review of several databases, (ERIC, ERC, ASSIA, Sage, Psychart, Psychinfo), for any relevant articles in education, health, social care or criminology journals or electronic sources. Publications from the last 15 years were chosen for review in order to reflect recent policy and practice.

Most of the search results came from US publications, perhaps the most relevant being Cianciolo and Zupan's review of a training program on issues of aging for correctional workers⁷. This article evaluates a training intervention aimed at the workforce (not prisoners) and locates this within the context of service improvement and improvements in standards of care. It evaluates a course that was implemented five times, in four different prisons. The conclusions discuss a mixture of quantitative and qualitative data, although there is no indication as to how the qualitative data were collected.

None of the articles reviewed genuinely reflect the aims of this evaluation, although they do provide some interesting contextual information and discussion of methodological impediments. This appears to validate the need for a more focussed piece of work to be undertaken. Other information already known which has a bearing on the study includes evidence that the majority of prisoners have poor academic achievement⁸, knowledge that prisoners do not have access to such resources as the internet, and that attrition rates are high on NVQ courses. A British training package developed by the National Association for the Care and Resettlement of Offenders (2009) has been identified. There is no evidence that this training has been evaluated, however.

Evaluation design

A research proposal was lodged with the NOMS research ethics committee and the University Ethics Committee. However, it was decided that the study represents a course evaluation rather than research. Permission was sought from the respective prison governors and an evaluation methodology was developed to provide greater rigor.

The plan for the trial and evaluation of the training interventions follows a sequence broadly similar to the action research spiral⁹. Accepting the training interventions took place in separate prisons, it follows a process of enquiry, intervention (Model 1), observation, reflection; then further action (Model 2) finishing with

7. Cianolo P and Zupan L, (2004). Developing a training program on issues in aging for correctional workers. *Gerontology and Geriatrics*, Vol, 24 (3), Haworth Press. Supplied by the British Library.
8. Social Exclusion Unit. Reducing re-offending by ex-prisoners. HMG Cabinet Office (2002).
9. McNiff (1992) cited by Wellington J (2000). Educational research: contemporary issues and practical approaches. Continuum, London.

a final evaluation. Progress is on-going and observations and reflections are still being generated and analysed.

‘Action research aims at improvement, it is problem focused and context specific, and it involves a research relationship in which those involved are participants in the change process’¹⁰. Indeed, when used in stimulating organisational improvement ‘action research has much to commend it’¹¹. Action research is said to empower professional groups (nurses, educators and prison officers) to work together and solve problems.

The long-term plan is to create a self-supporting structure robust enough to withstand anticipated resource shortages. In Model 1, an external NVQ assessor has been required for at least the initial cycle of training. In Model 2, the researcher / change agent has delivered the training. It was originally thought that a local employee could co-facilitate the workshop in a ‘train-the-trainers’ style model, with the aim of leaving a structure in place. However, this has not been practical in the prisons piloted so far, largely for resource reasons. and because key staff did not feel confident delivering the material.

Significantly, Model 1 training is being carried out at HMP Shepton Mallet — a prison with a reasonably static population. The points of learning and reflections from this first intervention have been significant and have informed the second intervention (Model 2). Clearly a six month course is impractical in prisons with a higher population churn, such as local prisons, and a shorter model needed to be developed.

It was anticipated that the participants of the training would already work as either prison buddies or in similar roles like Age UK assistants. In terms of selection it was felt that local staff had a good idea as to which prisoners show an aptitude for care work and are appropriate for the role. In Model 1, a sample of four prisoners was selected from a pool of applicants who were later passed at interview. All prisoners underwent literacy and numeracy screening and will have to reach a defined level to be eligible for the training. The key stakeholders were staff occupying reasonably fixed roles within the prison and health care taxonomies. In Model 2, the participants were

recommended by the disability liaison officer and the primary care manager; all were providing support for frail or disabled prisoners.

Numbers of participants undertaking training

	HMP Shepton Mallet	HMP Lewes	HMP Manchester
Model 1	4		
Model 2		8	8

Many of the prisoner-carers had fulfilled informal caring roles before they came into prison. Their ages ranged from 23 to 55 years.

The long-term plan is to create a self-supporting structure robust enough to withstand anticipated resource shortages.

Methods

Data are being gathered using pre and post course questionnaires and semi-structured interviews with stakeholders. Stakeholders include local staff, senior management groups, staff from the voluntary sector, from health care and operational roles, aiming at a 360-degree evaluation.

The interviews aim to gather data on the quality and relevance of the training, any differences to the delivery of the prison regime and any differences to the delivery of health and social care.

Data analysis

The data generated to date have been analysed by highlighting quotes and categorising emerging themes from each individual interview using the principles of thematic analysis¹². The transcripts were read and analysed several times to check that all the themes and sub themes had been identified and refined.

Preliminary Findings

As Model 1 training continues, it is too early to state the overall outcomes, although some interesting and valuable data have been generated.

10. Hart E and Bond M (1995). Action research for health and social care: a guide to practice. Open University Press, Buckingham.

11. Hart E and Bond M (1995) as above.

12. Ritchie J and Lewis J, (2003) Eds. Qualitative research practice: a guide for social science students and researchers. Sage publications.

Model 1

The interviews with trainees at HMP Shepton Mallet revealed an interesting range of motives for wanting to become prisoner-carers. They could outline the boundaries of their role and believed they contributed to the delivery of health and social services within the gaol. More than half of the participants suggested that care work was the type of thing they would have done anyway but the training gave them more insight into what they were doing.

Stakeholders felt the training might support dignity and respect issues amongst the inmate population and that it would also help to build a sense of community. Interestingly, they felt that it might help to shift the burden of responsibility for health issues away from formal services. Other benefits were cited, such as helping prisoners to advocate for one another and increasing communication between staff and prisoners. Some anxieties were also expressed such as the prisoner-carers coping with the style of learning and safeguarding issues.

Model 2

The main theme from HMP's Manchester and Lewes was that the participants felt that the training was too short; a week of training was suggested as the minimum amount of input necessary. The prisoner-carers expressed the benefit of simply being brought together and given time and space to talk about their work, its difficulties and merits. This opportunity had never presented itself and it was felt that much could be learnt by sharing information and practice tips with one another. Interestingly, the participants felt that there wasn't enough formal support or supervision for them in their role and that this could be easily provided without much cost. Stakeholders felt they had noticed an increased sense of enthusiasm and that the training might give the role more credibility.

In all of the study establishments, the prisoner-carers described a sense of purpose that comes with the role; they felt like they provided a useful service and could offer more with greater levels of support. They

described the training as giving them insight into care issues and said it provided an element of clarity to their roles.

Conclusion

Changes to the prison demography mean that greater attention will need to be given to social care issues in prison environments. The literature searches revealed a perceived gap in evidence that this evaluation begins to fill. It may also stimulate the initiation of other studies in this field. Given the size, nature and context of the study, an action research methodology was proposed as a method of satisfying the issue of what type of training best supports the role of the prisoner-carer. As the size and function of prisons vary, two models of training have been proposed as change interventions, designed to meet the needs of the differing regimes. Fact finding about the result of these interventions is central to the strategy and provides the means of establishing whether or not they lead to an improvement in the delivery of services and levels of care. The findings to date show that the training interventions have been well received and are valued by the trainees and stakeholders from within the

establishments.

Questions that have not yet been addressed include whether the training courses are useful and sustainable over the long-term, and whether they can be justified in a cost-benefit analysis. Organisations such as NOMS and the Department of Health tend to like this kind of evidence before supporting interventions more fully. These features would need to be considered more fully in any future research. Importantly, no data are being collected from those prisoners receiving care and this will need to be followed up in a more depth research study. An alternative method of data collection might be to adopt a more quantitative approach, using survey questionnaires at identified stages in the training. This would also have the advantage of being more objective, thus reducing researcher bias.

More than half of the participants suggested that care work was the type of thing they would have done anyway but the training gave them more insight into what they were doing.