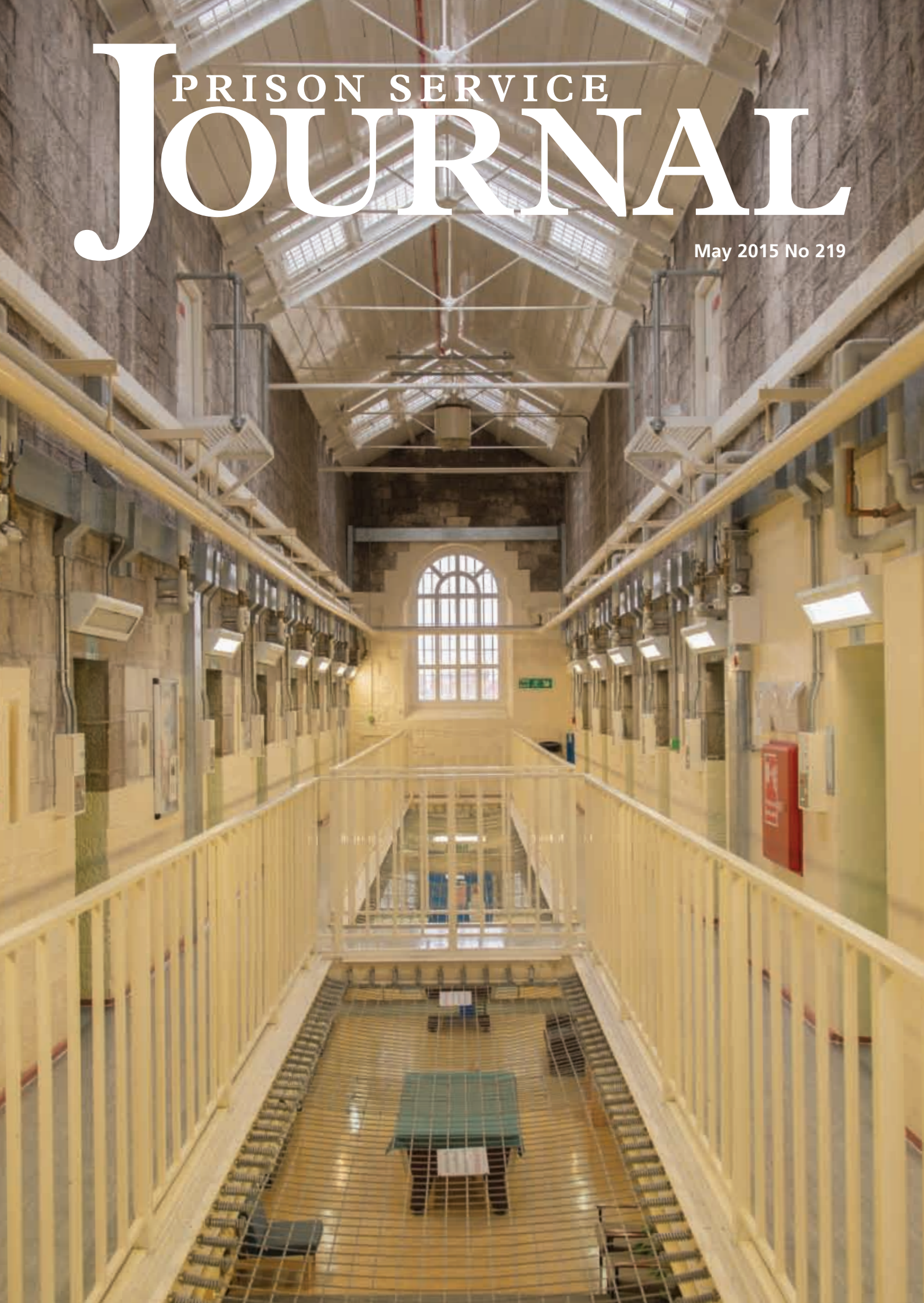

PRISON SERVICE JOURNAL

May 2015 No 219

Factors that determine the effectiveness of peer interventions in prisons in England and Wales

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Epidemiological assessment of the prison population globally shows undeniable health need, with research evidence consistently demonstrating that the prevalence of ill health is higher than rates reported in the wider community. Since a meeting convened by the World Health Organisation in the mid-1990s, prisons have been regarded as legitimate settings for health promotion and a myriad of interventions have been adopted to address prisoners' health and social need. Peer-based approaches have been a common health intervention used within the prison system, but despite their popularity little evidence exists on the approach. This paper presents findings from an expert symposium — part of a wider study which included a systematic review — designed to gather expert opinion on whether and how peer—based approaches work within prisons and if they can contribute to improving the health of prisoners. Experts were selected from various fields including the prison service, academic research and third sector organisations. Expert evidence suggested that the magnitude of success of peer interventions in prison settings is contingent on understanding the contextual environment and a recognition that peer interventions are co-constructed with prison staff at all levels of the organisation. Implications for developing peer-based interventions in prison are given which assist in developing the concept, theory and practice of the health promoting prison.

Introduction

Since the inception of the 'health promoting prison' in the mid-1990s, the concept, theory and practice of settings-based health promotion has gained currency of late and has been regarded as a useful approach to address health inequalities in this population.[1,2] This idea of a 'settings approach' embraces the perspective that health and well-being is influenced by a number of determinants, not just simply individual choice of whether to smoke, take drugs etc. Health, it is proposed, is determined by an interaction of social, political, environmental, organisational as well as personal factors within the places that people live their lives.[3] Peer-based approaches have been consistently implemented in prisons across the world to address health need and are seen as legitimate interventions under the rubric of a 'healthy prison'.[4] Despite their popularity, however, little evidence exists on the effectiveness of the approach and the process of delivery. This paper presents findings from an expert symposium designed to gather expert opinion on whether and how peer—based approaches work within prisons and Young Offender Institutions (YOIs) in England and Wales and if they can contribute to improving the health of the prison population. This, we believe, was the first expert symposium of its kind to focus specifically on peer interventions in prison settings and was used to complement a wider systematic review of their effectiveness and cost-effectiveness.[5] The findings are particularly timely given that peer-based interventions are increasingly being recognised as a way to address the kaleidoscopic health and social issues presented by offenders.[6]

1. Woodall, J., Dixey, R. & South, J. (2014) Control and choice in English prisons: developing health-promoting prisons. Health Promotion International. 29 (3): 474-482.
2. Ross, M. (2013) Health and health promotion in prisons, Oxon, Routledge.
3. Woodall, J. (2012) Health promoting prisons: an overview and critique of the concept. Prison Service Journal, 202, 6-12.
4. Department of Health (2002) Health promoting prisons: a shared approach. London: Crown.
5. South, J., Bagnall, A., Hulme, C., Woodall, J., Longo, R., Dixey, R., Kinsella, K., Raine, G., Vinall, K. & 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. Report for the National Institute for Health Research (NIHR) Health Services and Delivery Research (NIHR HS&DR) programme Project: 10/2002/13.
6. Fletcher, D. & Batty, E. (2012) Offender peer interventions: what do we know? Sheffield: Sheffield Hallam University.

'Peer intervention' is used throughout this paper as an umbrella term to cover a myriad of approaches, ranging from peer education, mentoring, peer support, peer counselling, peer training. Whilst each approach may have individual nuances, the premise is the same — programmes delivered by prisoners for prisoners.[7] While we concede that there is nothing necessarily 'new' about prisoners mutually supporting each other as part of daily interactions[8,9] — a kind of natural lay helper[10] — this paper specifically reports on structured and formally delivered intervention programmes addressing individuals' health and the factors that determine their effectiveness.

Accurate data on the number of prisoners accessing peer support services is unclear as this is not consistently monitored.[11] Indeed, the number of prisoners currently involved in delivering peer support activities is unknown, although estimates based on information published in 2002 suggested that around seven percent of prisoners in England and Wales were engaged in some form of activity that involved them helping other prisoners.[12] There are strong arguments in favour of delivering peer interventions in prison. Peer interventions help to expand the range of services on offer in the criminal justice system,[13] and also increase access. For example, one survey, reported that for half of the prisoners in contact with a prison health trainer, this was the first health service that they had chosen to engage with whilst in prison.[14] Furthermore, it has been suggested that peer interventions can improve the atmosphere of the prison environment[15] and improve relationships with prison staff,[16,17] both of which are crucial constituents of a health promoting prison. These interventions may also ease the burden on professional staff[18] — particularly pertinent given that pressure on prison services are likely to increase as a result of the rising prison population.[19]

Although peer interventions make 'common sense', the current evidence base for the effectiveness of peer interventions in prison is patchy, as noted by a recent systematic review.[20] That review does, however, demonstrate positive outcomes as a result of peer based interventions, including improvements in prisoners' knowledge of HIV[21,22,23,24] and uptake of HIV testing,[25] knowledge of sexually transmitted infections,[26] beliefs, intentions and reported increases in condom use[27,28,29] and increased inclination to practice safer drug using behaviours.[30] The Listener scheme,

7. Devilly, G. J., Sorbello, L., Eccleston, L. & Ward, T. (2005) Prison-based peer-education schemes. Aggression and Violent Behaviour, 10, 219-240.
8. Snow, L. 2002. The role of formalised peer-group support in prisons. In: TOWL, G., SNOW, L. & MCHUGH, M. (eds.) Suicide in prisons. Oxford: BPS Blackwell.
9. Schinkel & Whyte (2012) Routes out of prison using life coaches to assist resettlement,. The Howard Journal of Criminal Justice, 4, 359-371.
10. Dennis, C.-L. (2003) Peer support within a health care context: a concept analysis. International Journal of Nursing Studies, 40, 321-332.
11. Foster, J. (2011) Peer suport in prison health care. An investigation into the Listening scheme in one adult male prison. Greenwich: School of Health and Social Care, University of Greenwich.
12. Farrant, F. & Levenson, J. (2002) Barred citizens: volunteering and active citizenship by prisoners. London: Prison Reform Trust.
13. Sirdifield, C., Bevan, L., Calverley, M., Mitchell, L., Craven, J. & Brooker, C. (2007) A guide to implementing the new futures health trainer role across the criminal justice system. Lincoln: University of Lincoln.
14. Brooker, C. & Sirdifield, C. (2007) New futures health trainers: an impact assessment. Lincoln: University of Lincoln.
15. Ibid, Devilly et al. (2005)
16. Davies, B. (1994) The Swansea listener scheme: views from the prison landings. The Howard Journal of Criminal Justice, 33, 125-136.
17. Snow, L. 2002. The role of formalised peer-group support in prisons. In: TOWL, G., SNOW, L. & MCHUGH, M. (eds.) Suicide in prisons. Oxford: BPS Blackwell.
18. Ibid, Devilly et al. (2005).
19. Sirdifield, C. (2006) Piloting a new role in mental health – prison based health trainers. The Journal of Mental Health Workforce Development, 1, 15-22.
20. Wright, N., Bleakley, A., Butt, C., Chadwick, O., Mahmood, K., Patel, K. & Salhi, A. (2011) Peer health promotion in prisons: a systematic review. International Journal of Prisoner Health, 7, 37-51.
21. Collica, K. (2002) Levels of knowledge and risk perceptions about HIV/AIDS among female inmates in New York State: can prison-based HIV programs set the stage for behavior change? The Prison Journal, 82, 101-124.
22. Scott, D. P., Harzke, A. J., Mizwa, M., B, Pugh, M. & Ross, M. W. (2004) Evaluation of an HIV peer education program in Texas prisons. Journal of Correctional Health Care, 10, 151-173.
23. Bryan, A., Robbins, R. N., Ruiz, M. S. & O'Neill, D. (2006) Effectiveness of an HIV prevention intervention in prison among African Americans, Hispanics, and Caucasians. Health Education & Behavior, 33, 154-177.
24. Ross, M., Harzke, A. J., Scott, D. P., McCann, K. & Kelley, M. (2006) Outcomes of project wall talk: an HIV/AIDS peer education program implemented within the Texas state prison system. AIDS Education and Prevention, 18, 504-517.
25. Zack, B., Smith, C., Andrews, M. C. & May, J. P. (2013) Peer Health Education in Haiti's National Penitentiary The "Health through Walls" Experience. Journal of Correctional Health Care, 19, 65-68.
26. Sifunda, S., Reddy, P. S., Braithwaite, R., Stephens, T., Bhengu, S., Ruiter, R. A. & van den Borne, B. (2008) The Effectiveness of a Peer-Led HIV/AIDS and STI Health Education Intervention for Prison Inmates in South Africa. Health Education & Behavior, 35, 494-508.
27. Ibid, Bryan et al. (2004).
28. Magura, S., Kang, S. Y. & Shapiro, J. L. (1994) Outcomes of intensive AIDS education for male adolescent drug users in jail. Journal of Adolescent Health, 15, 457-463.
29. Grinstead, O., Zack, B., Faigeles, B., Grossman, N. & Blea, L. (1999) Reducing postrelease HIV risk among male prison inmates. A peer led intervention. Criminal Justice and Behavior, 26, 453-465.
30. Ibid, Collica (2002).

supported by the Samaritans, has been synonymous with peer approaches in prisons in England and Wales since the early 1990s and, according to some, has been instrumental in reducing suicide and self-harm in prisons.[31,32,33] The scheme operates in 89 per cent of prisons, with one in 56 prisoners (approximately 1500 individuals) trained as a Listener.[34,35] A body of work, mainly underpinned by qualitative methodology, shows the health and social benefits of the Listener scheme both for the recipients and for the Listeners themselves.[36,37,38,39,40]

Given the growing importance of peer based approaches in prisons and their prominence, there is a shortage of evidence of demonstrated effectiveness.[41] Snow,[42] for instance, has challenged the academic community to provide more robust examination of this intervention model in prison settings. This paper aims to contribute to this research gap through reporting findings from an expert symposium. The purpose of the paper is to present expert evidence on the range of contextual factors that may influence the implementation and effectiveness of peer interventions in prison settings. The rationale for obtaining expert evidence and the methods used are reported in the following section.

Methodology

Evidence hierarchies recognise the value of professional and expert opinion to generate knowledge. Indeed, it is recognised that expert opinion can offer valuable information in terms of understanding the process and mechanisms of implementing an intervention.[43] Expert hearings or symposia are designed to facilitate the process of deliberation on an issue or series of issues[44] and were used in this study to stimulate dialogue and to gather expert opinion on peer-based approaches in prison settings. Rather than a focus group, the process of deliberation provides a mutual discussion between researchers and delegates that involves considering different points of view and coming to a reasoned decision.[45] To our knowledge, this was the first time that experts had been brought together specifically to discuss whether and how peer—based approaches can contribute to improving health within prisons and YOIs in England and Wales.

The paucity of literature on the application of expert hearings as a research method, in terms of optimum format and structure, sampling strategy, methods of data gathering, analysis and evaluation, has been noted previously.[46] There is however useful literature on deliberative methods which helped to inform our methodology.[47] The overall purpose of inviting experts was to gather opinion on whether and how peer interventions work within prisons, with the evidence heard at the symposium used to supplement data obtained from the systematic review of research studies conducted as part of this study. All aspects of the study had the appropriate ethical and governance approvals.

Sampling strategy

The criteria for 'expertise' have been debated elsewhere[48] and will not be rehearsed here. For this study, the process of sampling experts to contribute to the symposium comprised two stages. The first was making direct contact with individuals with known expertise in policy, practice and/or academic experience concerning peer interventions in prison. A sample of

31. Ibid, Snow and Biggar (2006).
32. Ibid, Davies (1994).
33. Samaritans (2012) A Listener lives here. The development of Samaritans' prison Listener scheme. Stirling: Samaritans.
34. Ibid, Farrant and Levenson (2002).
35. Edgar, K., Jacobson, J. & Biggar, K. (2011) Time well spent: a practical guide to active citizenship and volunteering in prison. London: Prison Reform Trust.
36. Ibid, Foster (2011).
37. Ibid, Davies (1994).
38. Boothby, M. R. K. (2011) Insiders' views of their role: toward their training. Canadian Journal of Criminology and Criminal Justice, 53, 424-448.
39. Richman, J. (2004) Listeners: inmate care workers and suicide policies in HM prisons. N2N: Nurse2Nurse, 4, 18-21.
40. Dhaliwal, R. & Harrower, J. (2009) Reducing prisoner vulnerability and providing a means of empowerment: evaluating the impact of a listener scheme on the listeners. British Journal of Forensic Practice, 11, 35-43.
41. Ibid, Wright et al. (2011).
42. Ibid, Snow (2002).
43. Petticrew, M. & Roberts, H. (2003) Evidence, hierarchies, and typologies: horses for courses. Journal of Epidemiology and Community Health, 57, 527–529.
44. South, J., Meah, A., Bagnall, A.-M., Kinsella, K., Branney, P., White, J. & Gamsu, M. (2010) People in Public Health - a study of approaches to develop and support people in public health roles. Final report. London: NIHR Service Delivery and Organisation programme.
45. Abelson, J., Forest, P. G., Eyles, J., Smith, P., Martin, E. & Gauvin, F. P. (2003) Deliberations about deliberative methods: issues in the design and evaluation of public participation processes. Social Science & Medicine, 57, 239-251.
46. Ibid, South et al. (2010).
47. Ibid, Abelson et al. (2003).
48. Shanteau, J., Weiss, D. J., Thomas, R. P. & Pounds, J. C. (2002) Performance-based assessment of expertise: How to decide if someone is an expert or not. European Journal of Operational Research, 136, 253-263.

possible experts was drawn up through the contacts made through the systematic review of literature (part of the wider study), personal contacts and through individuals identified by the project steering and advisory group. This approach followed what Patton[49] describes as 'critical case sampling', where critical cases are selected as they offer particularly important insight or knowledge on the issue being studied. Experts were targeted from different fields including prison health services, academic research and third sector organisations.

The second phase of the sampling strategy consisted of inviting experts via email networks, websites and through organisations. Those individuals who responded were asked to express their interest in participating and to then complete a proforma which asked them to briefly indicate their particular interest/expertise/role. The final sample was drawn up in consultation with the research team and steering group with the aim of purposively selecting individuals who could provide expert insight into peer based interventions in prisons. The invited experts represented a variety of organisations and, in total, 58 delegates (including 16 members of the research team and partners) were present at the expert symposium.

Process

During the symposium, four keynote presentations were delivered to stimulate discussion and dialogue amongst delegates. Between each presentation, experts were divided into three separate discussion groups. The composition of each discussion group was considered to ensure representation of individuals with various expertise. The groups were facilitated by members of the research team and participants were encouraged to discuss specific issues, drawing on expert opinion and experience, relating to two key questions:

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

The focus of this particular paper is on the findings related to question 1.

The discussion groups were audio recorded with the consent of all delegates. Individuals were assured that they would not be identified directly and that no direct quotations would be used in the presentation of emerging themes. In addition, each discussion group had a note taker who acted as a silent observer, noting contributions made by participants and summaries/clarifications made by the facilitator. Steering group members were also present at the discussions in a purely observational capacity.

Data analysis

The verbatim transcripts of the discussion groups, along with the accompanying notes, were analysed using Framework Analysis. Framework Analysis develops a hierarchical thematic framework to classify and organise data according to key themes, concepts and emergent categories. The framework is the analytic tool that identifies key themes as a matrix where patterns and connections emerge across the data. Framework Analysis was considered an appropriate method given the applied nature of the study and the emphasis on policy and practice.[50] The matrix was constructed using five main categories and several sub-themes. These were agreed by members of the research team.

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Findings

The concept of 'peerness'

Delegates examined the concept of a 'peer' in the prison context and the attributes required to be perceived as a peer by fellow prisoners. A shared understanding and some form of commonality in terms of language, culture and experience were necessary attributes, but there was a consensus amongst delegates that not all prisoners could be considered peers by virtue of sharing the same prison environment. For example, it was suggested that the high proportions of foreign national prisoners in some institutions meant that language barriers existed which could inhibit peer relationships from forming. In addition, prisoner social hierarchies and differential offence status (e.g. sexual offender and non-sexual offender) were raised as important features of prison life, which prevented some prisoners from being recognised as legitimate peers to

49. Patton, M. Q. (2002) Qualitative research & evaluation methods, Thousand Oaks, Sage.
50. Ritchie, J., Spencer, L. & O'Connor, W. 2003. Carrying out qualitative analysis. In: RITCHIE, J. & LEWIS, J. (eds.) Qualitative research practice. London: Sage.

others. Indeed, the segregation of certain prisoners (e.g. those within Vulnerable Prisoner Units) was suggested to restrict peer relationships and had clear implications for the design of peer interventions.

The plethora of peer-based approaches in operation

The expert symposium highlighted a variety of models involving prisoners (and ex-prisoners) in peer interventions, and participants discussed a range of peer schemes that they had either directly or indirectly experienced. Some of these clearly related to addressing health issues (like prison health trainers), and others were more broadly concerned with addressing the determinants of offending and reducing recidivism (like peer housing advice projects). The mechanism of the peer-to-peer relationship also varied. For example, participants emphasised the distinctions between different peer models currently in operation. The nuances between 'peer support' (seen as a 'passive' intervention, that is listening) and 'peer mentoring' (regarded as an active role, that is advising, educating) was identified by delegates and caution was raised about using such terms interchangeably.

The importance of context and setting

Many participants discussed the particular nature of different prison environments as a major factor in the effectiveness of peer interventions. The need for interventions to be adaptable to contextual factors and the specific environment of the prison was critical to success. The variability of prison establishments in terms of governance (public versus private prisons), function (remand, training, YOI etc.) and security (open prisons, closed prisons etc.) was consistently mentioned and the need for peer interventions to fit accordingly within those contexts was made clear. Appreciation of these contextual factors was critical, for example, when considering the duration and frequency of training prisoners for peer roles. In short, it was important not to generalise across the prison estate.

The effectiveness of peer interventions in prison settings was reported to be contingent on managing 'prisoner turnover', that is the rate at which prisoners arrive and then are released from institutions or relocated to another prison. Remand prisons and institutions serving the courts have high turnovers and can create instability and challenges in relation to the training and retention of peer deliverers. Clearly, lengthy training programmes are not best placed in prisons with high turnovers, but may be appropriate in longer stay prisons containing less transient populations with reduced probability of imminent release or relocation to another institution. Participants argued that due to these contextual issues, national peer-based initiatives in prisons (e.g. Listeners, Health Trainers, Toe by Toe Scheme) need to ensure a balance between standardisation and flexibility. Standardised training may be helpful whilst being mindful that flexibility is required in order for these programmes to work in all settings.

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The importance of setting and context in the delivery of peer interventions was exemplified when experts suggested that trained prisoners acting in a peer role, who were subsequently relocated, were often unable to transfer their skills, even if these were skills developed through standardised national training. Differing cultures in the prison ethos, regime, management and ways of working often meant that an effective peer in one institution was not guaranteed to be effective in another. Moreover, participants suggested that trained prisoners were not always identified on arrival at a new institution due to inadequate transfer of prison information.

YOIs were discussed as a specific environment not always conducive to peer-based models of delivery. Delegates suggested that young offenders may not always be sufficiently emotionally competent to then be trained as a peer worker, especially if they lack maturity and experience. This was reported in relation to the prison Listener service which does not target prisoners under the age of 18 years.

Multi-level relationships

Participants noted that relationships at various levels, both within and outside prison settings, were critical for effective peer interventions to flourish. These relationships are represented diagrammatically

in Figure 1. At a micro-level, effective relationships are required between peer workers and prisoners. Participants suggested that those prisoners appointed as peer workers should be perceived as credible and trustworthy by other prisoners for the intervention to work. Secondly, the importance of positive relationships between peer workers and prison staff (uniformed and non-uniformed) was considered critical. Prison staff can facilitate the smooth running of an intervention by assisting with unlocking and escorting of prisoners and, more generally, by managing the logistics of the intervention within wing/residential environments. Where dedicated prison staff are appointed to oversee interventions, likelihood of success was perceived to be increased. Thirdly, institutional 'buy-in' and support from the establishment's governing Governor is a major factor in the efficacy of peer interventions involving prisoners. Establishments with progressive senior management teams are considered an essential ingredient for interventions to become established and to flourish; it was emphasised that interventions would be unsustainable and would struggle to have any level of success without this dedication. Finally, where relationships were established with key organisations like the Prison Officers Association (POA) and the NHS, it was felt that interventions were more likely to prosper.

Discussion

A growing body of evidence suggests that peer interventions can provide positive opportunities for improving prisoner health and can contribute to other important outcomes, such as improved prison culture and staff-prisoner relations.[51,52] However, an

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

51. Ibid, Devilly et al. (2005).
52. Ibid, Wright et al. (2011).

understanding of the factors that determine the delivery and effectiveness of peer interventions in prison settings has been largely absent from the research literature. The findings presented here, derived from an expert symposium, suggest that the magnitude of success of peer interventions within prison settings is contingent upon understanding the contextual environment of prisons and upon addressing barriers to delivery and implementation.

According to the experts that participated in this symposium, the need for peer interventions to adapt to contextual factors and to the specific environment of the prison, is critical for success. While there are certain overlaps and commonalities between prisons, strategies and approaches to peer interventions need to reflect the institutional profile and be realistic in terms of the outcomes to be achieved. Poland and colleagues, for example, have warned practitioners and academics to be conscious of the diversity that lies behind the apparent homogeneity of settings.[53] One salient issue to emerge from participants was the notion of managing prison 'turnover' and the challenge of continuity within peer-led services. Indeed, in Edgar et al.'s[54] work, prisons commonly cited rapid prisoner turnover as a major obstacle for recruiting volunteers and engaging active citizenship. In their study, the training of peer workers within prisons was identified as a key example, particularly the difficulties faced in remand prisons, where prisoner turnover was likely to be high. Indeed for some interventions, selection criteria to become an eligible peer worker is contingent upon the length of sentence remaining.[55] This could potentially restrict recruitment and reduce the diversity of individuals involved in schemes. The dilemma, it seems, is whether training for these roles should be localised, based on prison function, or whether a more standardised programme across the prison estate is required so that individual prisoners can transfer their skills between institutions.

Relationships at multiple levels are needed to ensure the successful delivery and effectiveness of peer interventions in prison settings, according to the selected experts. The finding that peer-prisoner relationships are imperative and fundamental to this mode of intervention is supported by research which shows that prisoners are attracted to peer-based interventions because peers are considered less likely to judge them than staff,[56] share a common experience of imprisonment[57,58] and provide complete confidentiality in certain circumstances.[59] Evidence also suggests that peer deliverers are more approachable and accessible[60,61] and that trust between peer deliverers and prisoners is often higher than between prisoners and staff. Hunter and Boyce,[62] for example, noted how prisoners feel that they are less likely to feel 'fobbed-off' by peer deliverers in prison than staff. Interestingly, some research suggests that relationships between prisoners and prison staff may, in fact, be jeopardised by peer interventions in prison, since there might be less need for offenders to talk to staff about their problems.[63] This finding, however, has not been supported empirically and was not discussed by the participants in this study.

Relationships at multiple levels are needed to ensure the successful delivery and effectiveness of peer interventions in prison settings, according to the selected experts.

The relationship between peer workers and prison staff is important. Staff resistance to such interventions can be a major barrier to the successful delivery and effectiveness of projects; for example, on a logistical level, the buy-in of prison personnel is essential as they control the movement of peer workers.[64,65] Where

53. Poland, B., Krupa, G. & McCall, D. (2009) Settings for health promotion: an analytic framework to guide intervention design and implementation. Health Promotion Practice, 10, 505-516.
54. Ibid, Edgar et al. (2011).
55. Ibid, Brooker and Sirdifield (2007).
56. Ibid, Foster (2011).
57. Ibid, Foster (2011).
58. Ibid, Brooker and Sirdifield (2007).
59. Ibid, Boothby (2011).
60. Ibid, Brooker and Sirdifield (2007).
61. Ibid, Boothby (2011).
62. Hunter, G. & Boyce, I. (2009) Preparing for employment: prisoners' experience of participating in a prison training programme. The Howard Journal of Criminal Justice, 48, 117-131.
63. Delveaux, K. & Blanchette, K. (2000) Results of an Evaluation of the Peer Support Program at Nova Institution for Women. Research Branch, Correctional Service of Canada.
64. Wright, K. N. & Bronstein, L. (2007) An organizational analysis of prison hospice. The Prison Journal, 87, 391-407.
65. Boyce, I., Hunter, G. & Hough, M. (2009) St Giles Trust peer advice project: an evaluation. London: The Institute for Criminal Policy Research, School of Law, King's College London.

prison staff understand the rationale and value of the peer intervention there is evidence that schemes within prison operate more successfully. Indeed, it has been argued elsewhere that prison staff are 'street-level bureaucrats', able to block policy implementation and with the power to subvert the implementation of new procedures. They are the front line workers whose co-operation is a vital requirement if interventions are to succeed, and, according to their inclinations, they can block or enhance the implementation.[66] Peer interventions in prison, like other interventions delivered in this context,[67] require senior level support in order to succeed — this was termed as 'institutional buy-in' by the experts that participated in this study.

Participants suggested that where relationships were established with external organisations, interventions were more likely to prosper. Within the wider literature, the role of the voluntary sector in managing and implementing peer interventions seems to be critical and where partnerships are established between the prison service and outside organisations, interventions can prosper.[68]

Conclusion

To our knowledge, this is the first expert symposium that has focussed its attention on peer interventions in prison settings. While the methodology and approach for gathering expert evidence in the wider literature is relatively scant, its strength in this study was that it offered a unique insight into peer interventions from multiple 'expert' perspectives gathered from practice, policy and academic fields. The overriding consensus from the expert symposium was the heterogeneity of prison settings and that peer interventions need to be sensitive to these contextual factors if they are to flourish. While there is no evidence that peer interventions are most suited to some establishments than others, there are clear indications that delivery models must be adapted accordingly based on context. The research also indicates that strong relationships within all levels of the prison are required for the successful delivery and sustainability of peer interventions. Critically, peer-based interventions, although premised on prisoner-to-prisoner relationships, ultimately have to be co-constructed with prison staff at all levels in order to be effective. We are not suggesting peer-based approaches as the only strategy to address the health of the prison population, rather a myriad of intervention strategies are necessary. The concept of a health promoting prison is useful in that all facets of prison life, from addressing individual health need through to organisational factors and the physical environment are considered when considering prisoners' health.[69] We suggest that peer approaches must been seen as part of an overall package of interventions delivered to prisoners to address health under the broad banner of a health promoting prison setting.

Disclaimer:

Peers in Prison Settings is an independent study that is funded by the National Institute for Health Research Health Services and Delivery Research (NIHR HSandDR) programme: Project: 10/2002/13. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS and DR programme, NIHR, NHS or the Department of Health. The study received approval from the National Offender Management Service National Research Committee and commenced on 1st February 2012.

66. Dixey, R. & Woodall, J. (2011) Prison staff and the health promoting prison. International Journal of Prisoner Health, 7, 8-16.
67. Woodall, J. (2013) Identifying health promotion needs among prison staff in three English prisons results from a qualitative study. Health Promotion Practice, 14, 256-262.
68. Ibid, Edgar et al. (2011).
69. de Viggiani, N. (2009) A healthy prison strategy for HMP Bristol. Project report. Bristol: University of the West of England.